A Critical Reflection on Complementary, Alternative and Indigenous Knowledge Medicine in Gauteng Province: A Model for Articulation and Promotion

by

Tebogo Victoria Kgope

Submitted in accordance with the requirements for the degree of

Doctor of Philosophy

in the subject

African Studies

at the

University of Venda

School of Human and Social Sciences

Department of African Studies

Promoter: Prof. M.A. Makgopa (Univen)

Co-promoter: Prof. R.J. Thornton (Wits)

DECLARATION

Student number: **16004939**

I, **Tebogo Victoria Kgope,** declare that this thesis, ***A Critical Reflection on Complementary, Alternative and Indigenous Knowledge Medicine in the Gauteng Province: A Model for Articulation and Promotion,*** at the University of Venda has not been submitted previously for a degree at this university or any other university, it is my own work in design and execution and all reference materials contained herein have been duly acknowledged.

Signed:

Tebogo Kgope Date:

DEDICATION

To my brother “Mphoza” Mpho Johannes Kgope, your tragic death remains a pain that ignites me to have unstoppable critical thinking to question *everything.*

Robala ka kgotso tlhe!

ACKNOWLEDGEMENTS

I would like to begin by declaring how crucial it is to feel comfortable and welcomed wherever one sets foot. In other words I am saying that an African should feel comfortable and welcomed wherever they are in the world, be this in relation to what they are studying or their interpretation of their world of work in the context of an African reality. In this regard I would like to express my sincere gratitude to my supervisors Professor Robert Thornton for very engaging consultations that birthed this study as a compendium of various healing (African) experiences, and Professor Mokgale Makgopa for his critical comments and suggestions.

This study would not have been possible without the support and interactions I had with participants who shared their stories regarding their everyday realities, stories which in many cases demonstrated that scholarly traditions are disconnected from African experiences and realities.

There are no amounts of words that can express what the National Institute for the Humanities and Social Sciences (NIHSS) has done for me; it was not only a home for funding but was a liberating platform that allowed for marginalised voices to be fully revealed. The financial assistance from the National Institute for the Humanities and Social Sciences (NIHSS), in collaboration with the South African Humanities Deans Association (SAHUDA) towards this research is hereby acknowledged. Opinions expressed and conclusions arrived at are those of the author and are not necessarily to be attributed to the NIHSS and SAHUDA.

To my mother Salome Mamotji Kgope, I remain grateful to have you as a vessel for everything, thank you for your amazing love and support, and always asking how my PhD is doing. *Mama o Kgosigadi* – you're a Queen.

To the Creator of all things, *ke leboga bophelo,* I will always announce your Greatness wherever you take me.

ABSTRACT

As long as the academy continues to lag behind in investigating and revealing and teaching African indigenous pedagogies, the unrepresentative Eurocentric epistemologies that are disconnected from the African reality will continue to marginalise certain communities and professions/disciplines. Complementary and alternative medicine (CAM) is a term that attained popularity in the recent millennium. CAM comprises therapeutic healing modalities that are not part of Western or conventional medicine as its treatment options are centred on medicinal plant, mineral and animal material. Homeopathy as a curative therapeutic system of medicine is classified under CAM and remains relatively unknown in African communities. This is despite being recognised by the government of South Africa as a primary healthcare modality. In this study, a trilogy of decolonial conceptual frameworks by decolonial thinkers and authors is utilised to debunk terms and paradigms that seek to de-link indigenous healing modalities from their core principles. In-depth conversational interviews with homeopaths, African indigenous healers and ordinary everyday people were conducted to explore how these individuals understand themselves and find out who are consulted every day by ordinary people seeking healing. A thematic and narrative analysis was used to give meaning to the collected data. Four categories emerged revealing the need to redress and do justice to marginalised disciplines and communities. The emerging findings paint a picture depicting a failure to use a dialect that is suitable for Black African realities which is a hindrance to the growth of homeopathy. Furthermore, the results indicate that health seeking measures are embedded in the sufferance of Black African people related not to typical diseases as such, but to diseases arising from socio-economic and transnational migratory realities. This thesis engages an African framework and critical social theory to reflect on homeopathy as an indigenous healing modality alongside African indigenous knowledge medicine (AIKM) whose services are not visible given the social and health disparities of many communities.

Keywords: complementary and alternative medicine, indigenous knowledge medicine, articulation, epistemology, homeopathy, indigenous African pedagogy

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

LIST OF APPENDICES

ACRONYMS

AIC: African Indigenous Churches

AIKM: African Indigenous Knowledge Medicine

AIKH: African Indigenous Knowledge Healing

AIKS: African Indigenous Knowledge Systems

CAM: Complementary and Alternative Medicine

DD: Disciplinary Decadence

GP: General Practitioner

IKS: Indigenous Knowledge Systems

WM: Western Medicine (If to date scores of people continue to utter the words 'traditional' medicine, text may also not forbid the reference to 'Western' medicine.

GLOSSARY

Africanity: Africanity is meant to denote things that are African centred with no linkages to Western ideologies.

African Indigenous Churches: Churches that practice African religion, that is, a spiritual home for cultural rites to be observed in tandem with Christianity (Tjale and de Villiers 2004:81,83).

Constitutional Medicine: Indicates the medicine or remedy that is fundamental and needed for treating the person as an individual, it's a medicine that is similar in character and type with the individual (De Schepper, 2006:142). In this thesis this term would imply conceptualising what would be the constitutional medicines or remedies or methods that are needed to respectively treat indigenous healing modalities discussed here.

Disciplinary Decadence: When a discipline fails to fulfil what it is meant to achieve.

***Ditaola*:** From *go laya, ditaola di a laya, di a laola, di fa molao*, i.e. from reprimand, divining bones reprimand, they examine, they bestow law.

***Gobela*:** An indigenous healer bestowed with the spiritual and ancestral powers to initiate and apprentice those who are *'called'* into the ancestral healing space.

Echinacea: a homeopathic remedy with the affinity to boost the immune system as a 'corrector for blood abnormalities' (Boericke 2005:263).

Hornless Doctor: A healer who does not undergo the initiation route, oftentimes this healer does not use divining bones (Kgoroeadira 1993:49).

Locus of Enunciation: Speaking and positioning one's existential and social ontological reality in alignment with one's locality. Thus, epistemology cannot be dismembered and disconnected from its location (Mignolo 1999:244; Ndlovu (2014:98).

Ngaka Tshupe: A hornless doctor who often times does not use divining bones.

Onomastics: The study of names (Wheeler 2018), a field that is "fractured by disciplinary and methodological divisions".

Positionality: The capacity and scope at which the work exhausted in this thesis with varied concepts, *categories* and ontologies may be applied in de-linking, debunking disciplines or *callings* that appear as mute(d), that is, using African experiences illustrated as pedagogy for teaching and learning.

***Pulsatilla*:** (Wind flower) a homeopathic remedy with the affinity to treat someone who "weeps easily" and who may appear to be "changeable and contradictory" (Boericke 2005:536).

Rubric: A term used in homeopathy to suggest a symptom as it is written in the homeopathic repertory (a book that lists homeopathic symptoms of various aliments).

Temperament: Known as the individual's emotional climate, it can also be affected by and change as different insults and layers occur in one's life. The term is used here not only to describe the emotional climate of participants regarding their realities, but also the temperament of homeopathy as a discipline and indigenous healing as a calling.

Timeline: Homeopathic system of giving the individual a medicine for each layer according to its timeline i.e. working backwards from the current state and administering the constitutional medicine when all layers are cleared out. In this thesis this term will denote the timeline or era during the pre- and post-1994 timelines as it relates to these indigenous healing modalities and African people.

***Veratram album*:** (White hellebore) a homeopathic remedy with affinity for those who experience "delusions of impending misfortune" (Boericke 2005:667) amongst other symptoms.

Vital force: A spirit which is embedded and has force in African ontology (Manganyi, 2019:114 emphasis added).

NOTE TO READER

The thesis in its entirety sets out to privilege everything that originates from before 1492 and has been unprivileged since then. Establishing this in Afrikan studies, implies that the researcher thought of how best the concept of homeopathy can find its scrutiny, reflection, torsions and contours as they emerge within the social and human sciences. That is, having reflected on homeopathy under the department of African Studies in the school of human and social science and not necessarily under the faculty of health science or of homeopathy.

Tshotswa: The Setswana orthographic of a hornless doctor, however where it is written as *Tshupe*, it has been pronounced as such by the participant.

CHAPTER 1: GENERAL INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 Complementary and Alternative Medicine

Complementary and alternative medicine (CAM) is a term that has gained popularity in the current millennium i.e. the early 2000's (Holmberg, Brinkhaus, and Witt, 2012:2). CAM describes a spectrum of therapeutic health care practices utilising medicinal substances such as plant, animal and mineral-based medicines that are not commonly regarded as branches of Western medicine (WM) (Gqaleni *et al.,* 2007:176). In other countries this term is used synonymously with traditional medicine and is often the type of medicine offered in a country although not necessarily having traditional roots in that country (World Health Organization [WHO], 2001:1).

It is fundamental to clarify the difference between complementary, alternative and indigenous knowledge medicine (IKM). CAM is different to IKM. Complementary medicines are used to manage a variety of health conditions in a preventative and treatment role, utilising natural medicines. The term 'complementary medicine' is also used when IKM is applied alongside WM. The term 'alternative medicine' is used when these healing therapies are used instead of WM or as an alternative to WM. The fundamental aim of CAM is the prevention of disease before it manifests (Beers *et al.*, 2006:2719; Murphy, 2010:3). IKM represents a combination of indigenous experiences of cultures, approaches, knowledge and beliefs which incorporate plant, animal and mineral based medicines together with spiritual therapies in the treatment, diagnosis and prevention of disease (Boven and Morohashi, 2002:12-13; WHO, 2001). This concept is explored further in section 1.2.

Worldwide there is an increase in the use of and demand for CAM, a reflection on how health care systems could be headed in the future (Holmberg, Brinkhaus, and Witt 2012:6). However, despite the increase of its prevalence, CAM professions are often subjected to rejection and suppression and are often not integrated into the national health programmes in their country. The stereotype by WM of CAM as being traditional medicine only is currently being transformed through use of the term 'integrative medicine', a term used to denote the integration of CAM and WM (Beers *et al.*,

2006:2719; Holmberg, Brinkhaus, and Witt, 2012:4). The increasing interest in CAM is also being brought on by the prevalence and escalation of chronic diseases, and perceptions that chronic conditions can be ameliorated by methods of healing that are different to the Western route. Furthermore, there is a growth in spiritual awareness and these modalities appeal to many people's belief systems (Selli, 2003:12).

Several reports indicate that there is evidence that WM may create more silent fatal diseases than it cures and despite huge investments in healthcare, the populations of the UK, Australia and the US do not live as long or as healthily as people from other cultures where healthcare investment is low (Bower, 1998; Brighthope, 2012). This is because WM is not holistic but rather very specific in that it commonly focuses on the discernible symptoms of the disease or it may focus on the single component or cause of disease, while CAM and IKM's main focus is on preventing diseases or ailments before they can be manifested, instead of treating the disease after the malady. Thus, CAM and IKM seek to improve general health rather than focusing on specific symptoms only, which is why these health modalities and their specific practitioners are necessary if we are to address the social-health disparities in South Africa.

1.1.1 CAM Internationally

Internationally CAM practices are in demand and homeopathy in particular has gained enormous popularity in the United States of America with increasing interest from health care professionals and patients. The increased usage of homeopathy is also widespread in Belgium with 81% usage; in France 54% use it for chronic ailments, as well as high levels of usage in Germany, Italy, Netherlands and Spain. Within the European Union, the United Kingdom is the only country with public hospitals that provide national healthcare services using homeopathy (WHO, 2001).

1.1.2 CAM in the African Continent

In Ghana CAM practices are included with IKM as a significant part of healthcare delivery with 70% of the population relying on indigenous medicine. The Ministry of Health works in partnership with the Ghana Federation of Traditional Medicine Practitioner's Association, a regulatory body that represents IKM practitioners. Their goal is to build up a training programme in IKM from elementary phase to tertiary levels.

The Mozambique government has no regulatory frameworks for its IKM; it has a view that IKM should regulate itself and flow parallel to the governments' national health care programmes.

In Lesotho there are two regulatory bodies for regulation of IKM and a training programme in IKM for health care workers.

Botswana has extensive progressive relations between WM and IKM practitioners with a formal referral system between them (WHO, 2001).

In South Africa, some CAM disciplines were officially acknowledged and accepted in 1985. Practitioners of these disciplines include chiropractors, phytotherapists, homeopaths, naturopaths and osteopaths. The Allied Health Service Professions Board Act (Act 63 of 1982) constituted the South African Associated Health Service Professions Board currently known as the Allied Health Professions Council of South Africa (AHPCSA), which officially recognises CAM professions who are registered under this statutory body (Kgope, 2012:3). The AHPCSA, which is accountable to the Minister of Health and the National Department of Health, currently registers and regulates eleven CAM professions namely, Homeopathy, Ayurveda, Chinese Medicine and Acupuncture, Chiropractic, Naturopathy, Osteopathy, Phytotherapy, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb (the Allied Health Professions Council of South Africa, 2010). CAM is an umbrella term for the aforementioned healing modalities; in the context of this study the researcher will refer to homeopathy as CAM, as it is the researcher's specialty.

Complementary medicines have proved to be healthy, natural, non-toxic and free from side-effects. For this reason, many countries advocating CAM modalities have transformed and included these practices within their health systems. A study conducted at an early childhood development centre in South Africa found that parents opted to treat their children with Over The Counter (OTC) homeopathic medicines because even though they would take their children to WM practitioners, they would often return to them after the first prescribed treatment did not work, whereas with homeopathic treatment restoration of health was quicker and cost implications were less than the WM route (Da Silva-Esclana, 2012:203).

1.2 Indigenous Knowledge Medicine

IKM in the context of this study refers to what is commonly known as African traditional medicine (ATM), which comprises indigenous experiences of different cultures, approaches, knowledge and beliefs, incorporating plant, animal and mineral based medicines together with spiritual therapies in the treatment, diagnosis and prevention of disease (WHO, 2001).

In South Africa the number of traditional healers registered with different traditional organisational structures in 2007 was estimated to be between 150 000 and 200 000 (Gqaleni *et al.,* 2007:178) and is estimated to have escalated to around 250 000 to 400 000 in later years. These numbers support the need for African Traditional Healers (ATH) and IKM practitioners to be in included in the national health care system. IKM practitioners seek to restore and protect the vitality and real core of their patients. In homeopathy this involves giving the individual what their constitution, temperament, timeline and vitality requires at the time of presentation and consultation.

1.3 CAM and IKM Practitioners

As already mentioned in section 1.1, CAM does not equate to IKM, and the two share different levels of title and status. There are differences regarding training but they both suffer discrimination (de Sousa Santos *et al.,* 2006:35).

African IKM practitioners surpass the WM profession and all the eleven CAM professions mentioned under (1.1.2) in numbers when combined. There was an estimation between 150 000 to 200 000 of indigenous healers in 2007, while that of CAM practitioners was 3 622 and less than 30 000 practicing medical practitioners (Gqaleni *et al.*, 2007:178; George *et al.,* 2019:4)

To become an African IKM practitioner one must be chosen by the ancestors to take the mantle of becoming a healer; becoming a practitioner is a calling (Ross, 2010:46), not something one merely chooses to go and study. African IKM practitioners possess some unique and distinct characteristics which seem to only resonate within Africa. Thornton (2017:15) also regards the healing knowledge that African IKM practitioners possess as being unique, individualistic and therefore worthy of being a discipline in its own right. Nabudere (2011:126 citing Markowitz,1969) depicts negritude i.e. the African people, as being gifted with a sense of spirituality, spiritual communion,

imagination, and rhythm. IKM practitioners offer vitality or power, i.e., protection of the individual using the environmental and universal energy forces of one's deities. Similarly, CAM practitioners seek to matching the vital force of the individual with that of the medicine prescribed.

1.4 Homeopathy

Homeopathy as a CAM was founded by a German medical doctor Dr Samuel Hahnemann (1755-1843) who was disgruntled with the practices of WM at the time. It is a holistic therapeutic indigenous system of medicine based on the principle of "like cures like" i.e. a substance that is capable, in a large dose, of producing certain symptoms in a healthy person is also capable, in a minute dose, of healing the same symptoms in a sick person. Healing is based on the energy force within the body, what homeopaths call the life force or vital force. The medicines improve the individual's life on all levels – physical, mental, emotional and spiritual (De Schepper, 2006:12,26). Homeopathy is the only healing modality that collectively acknowledges the mental and emotional characteristics of its medicines (Johannes and Van der Zee, 2010:205).

In South Africa the study of homeopathy entails entering into a five-year full-time training with requirements to do research and obtain a Master's degree. This can be studied at two institutions only, namely the Durban University of Technology (DUT) and the University of Johannesburg (UJ). The demographics of homeopathic practitioners are Africans 9%, Whites 78% and Indian/Asian 13%. These are huge racial disparities the profession faces which challenge the integrity and authority of the profession in South Africa (Solomon, 2014:28). There are no other homeopathy training institutions in Africa.

1.5 The Relevance of Indigenous Knowledge Systems

South Africa has established an Indigenous Knowledge Systems (IKS) policy with implementation strategies to help articulate, recognise, develop, promote and protect IKS. Programmes to support the research into IKM and other facets of IKS have also been established through the Department of Science and Technology (2004:5, 55). Research into IKS is gradually gaining impetus, though African indigenous heritages remain trivialised. This is one of the reasons that the researcher embarked on the current research, to expand scholarship on the knowledge, science and understanding

of the world, the human soul, the human nature inherent within IKS. As stated by Green (2012:5), such an approach can yield a complementary attitude rather than competitive attitude to development of the appropriate legislation to ensure the right to information and access to health.

1.6 Problem Statement

In South Africa, homeopathy is recognised as a primary healthcare modality under law. However, its knowledge continues to be marginalised and not adequately articulated and promoted within the larger spectrum of health and communities. This is also the case with AIKM which, despite being supported by 80% of the African population, remains marginalised through the dominance of Western methodologies (Chitindingu, George and Gow, 2014:5). Of what relevance are these AIKMs if they cannot be valued with the seriousness they deserve in a country burdened by a cluster of social-ills and health care challenges?

It is painful to see that South Africa continues to delay implementation of legislation which would steer these modalities to the forefront of healthcare in conjunction with or running parallel with WM. The period between 2001-2010 was dedicated to African Traditional Medicine (ATM) (in the context of this study this denotes AIKM). In South Africa this gave rise in 2013 to an interim Traditional Health Practitioners Council under the Department of Health (DoH), with the aim of publishing a framework by 2019 for regulating and registering AIKM practitioners and holding them to a code of practice and code of conduct (Mbatha *et al.,* 2012:129-131). However, up until now nothing has been implemented and nothing concrete has transpired. Their roles need to be holistically understood. IKM in particular is a unique indigenous system of healthcare delivery so the notion of regulation should be rejected, although this is the position that the South African government has held since 1994. Both CAM and IKM practitioners continue to be isolated and underestimated especially in comparison to WM practitioners. Furthermore, studies have repeatedly shown that collaboration between IKM and WM practitioners is negative (Van Rooyen *et al.,* 2015:1). However, some authors have suggested that IKM or anyone using CAM should be allowed to have their own separate facilities that demonstrate their place of work (Ojanuga, 1981:410).

Certainly, there is a lack of information and knowledge on the proper articulation and promotion of IKM and homeopathy other CAMs in order for them to gain power and meaningful status in the delivery of social and healthcare delivery in South Africa.

1.7 The Aim and Objectives of the Study

The aim of this study was to reflect on the articulation and promotion of homeopaths as CAM practitioners and on African indigenous healers as IKM practitioners.

1.7.1 The Objectives of the Study

The objectives of this study sought to:

- Explore and describe through a qualitative phenomenological approach the articulation and promotion of homeopaths and African IKM practitioners.
- Propose and design a model that can be used to articulate and promote homeopathy and African IKM practitioners.

1.8 Research Questions

In ensuring the aims and objectives of the study were realised the following questions were researched:

1.8.1 Main Question

- What does it mean to articulate and promote homeopaths and African indigenous knowledge medicine practitioners? How do homeopaths and indigenous healers understand themselves?
- Where and who do ordinary people consult when they need healing?

1.8.2 Secondary Questions

- What are the reflections of lived experiences of homeopaths and African indigenous knowledge medicine practitioners as they articulate and promote homeopathy and African IKM?
- What can be done to articulate and promote homeopaths and African indigenous knowledge practitioners?

1.9 Rationale of the Study

While it is a challenge to monitor and estimate the number of current and emerging African IKM practitioners or healers, the reality is that statistics depict that about 80% of the African population still appreciate the use of IKM and consult IKM practitioners or healers. This widespread utilisation and preference often stems from the cost effectiveness and in relation to certain beliefs (WHO, 2001:13). It is possible to monitor and estimate the number of CAM practitioners or homeopaths, but the variety of healing knowledge methods and services used in the delivery of health care by a large portion of the population may not be entirely known.

The widespread hegemony of WM over the past 300 years has succeeded in the suppression of IKM and CAM because WM has been the only recognised health care system while IKM and CAM are deemed to be unscientific and backward. The current challenges and contestation of space observed in the emergence of IKS as it seeks to attain credibility, and evidence that IKS can indeed provide meaningful development and economic sustainability, is happening with CAM and IKM as well. Because these disciplines are not perceived to be adequately scientific they are always placed at the periphery. Advocacy for legislative rights and implementation is crucial but there was a lack of well-articulated information about homeopathy and IKM that can be channelled to the National Ministry of Health, the Department of Health (DoH), health facilities, healthcare funders and the public.

This study proposes guidelines for alternative approaches of inquiry to regulate and sustain indigenous knowledge healing practices. This study is a contribution to capacity building in CAM and IKM to apply critical thinking and reflection to challenge existing Eurocentric paradigms that are contextually disconnected from the African reality. This study contributes to the mental, spiritual and physical liberation of South Africans by leveraging the heritage bestowed upon us by our creators, while acknowledging that South Africa is in the 21st Century. This study is also a contribution to the goal of having a separate Ministry of Health for CAM and IKM healing practices.

1.10 The Conceptual Framework

The conceptual perspective and theory in this study was influenced by the logic and interpretations portrayed by Ngũgĩ wa Thiong'o, Dani Nabudere and Boaventura de

Sousa Santos, and attempts to intersect African ontological concepts with relevant Western concepts pertaining to the context of this study. The authors, wa Thiong'o (1986, 2009), Nabudere (2011), and de Sousa Santos (2006, 2016) share the sentiment that the power and relevance that is ingrained within indigenous knowledge systems are often marginalised due to being deemed to be not adequately scientific.

1.11 Research Methodology

A qualitative, contextual, descriptive, phenomenological research design was employed to answer the research questions. In a qualitative research design the subject of inquiry is used to describe and express the central phenomenon. The study design sought to obtain data to better understand what the phenomenon under inquiry was all about. The main use of qualitative research is to understand the real reflections and life from the point of view of those who are being studied. In this study the researcher was responsible for data collection and data analysis using in-depth face to face semi-structured interviews to meet with homeopaths, African IKM practitioners and everyday ordinary people. Research questions were asked, and information was collected in descriptive words. Data was analysed for meaning in terms of description and themes (Creswell, 2002:145). The textual data was gathered from audio tapes, observations and field notes.

1.12 Definitions of Key Terms

Dismemberment: is a posture of disconnectedness and disassociation with what the core of the entity is. In this study it relates to dismemberment of the innate and core epistemes and ontology of the discipline, ancestral 'calling' and reality.

Remembering: is a posture of knowing that acknowledges the reimagination of the past with oral traditions, spiritualism as modes of contribution and production of knowledge.

Indaba: is a term that sub-nominally refers to a council or gathering, however, in the context of this study it alludes to the hidden and deep knowledge within the term, 'knowledge' which is entrenched with the quintessence of a subject or case.

Existential Reality: in the context of this study relates to the existing (African) realities that occupy a discipline, society or everyday ordinary people in the current timelines and era.

Ontological Reality: in the context of this study speaks to the nature and being of what the discipline is at its core alongside the realities that are observed from the discipline. On a broader scale in this study it is embedded with the reality of being and living which reflects the nakedness of the human condition whether in practice or calling.

1.13 The Contours of the Thesis

The thesis comprises eight chapters. The current chapter provides the context for the study. The arrangement of the remainder of the chapter is as follows:

Chapter 2: This chapter locates the study's locus of enunciation through a narrative personal exposition directed at both homeopathy and African indigenous knowledge healing. In a succinct but direct manner the chapter highlights the perceptions of how my patients' understood homeopathy as a healing modality that embodied African indigenous healing. This was in-line with my patients' perceptions of me as a homeopath who was likened to a doctor who appeared as if she had undergone the guild of the initiation of African indigenous healers or prophets. Therefore, through critical thinking the chapter questions and rethinks the actual role of the discipline of homeopathy by arguing that homeopathy is an indigenous healing modality. The main critique of homeopathy is that the terms and use of names in this discipline do not reflect the dialect spoken in most marginalised communities. The chapter also refers to a Setswana idiom to indicate how the terms the homeopathic discipline uses also ignores this discipline to local African communities. Above all, this chapter argues that homeopathy as an indigenous healing discipline is in a zone of decadence.

Chapter 3: This chapter interrogates the literature to assess whether homeopathy and African indigenous knowledge healing have achieved their roles. The two indigenous healing modalities are juxtaposed due to their attachment to healing holistically. Furthermore, a similarity is made to demonstrate that the discipline of homeopathy is intuitive, imaginative and is also principled to confines of analysing the life world of patients precisely in a similar fashion that African indigenous knowledge healing does.

The chapter discusses the disjuncture that is brought about by these similarities through revealing the hierarchisation of indigenous healing modalities, that even if they share the phenomenon of holistic healing, one is superiorised over the other.

Chapter 4: This chapter explores the conceptual framework of the thesis. The chapter demonstrates the meaningfulness and relevance of indigenous healing modalities particularly when they pertain to privileging their articulation and promotion.

Chapter 5: This chapter is concerned with research methodology. The research methodology is adapted to be in line with indigenous research methodology. The normative methodology that breed methodological decadence across disciplines here offers an indigenous research methodology commensurate with knowledge systems that are often subjugated. It expands on explaining how new knowledge can be produced and developed when categories that are often subscribed to are decategorized by asking the relevant questions. This expansion includes prioritising themes that relate to current experiential and ontological realities of everyday ordinary people and not limiting the study to homeopaths and African indigenous healers only.

Chapter Six: This chapter presents the findings of the study. The first section presents what every day ordinary people do when they seek healing. The second section narrates how African indigenous healers and or *dingaka tshupe* understand themselves and the methods of healing and diagnoses they employ for patients. The third section is a depiction of how African homeopaths understand themselves alongside their modes of healing.

Chapter Seven: This chapter discusses and interprets the findings, presenting the variety of therapies that are being practised and what indigenous healing practitioners themselves understand regarding the methods of healing they apply to heal their patients. This chapter also describes who everyday ordinary people consult when they seek health and healing.

Chapter Eight: This concluding chapter emphasises the state of homeopathy as a discipline and the ancestral calling or guild of African indigenous healing. This chapter privileges the mode of non-disciplinarity as a route to aid in the articulation and promotion of healing and socio-cultural systems that are embedded in indigeneity.

CHAPTER 2: PERSONAL EXPOSITION: LOCATING THE STUDY – THE JOURNEY

2.1 Introduction

This chapter seeks to locate the study through contributing to the body of knowledge the proposal that African indigenous knowledge healers and homeopaths are not incompatible. I am not saying that the discipline of homeopathy is the same as that of a hornless doctor or *Ngaka Tshupe* but describes how as an African woman through the ways and methods of remembering and indigenous ways of knowing I learned from the concept of *Ngaka Tshupe.* Therefore, the thesis (journey) seeks to remember what homeopathy as a discipline resembles or seems like. Furthermore, the chapter intersects the longitudinal knowledge (knowledge built on hierarchies) of homeopathy with the cross-sectional knowledge (knowledge of what is used as therapeutic interventions in the communities) of what confronts everyday ordinary people when they need help on the social, physical, mental and spiritual planes. Therefore, this personal narrative describes how the discipline of homeopathy and practicing as a homeopath has asserted my African sense of imagination to conceive homeopathy in African descriptive terms.

2.2 What is in a Role? What is in a Name?

The question is what happens when one ‘undresses’, dismembers a discipline and learns that embracing indigenous knowledge healing in the discipline is possible? This involves debunking terms and disciplines (in this context homeopathy as a discipline) that have been used to denigrate African indigenous terms and conceptions. Nabudere (2011) states that these erasures have distorted African indigenous knowledge and its healing modalities by giving terms and suppositions that mean the same thing with the erased knowledge. This approach uses a decolonial gaze as a lens that seeks to unlearn and learn to call things by their meaningful and relevant names i.e. privileging African indigenous knowledge systems. In Mabopane, Soshanguve and Soweto the term ‘homeopathy’ is met with “what?” or *“ke eng yona eo?”* [what is that?] It is such utterances that not only indicate that CAM or homeopathy

is not part of African people's dialect but also that the discipline of homeopathy is in the spectrum of disciplinary decadence, i.e. it fails to fulfil what it was meant to achieve. However, this can also be because of a lack of an African descriptive term that positions it as a healing modality especially in African communities. Sartre (1943) writes:

> existential psychoanalysis has the ability to reveal to man the chief and factual goal of his pursuit and this will familiarize mankind with its passion, it is existential psychoanalysis which derives moral description for it releases to us the ethical meaning of various human projects by revealing the ideal meaning of all human attitude (Sartre 1943:645-646).

This simply means that to advance ethical praxis it is necessary to acknowledge and learn from human attitudes the relevance and meaning of approaches or behaviours that compel a person to realise their life-purpose as they align it with what existentially and ontologically affects their discipline or 'calling'.

Thus, what is in the role of homeopathy as a form of complementary and alternative medicine? Or, similarly, what is embedded in the name 'homeopathy' as a holistic healing modality? These questions emerge from a critical reflection on the of lack of meaningful impact of this modality in the African communities and its lack of growth. It struggles to remain relevant, be articulate and be promoted. One's existential and ontological reality is here defined as the everyday epistemological and ontological realities of the discipline. Homeopathy, through describing itself as a Westernised healing modality, despite those who are using it associating it with the embeddedness of African indigenous healing, creates an internal conflict with itself more like an "anomaly" (Vigano, Nannei and Bellavite, 2015:7). The term homeopathy in township dialect disempowers and dismembers the African homeopath from their core being and African indigenous ways of knowing. Even when the discipline or the role the discipline is entrusted to fulfil makes the services or practice not to be visible. The academy and those who are disciplined through being confined in this quagmire remain ever holistically disciplined, dismembered and unshakeably rigidified. The term discipline is used in relation to those who remain mute and silent by being disciplined or orderly even if there is invisibility of their existence. This brings to mind Mignolo's (2009:14; 2011b:59) "epistemic disobedience and decolonial option". Mignolo asks us as students in the terrain of unlearning Eurocentricism and decolonial thinking to de-

link from Westernised thinking. Therefore, we must question the role, name, and category of one's discipline and de-link ourselves from its Westernised alignment. We must think within the paradigms of African thought patterns and experiences. This further entails questioning and re-questioning: what would many of the colonially constructed disciplines become or relate to in African epistemological and ontological praxes? Nabudere (2011) writes that "disciplines were further labelled into other disciplines". Mignolo (2009; 2011a:275) and Ndlovu-Gatsheni (2017:51) write that "the manipulation of language" and shifting the "geography of reason" allows for questioning of roles or disciplines, which is the task this chapter engages to position and locate the locus of the study. Nyoka (2017:260) (citing Mafeje 1994a:70) emphasises that African scholars need to employ worldviews that are counter-hegemonic to the dominant paradigms. The author goes on to say that as African scholars who have been trained in single-minded Eurocentric knowledge, it is imperative for us to link what we mean and do in praxis so that these are in line with the dialect of the people. Epistemic disobedience questions that which remains disciplined in a role or calling without questioning the discipline, particularly in dysfunctional communities that lay bare the existential and ontological realities visible on a daily basis, such as communities that face rampant inequality, ill-heath or socio-economic and cultural problems. Gordon (2016:8) affirms that in disciplinary decadence "human relationships with reality are decreased". CAM and indigenous healing modalities engage in diagnoses of all ailments that have a bearing on the physical, mental, emotional and spiritual realms. However, if their services are not evident in African communities this renders their modalities decadent, or as if they are dying. Often cases like this die from the inside out, that is, die from lack of proper articulation. This relates to everyday ordinary people's understanding and yearning. What the people yearn for is a healer and healing modalities that are aligned with their spirituality and sense of belonging. In I Write What I Like, Steve Biko urges that conception, imagination, and remembering are essential in asserting the existential (African) context and ontology of one's role and I will extend it here further to also apply to one's respective or particular disciplines. Biko (1978) coined the term "Black Consciousness". I propose that this concept be extended to onomastics, that is, to question what is in a role or a name, and to remember and privileging proper articulation of the names of the disciplines we study in terms of African people's

existential and ontological realities. We need to rename disciplines in terms of the experiences and perceptions of African people.

Biko's philosophy and praxis raises the question: what is the consciousness of Blackness in homeopathy? Underlying this question is whether its holistic nature is similar at all to that of African indigenous healing. African indigenous healing is contested, but is defensible with philosophies that mark its triumphant epistemology and existentiality. However, homeopathy is indefensible in the African context due to its implausible philosophies which emulate the Eurocentric methods with which it has sought to be accepted in the European context. Perhaps homeopathy is unable to emerge in African communities because it is articulated in a language that appears to be a distortion of the original conceptions of African indigenous healing.

The Setswana idiom "*leina lebe ke seromo"* means that you are what your name attracts, or your name follows you. Homeopathy as a term has a long history of being subjugated. This African proverb is remembered by the researcher to indicate that the term homeopathy is non-existent in the majority of people's dialect in African communities, it is this peculiarity that subjugates it. The idiom is often used in relation to people's names, for example, if your name is Tebogo, which means 'we are thankful' implies that you will attract what your name means. Herein, the idiom is used in relation to a disciplines name or term, which sounds strange and peculiar in African communities to a point where the term is subjugated. This thesis compares a homeopath to a hornless doctor and proposes that an African conception of a homeopath in the African context is similar to or the same as *Ngaka Tshupe,* a hornless doctor. It has to be clarified that using the term *Ngaka Tshupe* or a hornless healer or doctor is not to signify that one is more significant than the other. Comparing and synonymising in what Nabudere (2011:90) refers to as tracing the originality of the terms often use helps to draw out hidden African indigenous knowledge wisdom. The word 'homeopathy' is unknown in African communities because it is not part of the people's dialect. It is as if it is alienated from all other disciplines. Below I provide relevant biographical information that is relevant regarding the research topic.

It has always been my interest and inner inkling for my homeopathic knowledge and experience to be a parallel rhythm alongside my awareness of African indigenous knowledge medicine and healing. This interest was sparked by some of the

commonalities that I recognised as being complementary in the two healing modalities. Such commonalities include their holistic and individualised approach to patient case management. I entered the field of homeopathy after reading a compelling book about it by Cassandra Lorius (2001) when I was working in the field of water care technology which I entered because my dreams of studying medicine were impossible as I realised my ambition in that regard was unrealistic. But after I read Cassandra Lorius's book my interest in the field of medicine had a deeper meaning. To date I have no regrets I chose this field instead of mainstream WM because the field of homeopathy liberated me and helped me connect with deeper streams of healing connected to my African consciousness.

Having made a tumultuous turn into this field in 2003, I discovered as a Black African homeopath that even though the profession offers and compels one to master a massive body of knowledge, this knowledge is marginalised and not easily accessible to, articulated and promoted in African communities. The level of marginalisation is similar to that of African indigenous healing; African indigenous healing is well-known, but is still marginalised due to its complex philosophy and practices. Homeopathy suffers from a lack of accessibility and knowledge about the profession, which makes it difficult to survive financially as a homeopath. The resemblances and common innate nature and traits found in holistic indigenous healing modalities and homeopathy compelled the need for this study. I have learned a lot from my patients, particularly those who illuminated the need for this thesis, who have benefitted from having a platform to be able to get a kaleidoscope of the totality of their ailments or afflictions, their role and meaning etc. Homeopathy is a complex discipline and profession but fails to attract African students and the African population at large because it is not adequately promoted and well-articulated in the dialect of these communities.

I opened my first practice in a local township in 2012 working alongside a WM practitioner. Most of the patients when they first consulted me assumed that I was a WM practitioner or a general practitioner (GP), but questions arose in various forms after the consultation when they saw good results and wondered about the unique medications. Sometimes, immediately after the consultation, others, through being fascinated by the entire case-taking or history-taking of homeopathy, asked: "are you a specialist or psychologist or a GP who is also initiated as an African indigenous healer"? All these questions are due to the knowledge and philosophy that comes with

the discipline in its indigenous or classical approach. My approach has always been to use classical/indigenous homeopathy even if some cases may only require a clinical approach. Critical reflection causes us to ask what brought about the homeopathic approach to history which includes collecting dreams and other subjective elements of patients' symptoms. The lack of growth in the profession as a whole, and not having enough African homeopaths, as well as the continual marginalisation in social and healthcare delivery, propelled me to critically reflect on homeopathy as a discipline alongside African indigenous healing. Is there any relevance to homeopathy in the South African context, given the context that many African people yearn to consult not only about their physical pain but their mental, emotional and spiritual plane as well, which is why so many still consult indigenous healers and prophets? In the following chapters the study asks what the prospects are of creating a future where the academy of homeopathy is integrated with that of African indigenous healing so that together they can contribute to the health and healing of African communities.

Ndlovu-Gatsheni (2017:74) states that in order to embark on the process of "learning to unlearn" what Eurocentric knowledge has taught us, we have to begin with allowing "disciplinary decadence to die". That clients or patients regard my consultation with them, and the remedies prescribed by me, to be from a doctor who seems to have been initiated into the guild of African indigenous healing, is what emphasises the ontology and epistemology of homeopathy. At the same time, the reason that homeopathy fails to be adequately employed in these communities is possibly due to those who practice it being inauthentic to its fundamental ontology and epistemology. This is due to "disciplinary decadence" from the academy. From the feedback to me as a homeopath from my patients, it is evident that what they saw in me as a homeopath translated into them regarding me as a specialist, psychologist or GP who is also an African IKM practitioner. Within the constructs of this study this means that these patients were 'remembering' (wa Thiong'o 2009) characteristics of what African healing approaches entail, recognising the contested indigenous epistemologies or ways of knowing (see de Sousa Santos 2007; 2016). Remembering means that the indigenous healer is recognised or seen in a homeopathic setting. And similarly, through listening to my patients, my conscious self-remembered and embraced an African epistemology that is often contested, based on the affirmation the patients shared during consultations.

As it is contextualised in the introductory chapter, homeopathy and AIKM and those who are custodians or healers in these modalities both share the commonalities of treating and healing the person as a totality, Not just their physical self but also on the mental, emotional and spiritual planes.

2.3 The Conjunction of a Healer (*Ngaka Tshotswa*) and a Homeopath

Some homeopaths should go under initiation, although this cannot be enforced upon all homeopaths. Initiation is more like when the psyche or your wholeness revolts and rejects the status quo of their existing discipline. The founder of homeopathy became disillusioned with the praxis of medicine during his time in the 1790s. In this thesis disillusionment is when homeopathy as a modality of healing is not fulfilling what it is capable of achieving – health and healing in a general sense of holistic healing. An attainment of healing and doing no harm, curing "rapidly, gently and permanently" (Hahnemann 2003:23) is central to homeopathy, and is central to the innate African healing modes that are embedded within African indigenous knowledge systems, but is dismembered in African homeopaths. Mignolo (1999, 2009, 2011b) asserts that a shift in the geography of reasoning as the locus of enunciation occurs through thinking and reasoning from where we are; on this basis, one could submit that it is appropriate to join 'homeopath" and healer, *Ngaka Tshupe*. The shift occurs when the innateness or characteristics of *Ngaka Tshupe* infuse a homeopath who then practices homeopathy as a *Ngaka Tshupe* while not having actually studied *bongaka Tshupe* as a homeopath. This subjectivity is what Mignolo alludes to as "saving oneself from one's discipline". The findings from this thesis illuminate the need for such innovation as reflected by the existential and ontological realities of participants which drive them to seek healing interventions. Disciplines such as homeopathy need to recognise that their discipline is not incompatible with African indigenous modes of healing.

Velthuizen (2017:74) makes the observation that

> African people move between two life-worlds and a double consciousness: because the world appears to be perpetually asserted by western capitalism as opposed to reality as experienced by African people.

This illustrates the dichotomy that exists between Western and African epistemologies of knowing. Velthuizen (2017:74) assert (citing Laverty 2003) that "interpretations [are]

synonymous with the construct of variations through intuition, imaginative variation, and synthesis". This is similar to Nabudere (2011:82) who writes that language is a central element in helping to understand "ancient African understanding" in terms of articulating and promoting ideas that emerge from words or terms in that language.

2.4 Different Categories of Power and their Hierarchization

Western ways and categories of power are regarded by Western culture as superior and dominant, whereas African categories are criticised and regarded as inferior by Western culture. These dominant forces are associated with global capitalism and are bound to look down at indigenous healing modalities. The principles and some of the practices found in African indigenous healing are similar to those found in homeopathy, but homeopathy, because it originates from Western Europe will, therefore, be more privileged than African indigenous healing and its healers.

In South Africa, the standard categories that define AIKM fail to expand and deal with who is a healer and what do they do. These categories include that of a diviner (*sangomas*), herbalist (inyanga), faith healer, traditional birth attendants and traditional surgeons (Truter, 2007; Zuma *et al.,* 2016). Tensions and contestations often revolve around the efficacy, safety and regulation of these healers and their medicines. What is ironic is that, paradoxically, the health authorities or the Department of Health is seeking to enact measures that will regulate these healing modalities, while it would be more prudent for healers to manage and regulate their own knowledge base. The epistemic violation of indigenous healing modalities by western-centric model is observed when the form of CAM termed integrated medicine (IM) is used, a term which again places WM at the helm of everything. What is crucial is to know and embrace what qualifies complementarity, alternativity (alterity) and indigeneity in these healing modalities and who then is included in them.

2.5 Hierarchization of Medicine

Medicine as a term is placed on a superior pedestal compared to all other modalities of healing and systems of medicine. The word or term 'medicine' conveys an understanding of the convention and sense of territory that emanates from a medical affiliation and association with what this thesis calls 'Western medicine'. This hierarchisation of medicine has created healing modalities that are cross-sectional in

nature, namely traditional, indigenous, native or African Black medicine or *muthi*. Waldron (2010:51) argues that not only does hierarchisation of knowledge in healing systems exist, but that this inhibits co-operation at “epistemological cross-roads”. Dei (2012) agrees that this is often because Eurocentric knowledge systems of healing are valued over African-centred or complementary therapies because of the assessment lenses that favour the scientification of knowledge systems, therefore of Eurocentric knowledge systems. AIKM and complementary therapies are often not deficient of concrete reliable empirical evidence the challenge is that it is not perceived or acknowledged by WM to demonstrate their plausibility. The failure to favour marginalised healing therapies by citing reasons of lack of empiricism was spoken against by Feyerabend (1978:103) who wrote: “through practice Paracelsus showed that the medical knowledge of herbalists, country doctors, witches was superior to the knowledge of the scientific medicine of the time”. Feyerabend (1978:103) follows this point with a controversial statement: “today science prevails not because of its comparative merits, but because the show has been rigged in its favour”.

2.6 When People get Healed from Hearing the Resonating Words

Many studies in the realm of CAM or traditional/indigenous healing modalities have alluded to the marginalisation of these entities because of their holistic ways of healing i.e. healing that is propagated on the mental, emotional and physical plane. However, the majority of these studies fail to explore how clinicians or homeopaths deal with the aspect of holism in their interactions and consultations with patients. The tendency in these modalities is to become the equivalent of conventional practitioners while at the same time stating that homeopathy, for instance, is a unique healing treatment system in contrast to WM. The constant need to include machinery or technology that aids in diagnosis (for example ultrasound, quantum mechanics, ordering of special investigations e.g. blood tests) etc. is recognised but it is not what homeopathy entails at its core.

2.7 Revealing African Indigenous Knowledge Ways of Healing and Being

Once upon a time, subsequent to the dismembering and remembering of who one is and what was left of the discipline one has studied after undressing it, I have done that. But a wise person asked me whether it is wise to continue to reveal to the Eurocentric system all the ornaments and knowledge that are embedded within the

African indigenous knowledge pot. There is a fear associated with stripping and revealing because decolonising, dismembering, remembering, embracing epistemes of the South, embracing African ideas and sense of rhythm and imagination, is synonymous with revealing or disclosing what is meant to be meaningful and relevant information for particular disciplines and those that are called to these disciplines. This knowledge can then be stereotyped by Euro-modernism in such a way that justify their marginalisation and dominance over them as Euromodernism capitalise and privileges one system for dominance. This thesis is constructed at the time and space when canonical chasms in prioritizing epistemic ruptures of what is needed in South Africa are evident. This construction is supported by the development in the recent decades of the Millennium Development Goals (MDGs) especially one of wanting to achieve quality primary education and the need to find African solutions in challenges that Africa faces. These ventilations and others in a similar vein interweave across disciplines. The fundamental question is: How do they weave through in African indigenous healing and homeopathy?

2.7 African Indigenous Ways of Healing and Being Across Transdisciplinarity and Epistemological Nutrition of what makes Disciplines and Roles

Are African indigenous ways of healing, African thought patterns and the sources that derive their epistemological ways of knowing existent or non-existent across disciplinary, interdisciplinary, multi-disciplinary and transdisciplinary grounds in the academy? The prospects of moving an agency to dismember, remember and indigenise a discipline, in the ventilations of Sithole (2014) alluding to South Africa as perpetually remaining a racist infrastructure at epistemic, ontological, methodological and axiological level. This excellent elaboration by Sithole (2014) is what on inspection is also palpable in the discipline of homeopathy despite the profession having only about 10% African homeopaths. The status quo of homeopathy in South Africa is dominated by the ancient generation of homeopaths and the new cohort of African homeopaths in the academy are less visible. These are the transformational challenges of racist infrastructure that Sithole (2014) and Remmington, Willan and Peterson (2016) allude to. These inequities obscure the relevant articulation and promotion of homeopathy. Homeopathy espouses that ‘like cures like’, meaning, a substance that causes signs and symptoms of a disease in a healthy individual will cure similar signs and symptoms of that disease in a sick individual. This would

psychoanalytically (i.e. through dismembering, remembering etc.) imply that the same meaning be given to African epistemologies and indigenous healing modalities (homeopathy and AIKM) by institutions of higher learning.

Maart (2017) argues that being educated in the colonial language is problematic, as this chapter has demonstrated through using the African expression *'leina lebe ke seromo'* to find the meaning in what is a non-existential healing modality. Maart emphasises there needs to be a sense of urgency in one's agency if we are decolonising and want to use our embodied selves. In the Setswana idiom '*leina lebe ke seromo'* (your name follows what it means) '*lebe'* means something ugly and foreign to people's dialect but I link this to certain Aphorisms in homeopathy to indicate that the aspect of steam baths, rods or magnetic rods are foreign in the discipline hence their peculiarity is followed by lack of interest in them. To be more exact, in Aphorism 290 (Hahnemann 2003) the holistic humanism of (magnetic) steam baths and rods resembles those that traditional African religions continue to use and practice healing with. If this statement in the Aphorism does not declare the injustice of interpretations of homeopathy, then what does? This comes through in the observations of participants in this study, for instance Maria, who, subsequent to conceiving after receiving homeopathic therapy asked herself "*ke eng homeopathy, ke mang homeopathy"?* Therefore, the model for articulation and promotion of our discipline should involve dismembering and remembering what our disciplines are and what I regard as our ancestor's trauma which manifests in due course in what is known as having a 'calling' that we are meant to achieve and fulfil. Have we achieved this, or are people constantly retreating into the past as a result of perpetual sufferance and tolerance? Gordon (2014; 2016) alludes to this when he writes:

> … squeeze people into a discipline they do not fit into, a discipline which uses methods that do not entirely fit the core of the discipline is tantamount to decadence and it is in a way erasing them from who they are and what the actual core or innate nature of the discipline entails.

Gordon privileges transdisciplinary rather than interdisciplinary because it transcends, transforms and ascends individual disciplines and is able to bring about the emergence of new disciplines. This shift is a critical reflection on homeopathy as resembling *Ngaka Tshupe* but it has been unable to be this up until now because it

has been constrained by the definitions of it emanating from Western conventional medicine while it is holistic in principle.

Foucault (cited by Smith 1999: 69) in Decolonizing Methodologies refers to the etymology of disciplines as aimed at dismembering the African people from themselves by constructing and classifying gains in capital for Euro modernism which in the main privileged the white population in their disciplines more than their Black African counterparts. This is the case in the field of homeopathy in South Africa as well, which is densely White and continues to privilege White homeopaths at the higher echelons of the academy which then remain stagnant without shifting goal posts to include other racial groupings. Therefore, in support of what Smith (1999: 69) refers to as reclaiming the voice, what I call here the ancestral voices, wa Thiong'o (2009: 39) asserts that this requires a state of dismembering from the state of repression and decadence to remembering the core of the discipline of homeopathy as resembling *ngaka tshupe.* The demise and inferiorisation of everything that was indigenous and outside WM brought about the hierachisation and categories that determined whether your title was worshipped or defiled. This is part of global capital in that it reflects how accountants or traders interpret the fiscus when dealing with economic issues. Therefore, this study is calling for all disciplines to include mandatory modules related to the realities of the local country of study. Those with the power to define also have the power to call and name things as they want. In WM one gets doctors, psychologists, physiotherapists, gynaecologists, cardiologists etc. In an African indigenous setting there are *sangomas*, herbalists, faith healers and prophets.

2.8 Being a Homeopath in the African Conception

Homeopathy is a form of complementary, alternative medicine and remains relatively unknown in the African population compared to the White and Indian populations. Within the profession there has been a lay rhetoric of construing homeopaths as being Western *sangomas,* a description not wanted by many homeopaths. The extent of this predicament creates a cluster of ideas regarding renaming it with an African description so that it has meaning and relevance in African communities. While this modality comprises clinical and classical (indigenous) approaches to treatment, it is also complemented by its natural laws of healing. The homeopathic pharmacopoeia comprises medicines derived from plants, animals, minerals, organ therapies,

nosodes (secretions from diseased tissue), sarcodes (secretions from healthy tissue) etc. (De Schepper, 2006:316). Knowledge about this modality is marginalised; as a result it is not easily accessible and articulated. The level of marginalisation is partly similar to AIKM even though the majority of African people are familiar with AIKM and about 80% of the African population consult AIKM practitioners (Truter, 2007; Abdullahi, 2011; WHO, 2013:26). However, its complex philosophy and practices result in it being marginalised in many aspects.

For the researcher being an African homeopath has always and continues to be synonymous with *Ngaka Tshupe* Consultation with a homeopath usually runs for an hour for the initial visit. In this time the homeopath gets to know the essence of their patient, and their anamnesis (past life residues), which then shapes whether they need a plant remedy (which often relates to the theme of being sensitive and reactive), an animal remedy (their theme is that they often battle with issues of tension between the self and someone else [competition], with animals being further divided into insects, reptiles, mammals) or the mineral kingdom, having to deal with structure i.e. (state of completeness versus incompleteness or between what I have and do not have, the problem is with the self). Knowing what needs healing in a person, why they are susceptible to certain ailments rather than others, is both a gift and a complex art found in this modality. All these are ideal and synonymous with knowing the constitution of the individual (De Schepper, 2004:142; Sankaran, 2007:13; Johannes and Van der Zee, 2010:80). This level of susceptibility is analogous to what Thornton (2017) posits is the African traditional sense of healing or *Bungoma,* where the patient is considered an 'exposed being' who needs strengthening and protection from the AIKM. The patients' presentation and characterisation of their ill-health, the phenomenology of their symptoms, sensations and experience is what the homeopath analyses to know what needs healing in that particular individual. Additionally, this holistic approach naturally provides a humanistic counselling aspect to this modality (Johannes and Van der Zee, 2010:180,182).

Being a homeopathic practitioner in the African context is similar to being an AIKM practitioner. Although AIKM practitioners are multi-categorised, the researcher has an affinity with the concept of a homeopath being most similar to *Ngaka Tshupe.*

2.9 Semiology of Homeopathy

Semiology is defined by the Concise Oxford English Dictionary (2011:1310) as "the study of signs and symbols and their use in interpretation". In the context of this study this term is used to explain the signs and symbols of homeopathy in its classical or indigenous approach. Gordon (2010: 194) refers to the terms 'symbols' and 'signals' as descriptively different in analysis and in dialogue, saying "'signals [are] definitive of the human world of meaning or operators and symbols [are] only presenting a functional value as designators".

In developing a better understanding of homeopathy in terms of its semiology, this study considers this specialty in relation to that of *Ngaka Tshupe.*

2.10 *Ngaka Tshupe*

Bo Tshupe is a Setswana term for an AIKM healer equipped and grounded in clairvoyance and clairaudient skills. Setswana is one of the eleven official languages in South Africa and is also the researcher's home language and mother tongue. In an attempt to assert homeopathy as conceptualised in an African and specifically in African communities, and to connect it with an African world-view that allows homeopathy to be understood in such a way that it is meaningful in the current context, the researcher respectfully proposes to define a homeopath in simple Setswana terms as being closest to *Ngaka Tshupe.* The closest Western or scientific translation of this concept into English would be 'hornless doctor', or 'herbalist-healer'. According to Thornton (2017:59) *Ngaka Tshupe* or hornless doctor or healer is *legedla/Ngaka* carrying same meaning as a diviner. North West province cultural expert and indigenous knowledge holder Mme Grace Masuku explained to the researcher in a personal communication (November 2016) that "*Ngaka Tshupe* is more than a herbalist healer", and that the concept '*Tshupe'* is equated to a bull or cow without any horns. Masuku described this to simply mean "that which cannot harm" simply meaning *Ngaka Tshupe*is a 'harmless healer'. This is congruent with homeopathy's principles of rapid, gentle and permanent cure (Hahnemann 2003:90) and being a harmless modality (De Schepper, 2006:3). This type of healer, according to Mme Masuku learns this indigenous knowledge from elders on the basis of extensive practice. For example, if someone suffers from a headache, they know what medicine to give for the specific headache. They do not undergo initiation to *thwasa* so they are

not *sangomas*; theirs is a lifetime of accumulated knowledge and experience, possessing indigenous knowledge about the weather, the sun, the moon and stars (*kopa dilalelo* – a type of star) i.e. knowledge is not only regarding the use of medicines for healing. They understand how celestial bodies work including seasonal changes. From this point of view they are able to discern times for harvesting and ways of preparing and preserve indigenous medicines, methods that are entirely different from the Western methods of preparing medicines.

From this conceptualisation of the role of homeopaths, and bearing in mind the statistics that the majority of homeopathic practitioners in South Africa are from the White race, it is time to reinforce IKS in academies and communities so as to be able to contribute to social order and social cohesion. Homeopathy is an underutilised modality compared to AIKM particularly in African communities, therefore rigorous steps ought to be undertaken through community engagements to position these services in African communities where they can be appreciated. Protocols for engagement with AIKM practitioners and African communities can be fostered to improve health and illness, restore and monitor societal patterns and existing migratory patterns in the context of the lifeworld and worldview of the respective communities. In an extensive project to foster quality partnerships between communities and the academy, Netshandama (2010) found that participants from the community felt they were not validated, as if their voices were not heard. Netshandama emphasised the need to find ways of developing quality partnerships between the academy and communities' so as to bring those perspectives closer together. It is from such endeavours that coherence in people's complex indigeneity can be sorted without hierarchies between the practitioners and the community.

2.11 Conclusion

This chapter employed and embraced the principles of African indigenous epistemologies of knowing and imagination to position the study. The chapter demonstrated in the use of decolonial theories how the questioning and re-questioning, the thinking and re-thinking of a discipline (i.e. homeopathy) and a calling (i.e. African indigenous medicine/healing) repels Western-centric domination through dismembering Western epistemologies. The chapter also explained the concept of *Ngaka Tshupe* and how the researcher affirms this as a suitable term to conceptualise

homeopathy in African terms. Having described the non-viable picture of homeopathy in African communities due to its low levels of income generation and attraction, the chapter indicated that unlike African indigenous healing, homeopathy could be declared a dying or dead discipline. In pointing out that homeopathy is subject to disciplinary decadence (i.e. a dying profession) it has illuminated the reasons for its dearth of employability and relevance in African communities. The researcher's journey has been that of being African, remembering and embracing African indigenous healing and medicines and learning to acknowledge what patients saw and experienced in me as being a vessel/channel for homeopathy. Therefore, it can be concluded that the chapter laid out the ontological and an axiological value and relevance of understanding homeopathy from an African conception as a discipline. The way of doing this is to listen and remember African indigenous ways of healing and being conscious of this epistemologically and ontologically by embracing a homeopath as being *Ngaka Tshupe* in an African conception.

CHAPTER 3: LITERATURE REVIEW

3.1 Introduction

Both homeopathy and African indigenous knowledge healing have acquired a body of literature. However, both suffer from being regarded as implausible from the point of view of science-based evidence-based medicine. As a result, there is a hesitation to accord them meaningful status within the mainstream of the hegemonic Western-centric medical system. However, the 1978 World Health Organization's Declaration of Alma Ata (1978) on health cohesion for all healthcare systems recognised African Indigenous Knowledge Medicine (AIKM) as an essential healing modality because of the existential realities experienced by the masses of the African majority. The sole purpose of this health cohesion was to recognise and offer the right to health for all and to privilege the wisdom embedded in AIKM (World Health Organization, 1978; Gavriilidis and Ostergren 2012:2). This recognition was also fuelled by recognition of the deficient nature of WM's approach to treating a person as a whole or as a totality and not as a disease (Fournier, 2013; Abdullahi 2011). So far the cohesion has made little impact in terms of privileging indigenous healing modalities and epistemologies. Recently the same vision was broadly envisaged by the guidelines set by Agenda 2063 (Tella 2018), for an Africa which will share inclusive growth and sustainable development goals and which embraces African problems being solved with African solutions. However, the agenda seems to be out of track with its continental issues than it stipulates on its document aspects which are beyond the scope of this thesis and will not be delved into but mentioned as signs and symptoms of dismembering marginalised healing modalities.

This chapter asks: what do we mean or imply by the notion of 'African solutions to African problems'? This seems decadent in the sense that it fails to deliver on its promise because African indigenous epistemologies and healing modalities that are reflected in the reality of where people consult do not form part of the national health care programmes of African countries? Similarly, what does it mean when a healing discipline such as homeopathy only seems to cater for a select few? Therefore, inclusivity is a pipe dream as long as there is marginalisation of homeopathy and

African indigenous knowledge healing. Tjale and de Villiers (2004:2) point out how in 1994 the African National Congress proposed integrating disenfranchised healing modalities into primary health care. The National Health Plan also indicated recognition for both African indigenous healers and homeopaths.

3.2 The Role of a Discipline and a Calling

The role of a discipline and a calling are defined by what and who does the healing sector cater for, who is it relevant to and to what extent? In 2008 the draft policy on African traditional medicine was established. However, its implementation and developments for an integrated health system are very hard to see and assess (Gavriilidis and Ostrergren 2012; Abdullahi 2011). The health ministry remains silent on the invisibility of homeopathy as a discipline and the calling of indigenous healers in a country where these services ought to be the existential and ontological right of people. There has been a lack of policy implementation regarding quality, safety, efficacy and reasonable use of CAM and AIKM and the variety of health traditions available within them (WHO 2001; Gavriilidis and Ostrergren 2012). Those who are at the forefront of regulating these modalities also disregard their epistemological and ontological praxis. Obstacles include efforts to classify indigenous healing modalities in terms of evidence-based medicine, a scientific model used in WM to show the efficacy of new treatment models in healthcare. Such epistemic violation is increasing and may gradually terminate CAM practices and AIKM. Chitindingu, George and Gow (2014:1) found that South African medical schools were not remembering (wa Thiong'o 2009:39) or embracing indigenous epistemologies (de Sousa Santos 2016) by incorporating indigenous healing modalities into their curriculum. It is against this background that the literature surveyed here argues that health and holistic modalities are not monolithic; that a variety of other ways of healing exist. The question is: are homeopaths and African indigenous healers adequately equipped in demonstrating who they really are, is this reflected in their local communities? Abdullahi (2011) argues that African indigenous healers are often known and respected in their local communities.

Despite its apparent superiority and visibility, the WM model has proven to be problematic in solving social and healthcare challenges due to its Eurocentric paradigmatic tools. Through its hierarchy of knowledge it continues to inferiorise other

healing modalities, *inter alia* African indigenous healing and homeopathy. The often-acclaimed integration of CAM (and AIKM) with WM in the model termed integrative medicine (IM) has been highly commended by primary healthcare stakeholders and the world over (Chitindingu, George and Gow 2014:1). However, IM as a model of healthcare continues to privilege the Western methods of knowing. I find this model sound and comprehensive if it integrates the indigenous healing modalities into the (national) health problems and programmes but there is an obvious lack of promotion of AIKM and CAM knowledge at the apex of IM epistemologies. Thus, the ways of knowing manifested by indigenous African healers and homeopathy are unseen, as if they are forbidden. For new knowledge, particularly AIKS, to emerge as a science in its own right it ought to be practised and embedded in the life-world and or world-view of those who use and practice that knowledge (Thornton, 2016; Robbins and Dewar, 2011:1).

Regarding homeopathy's role in the public health sector, Solomon (2014:4) and Majola (2015:76) established that most homeopathic practitioners are keen to be integrated into the national health care programmes as they perceive the resulting exposure may result in the growth of the discipline. However, there is an admission that despite the potential to serve in the public health sector, an area which also has the advantage of increased opportunity for employment for homeopaths, homeopathy as a discipline remains unknown and unattractive. This is because homeopaths often display what I perceive as a posture of dismemberment in their ability to perform processes of health and healing. According to Solomon (2014) and Majola (2015) this is marked by manifested inadequacies that emerge in the desire to want to perform sutures, for instance. This lack of confidence in the practice of homeopathy results in many homeopaths leaving practice to pursue other career options. I argue these deficiencies or feelings of inadequacies are a form of dismemberment with lack of understanding of the self and of the innate meaning of the discipline. In other words, the manifested inadequacies suggest animosity to what one has learned and been taught to the extent of wanting to be at the level of performing sutures and other procedures and protocols that semiologically demonstrate Western or conventional medicine.

To date AIKM and healing has endured many trials and tribulations because it has no legal recognition (which homeopathy does at least have), but is still in existence, signifying that this healing modality offers something that WM does not possess

(Staugard, 1985; Leonard, 2000). Statistics show that 70-80% of the African population use indigenous modalities, reflecting that the public's choice in their health-seeking pattern is not negated by authorities that seek to Westernise CAM and AIKM into WM (Truter, 2007; Zuma *et al.,* 2016). Those who comprehend the nature, the genealogy of CAM and AIKM, will continue to refuse to submerge these healing entities or modalities within or based on WM standards. For this reason, scholars in the African academy have advocated for the resurgence of these indigenous practices so that they can be conveyed, articulated and promoted in the terms and conditions of those who possess these knowledges (Dei, 2012:108; Lebakeng, Phalane and Dalindjebo, 2010:73-74, 76).

The critical issue here is the issue of social and cognitive inequities due to IKS exclusion in the academies where a large majority of the African population obtain their education, an education which is largely Western and disconnected and dismembering to their African reality. This is evidenced in the studies that continue to reveal the uncertainties of WM practitioners who are reluctant to liaise with CAM and AIKM practitioners (Ojanuga, 1981:410; Karim, Ziqubu-Page and Arendse 1994:11; Summerton, 2006:20; Mokgobi, 2012:114; Nemutandani *et al.* 2016:1). Western epistemologies remain the major inclusion in academies of learning rather than African epistemologies. While efforts in terms of policy documents have been made to include and articulate the relevance of CAM and IKM in the knowledge systems and more specifically in the national health care programmes, to date no implementation has been executed (Government Gazette, 2008; Tjale and de Villiers, 2004:2). What needs to be addressed is to observe and implement these knowledge systems to enter healthcare systems from the grassroots level by teaching their curriculum with career or entrepreneurial prospects from the elementary level to show that they are part of an African reality. Paradoxically, therefore, the subjugation levelled at homeopathy as a discipline is embedded within its academy and those who practice it. Thus, homeopathy and African indigenous healing have different types of suppression. Therefore, in conclusion the role of a discipline and calling ought to articulate and promote the healing modalities in their own right without making them seek validation through incorporating conventional ways of healing into their modalities.

Burch, Dibb and Brien (2008) state that one of the elements that assists homeopaths in making clinical and healing decisions is intuition, remarking that intuition is also

commonly used by indigenous healers as an indispensable tool for decision-making. Eyles, Leydon, Lewith and Brien (2011) indicate that the role of homeopaths can be enhanced if homeopaths know what their role is. They explored homeopaths' perceptions, empathy and understanding in the homeopathic consultation and found that how patients narrate their stories often establishes elements of interconnectedness of matching remedies that will suit patients Eyles *et al*. (2011) claim that some of the key elements they found are specific and unique to homeopathy. However, Burch *et al.* (2008) and Eyles *et al.* (2011) are wrong to assert that intuitive knowledge and holistic elements within homeopathy as a discipline are specific and unique to homeopathy, this approach exists in IKM and for much longer than it has for homeopathy. In contrast to Burch *et al*. (2008) and Eyles *et al*. (2011), Levy, Ajjawi and Roberts (2010:1324) also found that intuition was an aspect used by homeopaths in a consultation, but they found that "homeopaths found it difficult to articulate and explicitly define their conceptions of intuition".

3.3 Integrative Medicine: Epistemic Violation of African Indigenous healing and Homeopathy?

Integrative medicine (IM) as aforementioned is used to denote the integration of CAM, WM and a certain degree of AIKM. It positions itself as an epistemology that emanates from AIKM and CAM. As a term IM emerged in the 1990s (Galhardi and de Barros 2008). This study's critical reflection on both CAM and AIKM sought to promote and privilege AIKM as embedded in ancient indigenous healing modalities that are essential considering the social justice and existential realities afflicting African people. This disjuncture is as a result of what colonially has been scornfully termed African Traditional Medicine (ATM) termed herein as AIKM as being submerged by WM. This submission is also pronounced by Magoro (2008:30, 33) that "it can't be disputed that the arrival of Christianity that accompanied colonisation, all over Africa contributed a lot in the marginalization of traditional medicine".

Fournier (2013:26), Baer and Coulter (2008) concur that the term IM is a strategy that seeks and has succeeded in further privileging and benefitting the WM model of healthcare rather than raising other healing modalities of knowledge of healing. Fournier (2013:26) further contends that IM refuses to privilege indigenous knowledges of healing, arguing that indigenous epistemologies are instead re-

interpreted to fit into the WM epistemic view of health and illness. It was Degele (2005:116-117) who also argued that it is the lack of practicality in delineating the criteria that can be used to (scientifically) recognize indigenous healing modalities, in particular homeopathy, as it is often WM that habitually controls how these modalities should be recognized. Therefore, the concept of IM or integration often becomes what Sandoval (2000:83) refers to as “counterfeiting the appearance of knowledge on both sides when the mask fits”.

What needs to happen is that the wealth in indigenous healing modalities should not be constrained by the hegemony of neo-liberal capitalism and imperialism and AIKM and homeopathy should be privileged for their core epistemological and ontological praxis. The right to practice and access health is a social justice for all people.

3.4 African Indigenous Healers and Homeopaths

Homeopathy or CAM cannot be equated to IKM, despite the commonalities espoused in their holistic principles of healing. The main commonality is that viewing the physical, emotional, mental and spiritual well-being of their clients as a totality or as a whole. Kofi-Tsekpo (2004:1-11) argues that ATM is not equivalent with complementary and alternative medicine emphasising that ATM is the African indigenous mode of health care. In reality, both healing modalities are viewed differently in terms of title and status, but such differences should only exist with regards to training and not result in the discrimination indigeneity is subjected to. This contestation has also been highlighted by de Sousa Santos, Nunes and Meneses (2007:35) who call for privileging of the epistemes of the South. African indigenous healers surpass in numbers the WM profession and all the eleven CAM disciplines underwritten under the Allied Health Professions Council of South Africa (AHPCSA) combined.

For one to become an indigenous healer one must be chosen by the ancestors to take the mantle of becoming a healer (Mutwa, 1964; Ross, 2010:46). This is a calling, not just something one decides to go and study. Indigenous healers possess some unique and distinct particularity about them that seems to only resonate within Africa. Thornton (2017:15) describes the healing knowledge that indigenous healers possess as being unique, individualistic and a discipline in its own right. Nabudere (2011:126) cites Markowitz (1969) refers to the description of negritude i.e. African people are gifted in the sense of spirituality, spiritual communion along with the gift of imagination

and rhythm. Indigenous healers offer vitality or power, protection to the individual, using environmental and universal energy forces of one's deities; the same applies to homeopaths who match the vital force of the individual with those of the remedies chosen to heal.

3.5 Etymology of African Indigenous Healing and Homeopathy

With regards to the level of education of indigenous healers and homeopaths, it would appear as if the competency to study for most AIKM healers is at the level of primary education (Shai-Mahoko, 1996:32), although to date this modality is occupied by many areas. This distinction is often used to claim that AIKM healers are not knowledgeable people when the level of proficiency is compared to that of Western systems and their bureaucratic ways. Shaikh and Hatcher (2005:139-141) comment that criticism of the lack of formal education and evidence base reflects WM epistemology and does not take into consideration the context of CAM and AIKM epistemologies. The wealth of knowledge possessed within these indigenous healing modalities is of rare, strange and peculiar etymology or origin. This is finally being recognised with the interest of the medical academy in accommodating modules and education for indigenous healing and homeopathy (Owusu-Ansah *et al.,* 2014), knowledge that was frowned upon in the past by WM and its statutes.

3.6 Homeopathy

Homeopathy is a form of complementary and alternative medicine. It was founded by a German medical doctor, Dr. Samuel Hahnemann (1755-1843) who was disgruntled with the practices of WM at the time. He deserted his medical practice after discovering that the treatments were harmful to his patients. Dean (2001: 256) asserts that it was not only Hahnemann who was unsettled about the failure of medicine at the time to treat the sick. Homeopathy is a holistic therapeutic indigenous system of medicine based on the principle of *similia similibus curantur* - "like cures like*"* i.e. a substance that is capable of producing certain symptoms in a healthy person is also capable of healing the same symptoms in the sick. This definition could, for example, could apply to a substance like colonisation which produced symptoms and postures of dismemberment, disconnection, denialism (the self-denying of authenticity) and lack of self-knowledge in healthy Black people. That particular substance (colonisation) is also capable of being potentised or diluted into infinitesimal doses to heal the same

symptoms in those who are sick with dismembering, disconnecting, denying others and lack of self-respect for the others. This principle of 'like cures like' may also apply to a discipline that fails to do what it is meant to do; similar cure of this discipline is through acting its principles of authenticity to remain relevant. I argue in this thesis that homeopathy has reached a plateau of what Lewis Gordon calls disciplinary decadence. This inauthenticity, which is also a form of bad faith, is what causes homeopaths to be envious of the Western paradigm. Simmons (2019:34) states that "many contemporary homeopaths seek scientific and medical legitimacy" thereby avoiding the "spiritual and metaphysical view of healing" because these homeopaths seek to adapt homeopathy to be a 'normal' medical science. It is these patterns of dismembering homeopaths from the core of their discipline that have led to its 'unsuccessfulness'. The concept 'homeopathy' coined by Dr. Samuel Hahnemann is based on two Greek words "homoios" or like and "pathos" meaning suffering. Healing is based on the energy force within the body, what homeopaths call the 'life force' or 'vital force'. Homeopathic medicines improve the individuals' life on all levels – the physical, mental, emotional and spiritual levels (De Schepper, 2006:12, 26; Borlescu, 2011:12). According to Johannes and Van der Zee (2010:205) homeopathy is the only healing modality that collectively acknowledges the mental and emotional characteristics of its medicines, although Sobiekie (2014) comments on a similar presence of this knowledge in African indigenous medicines such as that associated with licorice (*molomo monate* – i.e. sweet mouth or when speaking people will like what you are uttering).

3.7 Homeopathy in South Africa

In South Africa to study homeopathy entails entering into a five-year full-time medico-scientific course with requirements to do a research and obtain a Master's degree. Currently in South Africa and the entire African continent this can be studied at two institutions only, namely the Durban University of Technology (DUT) and the University of Johannesburg (UJ). The demographics reveal African Homeopaths at 9%, Whites 78% and Indian/ Asian at 13%, indicating huge disparities in the profession which challenges the integrity, authority and relevance of this discipline in South Africa (Solomon, 2014:28).

The training of homeopaths in South Africa includes similar components to the training of WM practitioners such as being clinically trained to diagnose and treat disease, to do physical examination and to order special investigations when needed (HSA, 2008). Similarly to AIKM, homeopaths view and treat the patient as a totality and use what appear to be the esotericism and metaphysical aspects to explain disease or ill-health, which is what undermines this healing modality in the science arena. Nevertheless, the prevalence and demand for it globally and in South Africa and the current interest by pharmaceutical industries in CAM is growing (Kuper, 2015:15; Shroff, 2011:130,144).

According to Solomon (2014:172) a successful homeopathic practice is also a reflection of the core nature, personality and specialties of the homeopath her/himself. This is congruent with Thornton's (2017:15) findings on the gift of *Bungoma* and AIKM practitioners as a discipline that is unique from healer to healer based on their gifts and calling. Thornton explains how each AIKM practitioner receives the calling for different reasons, these being some of the aspects that are not understood leading marginalisation of the discipline through failure of mainstream Eurocentric understanding of the dynamics underpinning the actual role of AIKM (Sobiecki, 2014: 4; Kuper, 2015:15) .

3.8 Homeopathic Community Clinics in Gauteng

Homeopathy continues to remain complex at both its entrepreneurial spirit and marketability as it remains an elitist discipline, despite its establishment as a primary health care practice under law. There are community out-reach health clinics that operate under the auspices of the Durban University of Technology and the University of Johannesburg (Wolf, 2000; Solomon, 2014:9). However, despite these efforts to reach out to local African communities, homeopathy as discipline remains virtually invisible, and if you are in such a discipline you remain as an unseen entity. Babaletakis (2006:178) also found that if homeopathy fails to address its disciplinary and career challenges it may not fully realise the potential to grow and expand. This is what Lewis Gordon (2010) terms disciplinary decadence. Disciplinary decadence is when a discipline fails to fulfil what it is meant to fulfil, when those in the discipline envy other disciplines and incorporate what those disciplines are doing in order to try and gain favour with them and gain greater visibility for themselves in those circles. An

example of this is when homeopaths indulge in incorporating tools of work to ease the mode of diagnosis such as ultrasound, quantum machinery and other invasive machinery. Homeopathy as a discipline is more intense and unique than incorporation of these tools.

The community engagement strategies in those communities where out-reach clinics are operational form part of the internship for future homeopathic doctors. This suggests the healing knowledge system of this modality is publicising itself and making itself available for consultation, but regrettably remains confined to very small minorities in those communities**.** Studies by Wolf (2000) and Brown (2008) depict success with these patients through these community engagements. The clinical profile of patients who visited the UJ (formerly Technikon Witwatersrand) Homeopathic Health Clinic indicates that a large number of patients who visited the clinic only consulted on one occasion. Von Bardeleben (2009) studied the records of a community clinic in Durban under the auspices of the Durban University of Technology, and found that 65% of respondents felt that homeopathy should be made available at hospitals and clinics, but knowledge about this remains inadequate (Khumalo, 2015:56). On reflection it appears that even such community engagement is equivalent to homeopathy articulating and promoting itself, this is not influencing the healing modality to grow widely as it should in these communities.

A rational account to this can be found in the findings by Netshandama (2010:79) that unless there is constant engagements with communities and them sharing in the academic projects that are operating, they will not gain the trust and respect of the respective communities because there will not be a common perception of shared goals and benefits. The lack of holistically investing in empowering these communities produces one-sided empowerment and only conceives an uninformed community. This thesis argues that whether homeopathy is unknown or known within these communities there can never be growth, accessibility, articulation and promotion from that which lacks the ability for growth. It is evident that the homeopathic community clinics have not managed to amass a wider well-informed community, especially in these respective African communities.

3.9 African Communities and African Indigenous Knowledge Medicine

African indigenous knowledge medicine (AIKM), in the context of this study refers to what is commonly known as African traditional medicine (ATM), and comprises indigenous experiences of different cultures, approaches, knowledge and beliefs, utilising plant, animal and mineral based medicines together with spiritual therapies in the treatment, diagnoses and prevention of disease (WHO, 2001).

In South Africa the number of traditional healers in 2007 registered with different traditional organisational structures was estimated to be between 150 000 and 200 000 (Gqaleni *et al.,* 2007:178), estimated to have escalated to around 250 000 to 400 000 in later years. These numbers support the need for African Traditional Healers (ATH) and IKM practitioners to be in included in the national health care system. AIKM practitioners seek to restore and protect the vitality and core of their patients. Promotion of health occurs by giving the respective individual what their constitution, temperament, timeline and vitality requires at the time of presentation and consultation. This is the case for homeopathic practitioners as well.

3.10 How to identify an African Indigenous Healer

Proliferation of training or indigenous initiations post-1994 in South Africa have increased exponentially (Thornton, 2017; Tjale and de Villiers, 2004). Colonialism and apartheid destroyed the legacy of the large majority of the African people. The South African people of colour have been deprived of articulating and promoting what has always resonated with them, as their African worldview has been overwhelmed by Western methods of doing things which is constantly advocated as being superior. The proliferation of AIKM initiation and services is being fuelled by the call to cognitively redress the injustices of the past. However, in this context there are bogus healers that emerge in the field and tarnish the core of what AIKM is all about (Munyaradzi, 2011:5-6).

3.11 Semiology of an AIKM Healer

This study investigates the semiology of an AIKM commonly known as an African traditional healer. With the resurgence of African traditional medicine and the redress of the socio-economic, socio-cultural, and political inequities post 1994, the community of this discipline or modality is growing exponentially (Tjale and de Villiers 2004:2;

Thornton 2017:96). This study seeks to understand the semiotics of this modality and those who possess its knowledge. In this post-1994 era, the researcher asks: How do you identify an AIKM practitioner or an African traditional healer? Who is a real traditional healer? Does wearing an African traditional healer's regalia make one an AIKM healer? When does a human race change and unchange what it is at core, based on what it wears? These are some of the conjectures that have cast aspersions on the AIKM modality, particularly regarding policy and governmental attempts to regulate this body of knowledge.

All AIKM practitioners undergo periods of anguish prior to being initiated (Thornton 2017). The training period which varies from practitioner to practitioner is often costly and requires a range of indigenous paraphernalia, often requested by the *Gobela* (the principal to the initiate) or by the initiates' ancestors, often revealed through dreams or visions (Thornton 2017:177). The initiation process can be viewed as a rite of passage to dismantle the shackles that the initiate has experienced in life up until then.

The value and legacy of AIKS in reference to traditional medicine and healing is vested in the powers of those who share a similar worldview with knowledge-holders. The ontological grounds of this become embedded not only in those possessing the knowledge but also when this knowledge becomes the truth or conjures up similar or other truths in other individuals of whatever race irrespective of where they find themselves in the world. For example, the Belarusian writer and Nobel literature laureate Svetlana Alexiviech (2015) points out that within the context of the human race, history tells us that people have always complained about the times they live in. Alexiviech makes this observation in relation to the Russian people, but it is also in the nature of all those that complain, that complaining speaks to people's ontological illnesses and suffering irrespective of descent. Alexiviech's observations are in the context of the Russian people's experience of war, being silenced and the fear of persecution. The researcher submits that this is a universally applicable observation and AIKM practitioners also seek to "know" the truth in themselves through their journey and their praxis. Then, through their personal experience, they can "know" the truth in others as well, irrespective of where they are in the world. The agony they experience through working in this healing modality is what their bodies, ancestral spirits, and deities' convey, including the struggles of those in the diaspora as Africans.

Thornton (2017) corroborates this in terms of the healer also experiencing the pain or ailments of the patient for healing to take place (Thornton 2017).

3.12 The Becoming of a Discipline

For disciplines to be what they are meant to be, their knowledge basis has to be constructed in such a manner that it privileges the hegemony of those who hold power in the discipline. Smith (1999: 60) points out that the systems of domination that have been responsible for the organisation, gathering and categorisation of new knowledge for hundreds of years have done so in a way that gives power and supremacy to Western thought. The tools of doing research in this process had to be tools that justified de-linking knowledge and different colonial praxes. Foucault (cited by Smith 1999: 68) also highlights the disciplinary route that was heightened in the 18th century in what Foucault termed the “formulas of domination”. These hegemonic tendencies or susceptibilities became more pronounced and operational in hospitals, schools and the military (Smith, 1999: 68). Furthermore, Smith (1999: 68) adds that hegemony entailed excluding and marginalising indigenous knowledges including their modalities of healing.

The question today is: do the disciplines of African indigenous healing and homeopathy best serve and fulfil the way they were meant to? Solomon (2014) and Khumalo (2015) highlight how homeopathy aids in local disadvantaged communities but are quick to point out they do not elaborate on the contentious issues of whether homeopathy works or not.

The recent episodes of #RhodesMustFall and #FeesMustFall (Luckett and Naicker, 2019), reverberate with the 1976 Soweto school uprising since they all speak to the system of education and scholarly work in disciplines that do not reflect the lived experiences of the masses of the African people who study in those disciplines. Therefore, this chapter interrogates whether homeopathy and or African indigenous healing have or are achieving their roles, and questions the impact made by these healing modalities on people. What is the use of a healing modality that caters for a minority versus a mode of healing that cuts across every avenue of various elements and people?

3.13 African Existentialism and Eurocentric Pervasiveness of Knowledge

African existentialism proposes that the lifeworld which encapsulates African experiences ought to inform critical pedagogy. More (2008:48, citing what Lewis Gordon) reminds us what to do, that we need to focus energy on what we ought to become. In this thesis this is expanded further into what we ought to become in disciplines that mimic Africana existentialities with folk medicine philosophy. Gordon defines African existential philosophy as being entrenched in two arguments – one related to identity and the other to liberation. Regarding identity, Gordon (as cited by More 2008: 47), articulates the identity argument as being "Who or what are Black people?". In the context of this thesis, identity is argued in terms of questioning who the true healer is, asking for the true healer to emerge. Furthermore, what is the discipline of homeopathy in African context, who in African indigenous healing does this discipline resemble, who or what is a homeopath? These questions, I argue, are similarly intertwined with questions of identity and liberation which call for a need for African indigenous epistemologies to be privileged in a meaningful way. Gordon (2000, 2014) expounds on the 'who' in "who am I"? He questions identity as pertaining to matters of personhood and relates the 'what' in "what am I?" to ontological questions of being and that of existentiality which defines one's meaningfulness and relevance. Hence, I question the meaningfulness and relevance of African indigenous healing and homeopathy if their visibility in societies is not palpable or felt.

Wa Thiong'o (2009: 39) addresses the issue of identity through the concept of dismemberment to remembering who one is in any discipline and what the discipline(s) has(ve) been made to become. Regarding liberation in the African existential reality, More (2008: 47) argues that liberation is in the realm of 'ought' or 'why'. More (2008: 48, citing Gordon) elevates this by emphasising that liberation is the interdigitation of the knowledge base (epistemology) with the ontological and purposive or teleological aspects. Hence, what ought to be done has to be coupled with understanding ourselves and through understanding ourselves we are bound to know what we ought to be doing. This also appeals in terms of healing that is to be conducted. These ventilations are also pertinently argued by More (2008: 48) coining Steve Biko as the African existential philosopher who is liberating and philosophical if not also articulative and promotive of redressing injustices. This is well articulated by Biko (1978: 26) who

writes in I Write What I Like that a country in Africa with Africans in the majority must live by the customs and lifestyle of such people.

Frantz Fanon (cited by Smith 1999: 70) describes the debate on national culture as being like a war zone involving a variety of intellectuals. Fanon (1963) called this war zone “a representation of a special battlefield”. This thesis echoes this regarding the realm of African indigenous healing, particularly the discipline of homeopathy. Fanon says that war happens when academics or graduates realise the education is predominantly Eurocentric, and these individuals undergo what Fanon (1963) terms “disturbance” and wa Thiong’o (2009: 39) terms “dismemberment and remembering”. This causes the intellectuals to remember who they are at the core and what their discipline(s) should signify. This phase entails engaging with remembering the past, similar to the movement associated with the promotion of AIKS. The homeopathic principle of “let like be cured by like” is relevant here, in terms of “African problems need African solutions”. It ought to be an African problem if homeopaths, particularly African homeopaths, the majority of whom are from disadvantaged backgrounds, undergo extensive training in this discipline, only to be challenged by myriad financial constraints and later find solace in areas where their acquired knowledge is not used. This is a similar pattern (explained in Chapter 4), observed when African indigenous healers are made to privilege the fight in the scourge of HIV/AIDS but not being encouraged or supported to do what they are mandated to do at the core of their calling. So, can the true healer emerge or not, can we see, hear and listen to their ancestral voices? These are people’s existential struggles and realities.

Eurocentric knowledge is pervasive, but holistic healing modalities such as homeopathy cannot be effective while operating from that knowledge base; to be effective in the African realm they need to function from the base of African IKS.

3.14 Pedagogical Challenges in Indigenous Knowledge Systems

Western epistemologies are ingrained in the education system in South Africa. As a result, African indigenous methods of knowing and other indigenous systems of medicine have been suppressed and marginalised, and IKS has been denigrated as not being economically sustainable and being insignificant and unscientific. Pedagogical methods borne out of indigenous healing practices are often disadvantaged and perceived to be extremely limited as the knowledge risks to be lost

if it is not enhanced. A study by Mothwa (2011:141) revealed that there is a lack of pedagogical content knowledge on IK from the Department of Basic Education, therefore educators are deficient in dispensing IK to school pupils. This is also the case in institutions of higher learning. This study is of the view that IKS has to be enforced and driven by robust indigenous thinkers who do not limit their research methodologies solely to those aligned with Western hegemony so that they can develop appropriate methodologies for African IKS, as stated by Massey and Kirk (2015:1-5). These authors also highlight that recent studies on IKS and particularly indigenous systems of medicine have shown that research is more about finding out and confirming what IKS knows than on finding new information. My view is that this information or knowledge can also be regarded as new information because it is not known, well-articulated and promoted; therefore, this is tantamount to new information. De Sousa Santos, Nunes and Meneses (2007: xxi, xxxix) affirm that to articulate and promote marginalised or other knowledges requires the contribution and participation of all people because the very art of knowing contributes to the success and promotion of that knowledge and discipline.

Knowledge acquired in institutions of higher learning needs to be able to be practised in real-life situations. Nkondo (2016) asserts that curricula need to be built in collaboration with industry or places of work so that there is continuity between what is needed in the work place and what is being taught in the institution. Similarly, engagement with the community can inform pedagogy and ensure that the transfer of knowledge resonates with the African reality and its consciousness. At the same time, as pointed out by Gyekye (1995:54), it may not be ideal to eliminate Eurocentric or conventional methods of knowing but to critically evaluate the Eurocentric human rights to health to discern ‘if’ and ‘how’ they apply to the indigenous socio-political life..

3.15 Epistemology of Culture, Illness and Healing

Sobiecki (2003:12-14) conducted a study in South Africa on the factors that influence people’s health seeking behaviour regarding why some people choose complementary medicines, indigenous medicines and not conventional pharmaceutical products. The author found that the philosophy shaping society’s perception of healing and lifestyle in general is influenced by systems – the religions and the economic systems. Religion is seen as having a close association with healing

because the unknown causes of illnesses are often attributed to the will of the gods or spirits, while the economic system that is constrained in impoverished communities shape and direct the type of healing people will seek to consult.

Healing in traditional and indigenous societies is affordable for the majority which means that those who are sick depend on using elements of culture to influence their health and healing in general. In profit-orientated areas in the arena of private hospitals, illness and healing are treated as commodities (Sobiecki, 2003:12-14). In most cases where the aetiology of a disease is known to be due to a virus, a variety of interpretations, explanations and treatment options are available to explain why the person fell ill in the first place, depending on the culture that person is within. The healing system of IKM has its roots in spiritual and or religious belief systems often following similar principles to animism and shamanism (Sobiecki, 2003:12-14). Indigenous healers are fully aware of the interconnectedness of the mind and body. The study concludes that healing is rarely successful if a patient feels that they are a statistic with only five minutes allocated for a consultation and prescription, a pattern often seen in WM (Staugard, 1985; Sobiecki, 2003:12-14). Kgope (2012) refers to the existential and ontological realities of healing in the aspect of culture and illness, positioning indigenous modes of healing as reigning supreme compared to WM. This is an important and relevant concern as Western epistemologies seek to dominate other ways of knowing. Masoga (2002:6) affirms that attention and focus on indigenous people is fundamental, particularly Black African voices as they have been ignored in Africa for a long period of time. In this regard, Butehorn (2007:100-103) states that in determining and examining the different approaches being followed and practised in contemporary homeopathy we need to be aware of the paradigms that are consciously and unconsciously embraced, and to be aware of the paradigms we screen out due to prejudice or ignorance. The founder of homeopathy, Samuel Hahnemann, was an explorer who challenged the dominant paradigm (WM) of his time and rigorously defended the alternative model (homeopathy) which he established.

The notion that WM is superior is challenged by the fact that many African patients seeking Western medical treatment still flock to African indigenous religious churches and other charismatic churches for divine intervention. The charismatic churches are using this platform at the expense of the African indigenous religious churches in terms of the tools they use in healing and praying for the sick (Smit *et al.* 2013:7). The

researcher has observed this too, among some of the patients the researcher has interacted with. This shows that true indigenous healing involves implementing religious practices and the use of complementary and indigenous medicines (Tjale and de Villiers, 2004:79, 84). Smit *et al.* (2013:7 and Moyo 2013:209) both observe that African indigenous methods of knowing are unique and distinct from Western knowledge systems, hence resolutions to myriad African challenges cannot be found in the Eurocentric bureaucracy that is pervasive today. The researcher correlates Moyo's observation regarding the ambit of religion and AIKS with the distinction between CAM practices and WM. Moyo (2013:209) emphasises that research in these fields (religion and AIKS) should promote a positive dialogue intrinsically based on an African indigenous world view, and avoid inheriting and perpetuating paradigms we have been subjected to and dominated by (Western methods of knowing). CAM and AIKM are both rich in values and practices that can promote a healthy society. Masoga (2002:311) from his paper The Role of African Intellectuals in the Reconstruction of the African Social Fabric*,* emphasises that the onus is on African scholars to devise and promote solutions that will disentangle the impact that Western dominance has had among African people.

The transformation process in the institutions of higher learning and other governmental sectors is slow because of power contestations. Harvey (2015:12) states that intellectuals need to be courageous to steer the country in the right direction by unfolding what the correct intellectual understanding of South African history should be, and how this has influenced and made an impact on society post-apartheid because the impact is still palpable and needs to be critiqued. The fact is that healing in the African context is permeated by a variety of medicines rituals and sacrifices.

3.16 Ethics and Reverence for Knowledge in (Indigenous) Healing Modalities

The basic principles of ethics involve the values and morals that need to be espoused in pursuit of sustenance and maintenance of sound principles; in this context the ethics related to African indigenous healing modalities. Magesa (1997:64) regards 'greed' as the leading cause of exploitation in the world, and points out how this is contrasted and challenged by the concept of 'hospitality'. This thesis recognises hospitality as being central to the power and ethos within the basic principles of African indigenous healing and homeopathy. This thesis further notes that hospitality, which is a form of

kindness, can be unethically exploited through greed by forces (masquerading through diverse power relations) and paradigms (Eurocentric or Western) which have a history of marginalising the popularity of African indigenous healing modalities. This greed is observed in the incorporation of CAM within WM as IM. Integration as such is not a problem, but this should not simply be on WM terms. De Sousa Santos, Nunes and Meneses (2006) coins the term 'ecology of knowledges' in relation to the epistemologies of the South, stating that transfer of knowledge has to happen through advancing and privileging the world-view and paradigms that have been suppressed and marginalised. While evolving health trends have accepted the terminology of IM, Walach (2013, 2018) points out that this is a form of exploitation and greed; through subjecting African indigenous healing and homeopathy to the rigour of scientific methods there is new knowledge that emerges, but it also reconstructs indigenous knowledge so that it is less powerful and easy to control. Walach and Loughlin (2018:2-3) seek to privilege the voice of the patient as the primary agent driving transformative changes in articulating and promoting holistic healing modalities like homeopathy.

Ethical considerations in CAM and AIKM practitioners is based on their knowledge of the intricate interconnectedness and interdependence of their natural surroundings (Nakashima and Roue, 2002:314-324; Mazzochi, 2006:463; Thornton, 2017; Kuper 2015:15). Therefore, African healing is more than a 'discipline'; it is a worldview which is deeply rooted in original ideas and not in scientific descriptions imposed upon it. This study argues that ethics as outlined above ought to be at the centre of propagating the CAM and AIKM modalities. Magesa (1997:64 citing Vincent Mulago, 1969) explains the correlation between ethics and ethnicity, saying that you do not choose your family, and that being of a particular clan and ethnicity enforces one into a specific "vital current" and "incorporates and fashions us into the cosmic world of that currency". Magesa (1997:64) expands on the centrality of hospitality as an ethical practice by explaining how *Nyawusi* parents show appreciation when their son brings friends along to eat with them in the family and are disappointed whenever the son comes home alone. Thus, it is incumbent on the tenets of CAM and AIKM to require this kind of 'hospitality' from WM, when they are invited to join with WM. This will compel WM with its ontological and epistemological praxis to subdue itself and allow itself to be "incorporated and fashioned into the cosmic world of the currency of being fashioned into the vital currency" of CAM and AIKM (Magesa, 1997:64).

As stated above, Magesa (1997:64) regards the concept of hospitality as being an ethic that encompasses life in all its phases. Therefore, the researcher being from a particular clan, in this context the academy of AIKM/*Bungoma* and the academy of CAM, compels her to move congruently with the constituents of those academies which are, in her experience, her family, clan, ethnicity. Therefore, the researcher submits that any integration between WM and CAM and AIKM ought to value and indeed favour the basic tenets that ethically bind CAM and AIKM and the associated culture, ontology and epistemology. Integration must be embedded with the fundamental nature of these modalities and they must not merely be added to WM in ways that suit WM. Thornton (2017:14) asserts that the South African traditional healing of *Bungoma* is a discipline with a complex knowledge base which cannot, in his opinion, be called an IKS because the discipline of each healer is unique to that person and the knowledge that guides and shapes AIKM practitioners cannot be labelled as systematic. This non-systemic relationship is the epitome of ethical reverence in relation to indigenous healing modalities. To borrow from Magesa again (1997:64) Thornton (2017:15) as a Westerner who respects the ethical princiles of AIKS "incorporated and fashioned himself into the cosmic world of Bungoma/ traditional healing". Therefore, what is not developed by the academy is how AIKM and CAM healers can articulate and promote the African and global worldview so as to manifest their ethical considerations.

The commonality among the proliferation of practices of AIKM healers derives from the principle of knowledge that AIKS is unique and that the world-view that it has is the specific knowledge that can be a remedy for African problems, although this perspective calls out for more studies to engage this phenomenon.

This approach is similar to that espoused by Mboti (2018) in his concept paper of inviting the need to develop a discipline termed "Apartheid Studies" he claims that any sense of abuse or "theft" of knowledge does not in any way prevent usage of that knowledge. Mboti is writing this in the context of decolonising disciplinary or the fields of study emphasising that it does not make sense that there is no tertiary programme that confers a degree in apartheid studies. Mboti's (2018) point of departure here is that a new discipline in the term "Apartheid Studies" may enhance reparations for various injustices of the past, for example, marginalisation of indigenous healing modalities. A similar point is made by Nakashima and Roue (2002), that CAM and

AIKM are philosophically different from WM. In summary, the integration of the two modalities within the hegemony of WM is unacceptable. CAM and AIKM cannot be subdued to WM standards.

This study interprets the ethical knowledge entrenched in AIKM and homeopathy as being synonymous with a sense of being in harmony, of doing no harm, of being gentle and at liberty. As Magesa (1997:74) points out, this sense of liberty cannot be interpreted as a warrant for AIKM and homeopaths to cause harm or do whatever they want; but for their liberty to enable them to fully be what AIKM and homeopathy is. In the context of homeopathy, Corea (2004:43) regards the loss of popularity in the modality to be due to internal issues within the modality itself rather than being due to external structures (for example, WM or IM), that is to say, as a result of the rarity of people who can practice it correctly.

3.17 Power Relations in African Indigenous Healing and Homeopathy

The awareness of existing power relations in any system often tends to always favour systems that are already advancing while creating remnants of courses or disciplines that masquerade as if injustices of the past are corrected. This is observed in the powers at play in the healthcare system that claim to accept and support interfacing with indigenous healing modalities while the dominant WM systems remain the only ones receiving recognition. Flatt (2013:57) argues that such ideologies of power oppose the promotion of homeopathy or indigenous healing modalities to operate at primary healthcare level and to be part of curricula in academies. In response, Flatt (2013:58) recommends use of critical discourse analysis directed at the words and language used to undermine the promotion of homeopathic knowledge; this approach is proposed because of its ability to examine power relations within a discourse.

In the context of this study, it is evident that the reactionary forces within the Medical Control Council (MCC) and the interim Traditional Health Council which operate under the auspices of the Department of Health are not seeking to regulate indigenous healing modalities based only on protecting the public from a safety and the efficacy of these systems of healing point of view, but with the intention of controlling these modalities (Mbatha *et al.*, 2012:129-131; Kuper, 2015:15). This is also a matter of WM gathering to seek control against these modalities. The above points support what Nabudere (2011:125) and wa Thiong'o (2005) refer to as the pattern of capitalism

inferiorising knowledges and anything that seems to bear fruit from the indigeneity of the African indigenous people and their methods of knowing. Green (2012:4) highlights a point emphasised by former South African President Thabo Mbeki on the critical role that should be assumed by academics, which is to review the correlation between knowledge and the egalitarian system of doing things. Thabo Mbeki challenged academics to review the correlation between democracy and knowledge, a review Green (2012:4) posits Mbeki rejects amends for a generative dialogue to exist on intellectual heritage. As I critically reflect on this I wonder if this was the intellectual heritage what Mbeki was questioning at the time of the ARV roll-out debacle (Green, 2012:3); perhaps the challenge and review he posed was that in a democracy all stakeholders including health facilities, everyday ordinary people should remain extra vigilant for what they sign-up for in the name of democracy or so-called freedom. That is, the state should not sign-up for policies that will in the long run negatively impact the lives of its citizens. I further posit from the aforementioned that in the epoch of redress in IKS, indigenous researchers (particularly those from indigenous communities) ought to mainstream and work towards advancing hidden or suppressed knowledges so that they appear at the apex of health and healing. The thesis uses Green's (2012) point of view as it is highly significant in a country that is continuously exercising its democratic rights and rightly so. I concur that while exercising these rights, whose human right to health in homeopathy and AIKM is being demised? and, while concurring with Green (2012:5) regarding the need to interrogate and invite questions such as how as researchers, participants ought to know what the nature of challenges they face is, and which knowledge system has a duty to dominate in resolving their existing challenges? This approach is in line with Biko (1978:26) who advocated for privileging of African lifestyles, customs and modes of knowing.

The new trend by WM is to diagnose and manage disease by introducing new diagnostic methodologies such as genetic therapy or analysis, but these are AIKM concepts and have been practised since time immemorial (Emeagwali and Dei, 2014). AIKM and homeopaths have long looked into the epigenetics of their individual patients and families. This methodology has been scorned and looked down upon, but when WM introduces a similar methodology or concept it is given high ratings.

Poka Laenui (2000:6-7) and Emeagwali and Dei (2014:13) are of the view that for proper decolonisation to take place, five phases or methods must be followed:

1. A stage of recovering lost artefacts and identity, information on culture;
2. A stage of bereavement or remembrance for that which has been lost;
3. Dreaming, reformulation and invocation of other possibilities of research;
4. Committing to including silenced voices; and
5. Action that includes strategies for social transformation.

The fact is that homeopathy as a form of CAM is marginalised and other CAM modalities are not integrated into their country's national health care programmes, unlike in India, Europe and the United States (Selli, 2003).

The Department of Health's Traditional Health Practitioners Act 22 of 2007 which was passed in the face of criticism by AIKM healers, imposes standards on them for regulation. Using the homeopathic concept of 'like cures like', can the colonial construct in its behaviour of marginalising certain races be cured with a dose of high dilution of decolonial constructs of the behaviour of people who have been affected by marginality? The history written on homeopathy fails to emphasise that the white settlers of North America also learned homeopathy from the indigenous African American people (Shroff, 2011:137).

3.18 The Scientific Methodologies of Validation (As) Erasures of Indigenous African Intelligence (IAI)

The Western paradigm or biomedical system of ascertaining the efficacy, validity and safety measures that qualifies medicinal drugs for public use is also applied in validating the indigenous use of medicines for efficacy and safety. Western paradigm studies include randomisation, blind and double-blind, and placebo-based tests, but these demonstrate connections and incongruencies that are in line with validating convincing evidence that science or Western-centric paradigms are superior. The Western or scientific paradigm excels in identifying the active substance but it fails in widening the knowledge base of the actual medicine. Thus, as pointed out by Laplante (2014), this method ignores the whole picture that is painted by the indigenous healers in the *Ndumba* which confirms that indeed the African indigenous way of authenticating a medicine is wider than the Western model. This distinction is also present in the homeopathic field which broadens validation of the healing effects of a substance by identifying elements such as sensations, emotions, mental and physical affinities that the remedy has which will have an impact on the curing or treatment

plane. This is synonymous with what African indigenous healing has been addressing throughout the centuries and the epistemic cognition and achievement, but this knowledge base is not part of curricula in academies. Academic curricula obscure African indigenous knowledge, a canon that remains the reality and ontological existentiality of most African people. In this regard, Smith (1999: 62) states that knowledge systems of the indigenous people have been stolen and re-arranged, re-presented and re-distributed to the academy via curricular in what wa Thiong'o (2009: 39; 2005:) refers to as dismemberment and colonisation of the mind. Gordon (2010:11) refers to this as disciplinary decadence and methodological decadence which arise subsequent to degenerative measures of failure to raise a canon to the position that it ought to be. An example of this is the failure to recognise and promote the reality that African indigenous healers are highly knowledgeable in terms of connecting the medicinal substance to the physical, mental, emotional and sensational aspects of the substance and the individual being prescribed for. This knowledge is based on the ability of indigenous healers to 'see' have 'visions', hear, sense and 'know' this expanded knowledge of a medicine from the divining bones or *ditaola,* an aspect that is lacking in the Western paradigm. Feyerabend (1978) describes this lack as a failure to scrutinise projects according to their principles and merits. The decolonial framework propels us to refrain from subscribing to such methodologies and theoretical networks that are not relevant and meaningful in relation to the realities of our disciplines and communities.

According to Smith (1999) those who have the power to define still succumb at times to the colonial logic of doing things. The author asks whose culture do African indigenous healers and homeopaths uphold in what they do to assert the Africanist and modes of healing in humankind? Nsamenang (2006:296) also scrutinises Eurocentric knowledge systems, pointing out how they annihilate and dismember African people's way of knowing and doing things, submitting that

> the Eurocentrism of the discipline pulls Africans "*away*" from their roots*, away* from their own knowledge, and *away* from their own knowledge holders, into a chasm of dependency on others whose values and understandings have been shaped in very different cultures, histories and environments.

Levy, Ajjawi and Roberts (2010) and Levy and Gadd (2012) argue that homeopathy can apply or employ "multiple epistemes". For this reason Levy, Ajjawi and Roberts (2010) and Levy and Gadd (2012) propose that homeopathy should be seen as eclectic and within the African existential and indigenous healing paradigms, particularly because it's holistic view of health and healing or wellness correlates with interventions often used by people in African communities when seeking health in its entirety. Levy, Ajjawi and Roberts (2010: 306, 307) attest that "the lived illness through hermeneutics, creates meaning making and it is a discursive turn emergent in embracing intuitive incorporation as part of a model for homeopathy rather than merely standard organised decision making often made in its clinical and or reasoning constructs". Regarding methodological decadence, Levy, Ajjawi and Roberts (2010) affirm that homeopathic methodologies have not been critiqued, that it has relentlessly been methods and epistemes that are arduously revered nilly-willy with no foundational or empirical or even intuitive basis.

3.19 Conclusion

This chapter reviewed literature on complementary and alternative medicine, which in this study has been specified as homeopathy. The chapter has described homeopathy as a discipline and healing modality which has many similarities and resonances with African indigenous healing, particularly the calling of *Ngaka Tshupe* or 'hornless doctor'. However, with the limited literature available from the indigenous healing facet of *Ngaka tshupe*, the chapter focused on the discipline of homeopathy, critiquing its relevance in health and healing as it is a 'discipline in decadence'. The chapter demonstrated through surveyed literature that the discipline of homeopathy has not yet achieved its core role and mandate, as compared to what African indigenous healing is seeking to achieve. Smith (1999: 61) states that the colonisation of knowledges, specifically indigenous canons emanating from Asia, American, Pacific and African knowledge systems of classification and codes of social life, were recorded in detail from the onset of the 17th century. These detailed recordings were marked as "new discoveries" by the Eurocentric bandwagon. Smith (1999: 61) adds that historiography shows that the 18th and 19th century was an era of "stealing" entailed "collecting" viable indigenous knowledge on cultures; territories, new species of fauna and flora and mineral resources. It is also established that this "collection" included strategies of how the collected knowledge was to be re-arranged, re-

presented and re-distributed (Smith, 1999: 62; Emeagwali and Dei, 2014). Therefore, some of the literature that was surveyed in this chapter pronounce the implausibility that has been levelled against homeopathy as a holistic healing therapy. There is ample literature on complementary, alternative and indigenous medicine represented in this thesis as homeopathy and African indigenous healing, but there is no literature that matches how these healing modalities deal with or merge with the variety of services that people need or use.

CHAPTER 4: THEORETICAL AND CONCEPTUAL FRAMEWORK

4.1 Introduction

This study has sought to anchor its meaningfulness and relevance within the ideological concepts of three authors. The ideas of Nabudere (2011), wa Thiong'o (1986, 2009) and de Sousa Santos, Nunes and Meneses (2006, 2016) have been used as conceptual concepts because they resonate with the research topic. Ngulube, Mathipa and Gumbo (2015:2) note that undergraduate and postgraduate students, as well as their supervisors, have demonstrated gaps and lack of adequate understanding in applying theoretical and conceptual frameworks. The authors write that "theoretical and conceptual frameworks do not come as ready-made in literature waiting for researchers". This is a statement this study resonates with, mainly because the existential and ontological realities of African people in their disciplines and ancestral callings require an African conceptual framework.

4.1.1 Nabudere(an), Mutwa(ain) and de Sousa Santos(ian) Trilogy of Concepts

The trilogy of concepts from Nabudere, Mutwa and de Sousa Santos, here coined as Nabuderean, Mutwain and de Sousa Santosian trilogy of concepts, emphasise what Ngulube, Mathipa and Gumbo (2015) argue, that a theoretical and conceptual framework should aim to illuminate, describe and defend the research methodologies chosen. In this study a decolonial conceptual framework was used as a lens to illuminate and recognise the existential realities of African indigenous healing and homeopathy. Ngulube *et al.* (2015) correctly say that conceptual frameworks are contradictory as conceptions; they are labels that refer to the extent of the ontological realities of the world as it is. They posit that in their nature a selected conceptual framework defines the impetus and link to the research problem. Thus, they describe the research questions, the research methodology and how the knowledge gained is analysed. This is regardless of being poised with being used in qualitative research methods and mixed methods than theoretical frameworks which are used in quantitative and mixed methods. The critical concepts from three writers mentioned in

the subheading can be encapsulated within the term *'Indaba*' as emerging from the way it is used by Mutwa (1964) in *Indaba*, my Children (Mutwa 1964) which I use to critique and explain the disarray in the two healing indigenous modalities. These concepts are *inter alia*, remembering "orality and verbality within philosophical and metaphysical paradigms of Africanity"; and "dismembering" (wa Thiong'o 2009:39; Nabudere 2011:90), thereby embracing the ontological and epistemological existential realities of knowledge that emerge from everyday ordinary people and healing modalities. Engaging the decolonial conceptions of African epistemic framework not only privileges contested and often frowned upon existential ontologies and realities of health seeking choices made by African people, but also coincides with what Mutwa (1964:549) alludes to when he argues: "I have compared our theories with those brought to us from beyond the seas, and the latter do not impress me. I do not fear ridicule and scorn". This statement is promoted while at the same time demonstrating that African indigenous healing and homeopathy are not as holistic as they claim to be on the growth path of therapeutic interventions in African communities. Hence, this thesis critiques and argues that both as a calling (African indigenous healing) and a discipline (homeopathy), these healing modalities have dismembered themselves from the epistemological, ontological, methodological and axiological role of what they ought to fulfil in their existential nature.

4.2 Dismemberment, African Imaginations and *Indaba*: Embracing Contested Knowledges

Wa Thiong'o (2009: 26) explains that the key strategy that intensely dismembered and disenfranchised disciplines and the African was "name and language loss" which he states involved "the necessary steps taken towards the loss of his previous identity and his renewal in the new identity". By this I think in terms of what could be an indirect dialect or term or language, that such a term or language, for example herein homeopathy has been used as convener or an ordinary term that lacks the impetus to draw attention to detail the concepts the word or term derives,because the term is not ordinary enough to resonate with ordinary people (wa Thiong'o 2009:39; Nabudere 2011:85,86,90). For homeopathy to lack recognition in African communities is in this thesis likened to having been dismembered through language. African homeopaths often manifest this dismembered posture by lack of thinking about the commonalities that homeopathy shares with indigenous healing modalities, concepts of the vital force,

spirit or *moya.* It is about re-imagining how to deconstruct WM colonial constructs revealing the commonalities with indigenous healing practices, concepts such as spiritual, mental, emotional elements of health, “hospitality”, no harm etc., and learning African ways of describing homeopathy as a healing modality. It is also about African homeopaths black and white adapting their understandings and practices to the spirit of this geography, this South Africa.

It is without any doubt that the literature found in both African indigenous healing and homeopathy is marginalised, oppressed, contested and often compared and judged according to a European gaze (i.e. England, France and Germany). It is this gaze that is problematic hence in this thesis a decolonial framework is chosen to debunk, declutter and re-humanise what has been de-humanised. Ramose (2016: 86) points out that decolonisation as a term is still colonial and that a more appealing term is that of re-humanising. I would like to agree with this term as it has a deeper meaning for the greater cause of what decolonial or re-humanising scholars aim to do. The meaningfulness of this term is in line with what other leading decolonial scholars embrace, such as Walter Mignolo (2011b) who urges us to de-Westernise: *“*you must save yourself from your discipline, do not let your discipline use you*”* and so engage in what he terms “epistemic disobedience”.

The homeopathic worldview is surplus and heterogeneous through literature; however, it lacks adequate recognition of being well-known in the South African context particularly in African communities as it appears to be elitist. However, the lack of knowledge about it and is also the case globally. Lu (2018) has established that through Christian missionaries there emerged “homeopathic practitioners who reached China in the late nineteenth century and these homeopaths were active in coastal regions, where they needed to cope with native medical and religious beliefs”. A similar point was asserted by Shroff (2011:135) that through colonization indigenous people were converted to Christianity so that they neglect their culture, language and ways of knowing. In the context of North America, Shroff (2011:134) also adds that “without the assistance of indigenous healers, many Europeans would have perished”. This thesis relays statements such as this to observe that even in ancient times African belief systems or indigenous healing modalities were contested knowledges even if it was known it helps in healing. Therefore, an African framework is employed for

articulation and promotion. Similarly, AIKM is not widely respected in terms of class and governmental stance regarding implementation of these modalities.

Numerous studies have shown that many WM practitioners have shown disdain and ambivalence in collaborating or integrating with AIKM, instead this collaboration or integration is often exercised through projects which purport to redress and reclaim the diminishing IKS from those who possess it through the means of collaborating with IKS holders by means of research studies (Mokgobi, 2012). However, it is not extensively interrogated how these indigenous knowledge holders and healers desire to be articulated and promoted given the purview of their regulatory requirements. For instance, with homeopaths as CAM practitioners it is accepted by law that they form part of the primary health care system, however, their actual participation in governmental facilities is limited due to the lack of awareness or active rejection by other stakeholders. Therefore, this study seeks to privilege homeopaths as CAM practitioners, as well as AIKM practitioners, at the centre of African epistemologies and ontologies. Figure 1 demonstrates the decolonial view and perspective the study utilises as its model. The model depicts how the two indigenous healing modalities ought to be conceptualised in the concepts of Nabudere, wa Thiong'o, de Sousa Santos and *Indaba*. Furthermore, the model demonstrates that it is through utilisation of these indigenised conceptions that homeopathy can obtain a sense of meaning and relevance when it merges with African indigenous healing in the health and healing of African communities.

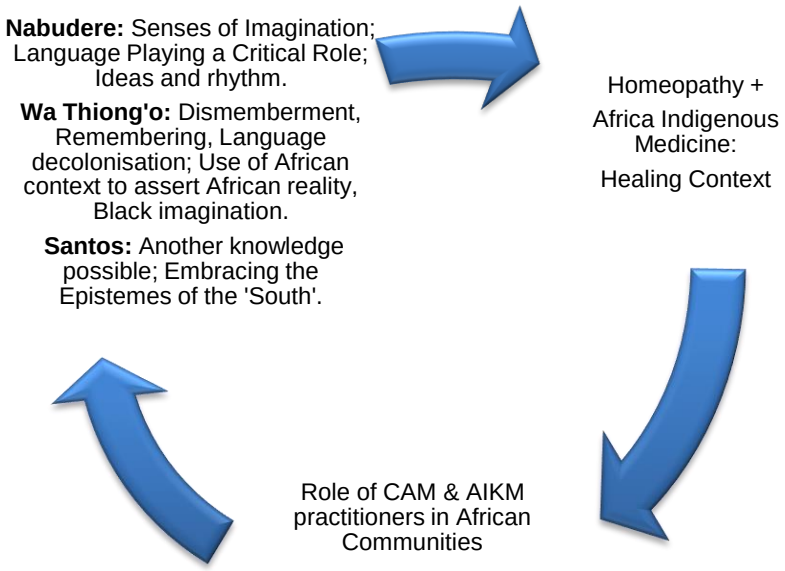

Figure 1: Conceptual overview of the model

My conceptual perspective and theory in this study is influenced by the logic and interpretations of Ngũgĩ wa Thiong'o, Dani Nabudere and Boaventura de Sousa Santos as I seek to intersect African ontological concepts with relevant Western concepts pertaining to the context of this study. However, in an attempt to articulate and promote indigenous healing modalities, caution has to be exercised, because simply incorporating a multiplicity of disciplines into the WM model will not be the answer to re-discovering, re-membering (wa Thiong'o 2009: 28-29), re-claiming ways of knowing embedded in the African context (Nabudere, 2011:90). This integration approach is evident in the new terminology seeking to transform healthcare according to society's demands and needs, namely, integrative medicine (IM), which combines both WM and CAM. However, I argue that although this is an inclusive process to prevent and treat chronic disease and include all patients, the fundamental principles of IM and CAM should be embedded in the African indigenous worldview in terms of their holistic nature and the adoption of natural medicines and nutraceuticals.

The above authors assert the power and relevance that is ingrained within indigenous knowledge systems and emphasise that unfortunately these methods of knowing are often marginalised due to being deemed to not be adequately scientific. Further, the exclusion, oppression and discrimination emanating from the effects of worldwide capitalism does not only impact negatively on the social, economic and political

spheres but more deeply marginalises indigenous cultural and other knowledge systems (de Sousa Santos, Nunes and Meneses, 2007: xxi). The authors add that cultural diversity in the world is now widely recognised but there is hesitation in conferring the same recognition to epistemological diversity in the world. Their view is that the ecologies and epistemes of the global South should be promoted. Within the context of this study, the marginalisation of epistemes is evident in South Africa through the lack of inclusion and acknowledgement for homeopaths within the general social and healthcare delivery system despite being recognised under law. With African IKM healers, marginalisation is occurring through efforts to control and regulate their profession despite policy makers having a lack of information and knowledge of their actual role in contributing to society and healthcare delivery.

Western imperialism, which afforded contemporary science its supremacy and legitimacy, also represses indigenous knowledge systems which eventually affects the social strata of those who could benefit from these knowledge systems. Examples of this within the context of the study are related to the important issues of HIV/AIDS management and vaccination which need to be constantly addressed, but some African IKM healers assert that the core issues that articulate and promote their discipline or calling are not addressed by the department of health directorate as it is entirely embedded in Western supremacy (Kuper, 2015:15). For example, one of the critical core issues is that healers ask how would legislation devise plans to describe the vast knowledge of indigenous healing and confine their ancestral spirits into a law that is of western-centric design. What the legislation should instead do, is to embrace the knowledge that emanates from the healers ancestral spirits and not to dismember or “force healers to neglect their traditions for western education and a biomedical model of health”. Jimoh and Thomas (2015:54) also point out the constant assumed supremacy of Western knowledge by the establishment which constantly hesitates when it comes to African knowledge conceptions or any method of knowing that they assume to be unscientific. This explains the marginalisation of homeopaths as CAM practitioners. De Sousa Santos, Nunes and Meneses (2006: xxi, xxxix) state that the task of articulating and promoting other knowledges and debunking colonial terms entails the contribution and participation of all people because the very art of knowing contributes to the success and promotion of that knowledge and profession. Polanyi (1974) and Abdullahi (2011) asserts that Western domination has inferiorised and

crushed many indigenous knowledge methods of healing, further disadvantaging those who can benefit from such modalities. Despite the fact that there is sufficient information on WM and traditional medicine, the scourge of diseases and rampant social ills have not been adequately explored through homeopathy and AIKM. To place this again within the context of this study: the undeveloped reputation of homeopaths destroys the integrity, reliability and relevance of the profession particularly in African communities. This raises the question of whether homeopathy is relevant in its present form in South Africa or whether homeopathy ought to meaningfully indigenise its curricula to remain relevant to avoid extinguishing the obtained knowledge that shares similar commonalities with African indigenous healing.

Nabudere (2011:126) states that African people are innately gifted with a sense of imagination, spiritual communion, and rhythm. This is supported by Jimoh and Thomas (2015:4) who also affirm that there is more to reality than practical evidence regarding the ontological conceptions of African IKM healers which is through the senses of imagination, ideas and rhythm. Kuper (2015:15) cites Thornton (2016) saying that AIKM or *Bungoma* is deeply entrenched in ideas and not science. This sense of imagination is also alluded to by Mutwa (1964) who observes how the "strange workings" of an African person's mind have shocked and dismayed White people, here referring to the Eurocentric framework. I posit that when the Western paradigm with its scientific methodologies invented microscopes, the African, according to Mutwa (1964), had already been bestowed with a gift of "strange workings" of his/her mind and could therefore see '*things'* that not even a microscope could fathom. These 'things' in the microscopic worldview would be described as active substances in the plant or substance or promulgated as such in the *Ndumba* from the healer having 'seen' the medicine in the plant.

Jimoh and Thomas (2015:3-4) propose that the emerging interest in restoring and reviving indigenous healing modalities and knowledge systems and encouraging their ontological conceptions is a step in the right direction. The Kenyan writer Ngũgĩ wa Thiong'o also asserted the concept of decolonising the mind using African literature. I emphasise this statement in that it is African experiences that should form the basis of the epistemes and ontology of what is to be taught, described, and prescribed for what ails and what will remedy the social, health and other disparities that afflict societies. This speaks to a curricula that arises from and is reflected in the

communities that the people are living in. However, decolonising speaks more broadly than only consideration of the indigenisation of disciplines or curricula. It speaks to derogatory tendencies that appear to be promoting African indigenous healing while at the same time utilising sources of references that deem healers to be quacks. This thesis finds postures such as these (as observed by Ross 2011: 29) quite distasteful. Wa Thiong'o (2009) shares the same opinion on the concept of exploiting imagination particularly regarding one's past, present and future, implying that all these aspects are necessary to understand the totality of a person; as an individual's social environment and nature cannot be reached if these are lost (wa Thiong'o, 2009:39). To position this within the context of the study: Failure to articulate and promote these concepts of knowledge of healing that homeopaths and AIKM practitioners share disintegrates and marginalises these modalities with their unique knowledge.

Moreover, some of the intricacies in language can hinder meaningful decolonisation from taking effect. In the context of the study, the lack of an African descriptive term that can resonate with African people is limiting the growth of homeopathy as a noble profession than when it can be positioned in an African term that will embrace its epistemology, that is, positioning an African context to it. This trilogy of dismembering, remembering, restoring (wa Thiong'o 2009: 52, 57; Smith, 1999:146, 157) positions naming and gives credibility and relevant meaning to what we do as a vital part of our dialect. Homeopathy in its praxis and principles should be named in such a way as to accentuate and privilege its core ontology and identity which is the commonalities it shares with African indigenous healing. However, at the moment this commonality is not recognised and wholly espoused by some homeopaths because many seek for validation through being equivalent to a WM doctor. Such a practice of their discipline (homeopathy) dismembers its core existential being and role that it ought to fulfil. Such dismemberment is also observed in African indigenous healers who fail to present their mandate to the health authorities to elevate and privilege their healing modality, for example, in management of debilitating diseases, and in placing these healers at the helm of analysis and treatment of the social ills observed in and across communities.

Cakata (2015: iv, 41) writes that "there is a need for a more humanising approach to treat indigenous languages with respect". The question to ask in terms of the constitution, temperament and timeline of the state of provinces, the nation and more

specifically in institutions of higher learning is that these entities also appear to be dismembered and not entirely in tune with the holistic nature of indigenous ways of knowing. The applicability of the constitution, timeline and temperament is used here in a homeopathic sense. That is, the current timeline or era which is deemed to be of democracy is expected to be temperamentally aligned with the goals of embracing democratic ideas that support African imaginations. However, the constitutional make-up or characteristics of entities mentioned earlier are not remembering what temperamentally the current timelines or era calls them to do, *Indaba*. The breadth of this thesis is an attempt to interweave this trilogy of themes from the conceptual framework i.e. constitution, temperament and timeline, with the theme and concepts of dismemberment, remembering, decolonisation of the mind and language, the gift of imagination, and asserting of the African context by embracing the suppressed epistemologies. This approach is similar to what Walter Mignolo (2011b) terms the "pluriversality of the universal project" and to Dani Nabudere's concept of 'Afrikology' as a way of knowing which encompasses a variety of learnings and the emancipation of knowledge.

This disjuncture regarding Africans and their disciplines whereby the African indigenous notion of 'calling' is tarnished by healers and practitioners not living to their expected role and self-actualisation as healer or practitioners, and of the modality itself, is well encapsulated in the challenge issued by Kwasi Wiredu (1992): "African know thyself". Perhaps the repression of African indigenous healing and medicine in academia is what leads to abuse and inhumane acts that are subjected to these healing modalities. This is so because the concept of Afrikology (Nabudere 2011) avers that the compartmentalisation of knowledge is transcended by Afrikology as a liberating and emancipating way of knowing. Nabudere (2011:29) writes that "by inventing the dialectic and detaching the name from the thing it represented, the thought which is conducted through dialectics is made to independently examine through dialogue and questioning whether the name really represents the thing" it really is supposed to represent. This emphasis by Nabudere corroborates the statements by one of the African homeopaths interviewed for this study who said that to explain what homeopathy is, "*is in actual fact to confuse people*" (Dr X), while Dr. M said that the majority of the people who consult him are illiterate, therefore to attempt to explain the discipline of homeopathy is something that is unusual. These statements

substantiate the dismembered constitution of both the discipline and the homeopaths, revealing that homeopathy as a knowledge base erases the indigeneity that is embedded in African healing and which actually they share. The erasure occurs when African homeopaths avoid defining what the discipline in its praxis and existentiality is to their clients or patients. The majority of the participants I interacted with also corroborated what Nabudere refers to, that separating the actual name from what it represented is tantamount to inventing dialects that obscure the truth and that do not speak to the language of the people in a community. In this thesis it was found that the term 'homeopathy' does not speak to the people I interact with; neither the term or the discipline exists in their vocabulary. This renders homeopathy as an indigenous healing modality in an African community to be irrelevant. At the same time, what appears to be relevant to the people in these African communities is indigenous spiritual healing that they receive from African indigenous churches and the spiritual healers or prophets who are experts in indigenous healing. In the same vein, de Sousa Santos (2016) urges us to embrace the repressed epistemologies of the South.

It similarly accentuates what Nabudere (2011:66) alluded to regarding the performance of prophesying and African indigenous healing being indicative of the sense of existing communion between "human knowledge, human action and nature". Arising from this knowledge Nabudere (2011:66) advocates that

> there is great need for a convergence between this knowledge and the modern perceptions of reality, which can lead to a more comprehensive, integrated and holistic worldview that can overcome the contemporary malaise in global society.

This is because the current paradigm that upholds reason and rationality above all else is problematic. And, it is this paradigm's temperament, posture and timeline that creates obstacles in accepting contributions from, and privileging, indigenous knowledge. However, due to the incantations that similarly to date espouses and speaks for and not against the indigenous ways of knowledge, the same current force Nabudere (2011: 66) writes that "there should be reconciliation between the then traditional understandings and the emerging new world". Thus, in fact, "there is still a lot of 'scientific' and philosophical knowledge hidden in African cosmologies and epistemologies" (Nabudere 2011: 66). This thesis argues the value of this fundamental

performance, which continues to be performed by many other African people in health seeking and therapeutic interventions. There appears to be a disjuncture in some homeopaths whose inauthenticity or denialism obstructs them from seeing the hidden African epistemology and philosophy in homeopathy as an indigenous healing modality, indicating that most homeopaths do not understand themselves even though they say that their medical discipline is holistic, and their practice is holistic. Subsequent to the researcher having read Indaba, my Children (1964) (a book which should only be considered on a conceptual and theoretical level) Ngulube *et al.* (2015) argue that theoretical and conceptual frameworks simply aim, describe and defend the research methodologies chosen. Therefore, under this trilogy of Nabudere, wa Thiong'o and de Sousa Santos the methodology chosen and embraced in this study is an indigenous one, changed into *Indaba, Indaba*. Chapter 5 presents an indigenous methodology based on Indaba, Indaba which then provides the context for thinking about homeopathy and African indigenous healing.

4.3 Conclusion

This chapter discussed the conceptual framework of the study which is embedded in the multi-layered lens of Indaba, my Children a book by the Sanusi healer Credo Mutwa alongside the trilogy of Nabudere, wa Thiong'o and de Sousa Santos. The chapter privileged the study to focus on how homeopaths and homeopathy ought to play their role in African communities. If homeopaths continue to recoil into their dismembered constitutions, claiming homeopathy to be Western whereas it is innately indigenous, this denialism and bad faith or inauthenticity will further negate epistemologies of repressed callings and marginalised professions so prevent them from contributing to new knowledge and healing in the general sense. The following concepts were discussed, dismemberment and remembering through decolonisation as the mind unlearns from the oppressive ways that have always repressed contested indigenous healing modalities; senses of African imagination, ideas and rhythm; another knowledge is possible if contested epistemes of the South can also be embraced. The inadequacies of language that stems from African people being attuned to speaking in the *lingua franca* of their mother tongue in their communities has also estranged homeopathy as a form of healing. Radicalism and epistemical ruptures towards meaningfulness begin when African indigenous healers such as *Dingaka Tshotswa* and homeopaths 'remember' and assert the relevant African

context from which people seek healing interventions and start embracing epistemologies based on such healing grounds. The concepts elevated in this chapter demonstrate the inadequacies within homeopathy; it is not growing in acceptance as a healing modality because it has dismembered itself from its innate core which is indigenous. African indigenous healers or *Dingaka Tshupe* and homeopaths, through the concepts enunciated in this chapter, ought to be committed to the health of their communities and homeopaths should be comfortable with being compatible with the African descriptive term *Ngaka Tshupe*. The discussions in this chapter allowed the thesis to see and prove with a visible eye that healing in an African context has been denigrated and continues to be so in those who are dismembered or disconnected or not associated with their indigenous ways of knowing or where they come from. And this has been the case particularly in current timelines or eras (i.e. currently, African healing systems are populated by charlatans and an oversaturation and proliferation of people who are seeking or claiming to be called by their ancestors to heed the call of healing). In summary, this chapter sought to challenge the African homeopath in the discipline of homeopathy how much Africans loathe or like themselves. And, similarly how the African indigenous healer in the context of a hornless doctor is relevant to the social dynamics in African communities.

CHAPTER 5: RESEARCH DESIGN AND METHODOLOGY

5.1 Introduction

The fact is that academic research projects are generally based on Western-centric constructs of the research design and method(ology) in terms of ontological, axiological, epistemological and methodological praxes. However, Mutwa (1964:657) observes that

> the African conducts research on a very different plane from that of the White man, and for this reason he has made discoveries that the White man has overlooked in his headlong rush to outer space.

The Black person possesses tremendous knowledge that could make a great impact on the modern world, but remains hidden because of being perceived as “voodoo” and “black magic” from a Eurocentric perspective, and so being dismissed. The reference to “the White man” by Mutwa alludes to the existence of a Eurocentric mode of research based on a Eurocentric paradigm compared to his (African) paradigm which is entrenched in Africanity. Africanity requires being sensitive to context, so in this thesis Africa is the locus of enunciation. However, the standard methodologies employed in research are entrenched in colonial constructs i.e. utilise Euro-modernism or Eurocentric ways of knowing as a reference and as an axiological praxis. This chapter seeks to align the methodology employed to the “nuts and bolts” of the reality and grounds of this thesis.

5.1.1 Using Indigenous Research Methodology: An Upsurge for African Experiences as Imperative Pedagogy

This chapter in its design and methodology deliberately privileges an indigenous approach to research methodology, so as to Africanise and indigenise homeopathy as a discipline. Homeopathy appears to tolerate the intolerable existential circumstances that prevail which denigrate African indigenous knowledge while at the same time utilising the principles of these modes of healing but in ways that are not reflective and meaningful to the core nature of African indigenous healing and its communities. Therefore, this study has not attempted to use the communal categorisation of

research methodology as being qualitative, quantitative or mixed methods. It is aligned with the intrinsic nature and complexities of African indigenous healing and homeopathy. The purpose of this trajectory is to debunk the constant repetition of heightening and subsuming the disciplines that Black African people experience and enrol themselves into, while these disciplines do not adequately fulfil the African people's existential realities and agency.

5.2 Constrained Categories as Limiting

From constrained categories one is bound to get a similar pattern of constrained answers. Chapter 3, in having asked if African indigenous healing and homeopathy have achieved their roles, sought to restrain from the perpetual constraints that arise with constrained answers and categories of healing modalities. Therefore, what this chapter sought to do was question the categories or concepts of homeopathy and African indigenous healing without constraining them as designed criteria to be sampled. Similarly, Chilisa and Tsheko (2014:222) have noted the complaints from African communities that research (researchers) often ask the same questions that often yield similar findings. I argue this point in tandem with the use of constrained categories and criteria that what Chilisa and Tsheko (2014) also assert is in tandem with alluding that categories or a set criterion in research may be constrained and very limiting to expand knowledge. Chilisa and Tsheko (2014), Romm (2015:411), and Khupe and Keane (2017) write that indigenous epistemologies, methodologies, ontologies, axiologies with their intricate existential realities should be privileged because one is learning from the 'knowers' who are the people within such African communities. Thornton (2017) also asserts that African indigenous healers are in many ways also acting as researchers in their varying terrains of work and how they heal people. It is in the frame of repetition and paternalistic results that this thesis argues on the categorising lens emanating from Chilisa and Tsheko (2014, Romm (2015) and Khupe and Keane (2017) differently. Regarding African indigenous healers, legislation has described them to be those who regard themselves as sangomas, faith healers, prophets, izinyanga etc. The informality of the thesis or lack of a strict research design is not solely focusing on the constrained criteria and categories, but it bears weight from the context that if healing modalities do not fulfil what they are or seen and observed to be what they are at the helm and at the grassroots level. Premature judgement based on pre-set categories is limiting the expansion of

knowledge. Therefore, the informality of the sampling procedures of the study was deliberate in order to establish the value of ordinary people and interaction with people with qualifications or without qualifications, including homeopaths and African indigenous healers. Thus, data was collected from three Ghanaian immigrants, three young people from Soshanguve and three homeopaths in private practice – one for a period of 40 years, the other for 9 years (see Table 5.2) and the third was in practice for 5 years, alongside three African indigenous healers who were hornless doctors or *Ngaka Tshupe*. It is from this construct that the methodology employed below as '*Indaba*, my Children' is assigned upon these participants.

Data collection has been motivated and academically chosen to demonstrate the aim and purpose of this thesis, namely, undressing (unmasking) bad faith or debunking, disciplinary decadence and, more importantly, that Eurocentric laws are diametrically opposed to African ways of knowing, hence the concepts espoused as dismembering, remembering and embracing contested epistemologies. The European gaze of a research methodology closest to '*Indaba,* my Children' is that of phenomenography. A phenomenographic research method is a qualitative research methodology that was advanced by Marton (1986:40-41) subsequent to Husserl's (1970) propagation of the phenomenological method. Phenomenography engages with the 'content of thinking', what is understood and thought about phenomena, it is constantly sensitive to the manner in which something is regarded (Marton 1986:32). The language of phenomenography takes its cues from the statements that emerge from people's conceptions of the world (Marton 1986:32). This is consistent with the approach of this study, which is to investigate African homeopaths understanding or conception of homeopathy and indigenous healer's conceptions of themselves, as well as who everyday ordinary people consult with when they need healing.

5.3 The Sampling Location, Data Collection and Sample Size

Gauteng province in South Africa was the focus area and location to undertake this study. Gauteng is culturally diverse, so homeopaths and indigenous healers work alongside one another. I learned from the variety of therapeutic interventions used in townships such as Soshanguve, Soweto, Mabopane, Mmotla and Winterveldt. Figure 2 shows a map of Gauteng province. Purposive sampling was employed as a method to recruit homeopaths and indigenous healers. Participants described as everyday

ordinary people were informally and formally recruited by the researcher for participation.

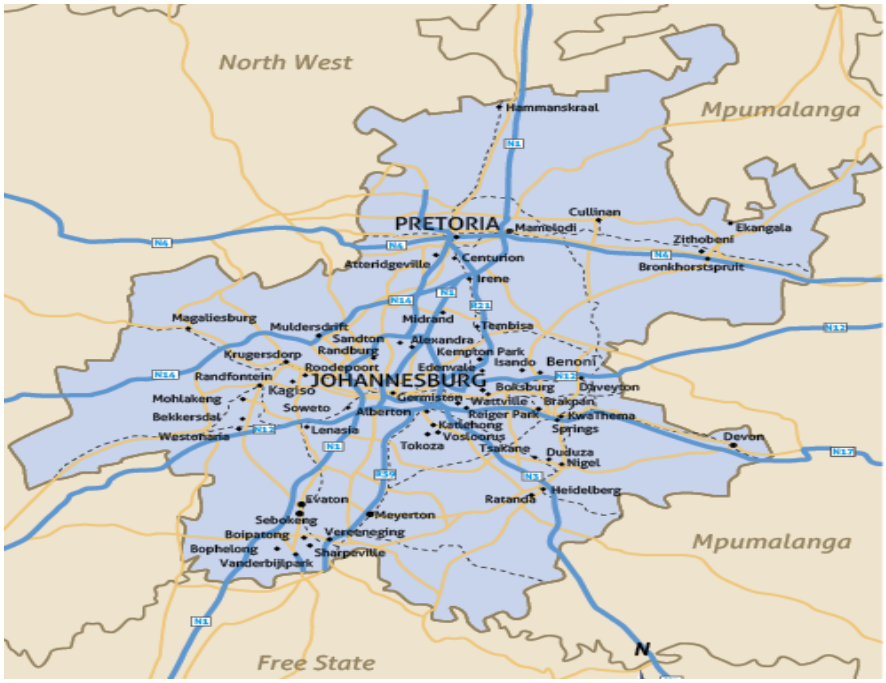

Figure 2: **Gauteng province**

(Source: A regional map of Gauteng Province)

The study began by acknowledging the level of failure of thinking in terms of the past and the tendency to use categories that are rigid and prone to be used indiscriminately and yet rarely reflect the reality of who or what the person or discipline is that is being studied. These categories are *sangoma*s, herbalists, faith healers or prophets under the umbrella term of African traditional healers or AIKM healers as articulated here. Appendixes B and C were used to identify individuals who were purposive for the categories of homeopathy and African indigenous knowledge healing, and Appendix A was signed by all the participants as consent to participate in the study. The study took the form of contextual, descriptive conversational narrative in-depth interviews with participants regarding their experiences and knowledge on who they consult when they seek healing, and how homeopaths and indigenous healers understand themselves (see Appendix D). The face-to-face in-depth conversational interviews were voice-recorded, transcribed, and translated from Setswana to English.

The conversational method was coined from *Indaba,* my Children as a methodology and is a tool that can be used to remember and identify the knowledge and wisdom base of African indigenous knowledge, which, in the context of this study is that related

to *bongaka Tshupe* and homeopathy. Conversational interviews with African indigenous healers who described themselves as *dingaka tshupe*, and as homeopaths, were entertained. The thesis involved conversational interviews with homeopathic doctors, everyday ordinary people, and healers who often are described as prophets, *dingaka tshupe and* faith healers. This methodology was followed in that the study is an informal study that involved not only homeopaths and African indigenous healers, but also included ordinary people whether qualified or not qualified to find out who they consult or how they deal with things or life when life or things go wrong in their lives. Smith (1999:135) points out that most indigenous researchers in the academy are self-taught and receive only a small dent of support from the academy. Smith (1999: 143) defines research as a form of a dirty word that urges the researcher to re-do or re-examine something again. Ramose (2016) expounds on this, writing that if research is the quest for truth, why would one want to do research and repeat what has been done before? In research the fundamental issue is the quest for truth. Smith (1999: 145) and Kovach (2010: 42) agree that storytelling, which is also conversational, as a research tool has a way of making the past meet or intersect with the future. Smith (1999: 146), Kovach (2010: 42) and wa Thiong'o (2009: 39) also agree with the concept of remembering as a research tool that advances remembering not only history as being enigmatic or 'golden', but also as a painful past. Remembering how in understanding ourselves from the dismembered state along the constructed disciplines or callings inflicts pain to the human anatomy (body).

De Sousa Santos (2016:27) states that epistemologies of the South call for new ontologies the new ontologies and their existential realities that I deem herald postures of disturbed brazen constitutions that have pride in what they believe in. In order to develop new concepts and categories researchers must first deliberate on what could be the relevant questions that need to be asked and probed. This thesis interrogated the types and categories that have been used for a long period of time, for example, indigenous healers as prophets or faith healers. Through asking healers how they understand themselves, new themes and meanings of healers emerged and offered a granulated cluster of a varying terrain of indigenous healers. Therefore, in promoting what I call methodological incantations by privileging indigenous research methods and paradigms is an answer to a positional posture of methodological decadence. When research methods assume the posture of being in a state of decadence, like in

disciplinary decadence, it implies that the type of research methodologies used no longer fulfil the purpose they were designed to do. Gordon (2014:85) also asserts that a research methodology should be "suspended" when research methods are suspected to be of a colonial construct.

5.3.1 Demographics of the Participants

Table 1 depicts the characteristics or demographic details of participants who the thesis regards as everyday ordinary people who, when ill or faced with problems, seek healing of any kind. This is a broad selection rather than a narrow focus on patients who consult with homeopaths and indigenous healers specifically; this would have limited the scope of the study and would merely be a repetition of other studies that have followed a narrow focus. The participants comprised 12 ordinary people who reside in communities of Soshanguve, Mabopane and Winterveldt. Participants' ages ranged between 24 and 67 years, seven females and five males.

Table 1: Demographic information of participants as everyday ordinary people

Employment status	Age	Gender	Level of Education attained	Ethnicity and Location	Marital status	Pseudonyms of Participant
Unemployed	25	Female	Hospitality management graduate	Zulu, Soshanguve AA	Single but dating	Phindi
Unemployed	26	Female	Grade 11	Zulu, Soshanguve extension 4	Single but dating	Busisiwe
Hairdresser	27	Female	High school	Ghanaian, Soshanguve	Single	Patricia
Hairdresser	29	Male	High school	Ghanaian, Sohanguve	Single	Michael
Hairdresser	32	Male	High school	Ghanaian, Soshanguve	Married	Emmanuel
Unemployed	49	Female	Standard 8	Setswana, Soshanguve R	Single	Dipuo
Retrenched	45	Male	Matric	Setswana, Soshanguve F	Separated	Tharollo
Retired pensioner	67	Female	Standard 6	Setswana, Mabopane B	Widowed	Mme Molly
Fruit/vegetable vendor	32	Male	Standard 9	Setswana, Soshanguve	Single but dating	Thabo

Educator - Secondary School	48	Female	Degree in Education	Setswana, Mabopane	Married	Maria
Unemployed	24	Female	Management Assistant Diploma	Setswana, Winterveldt	Single	Palesa

Table 2 profiles the characteristics or demographic information of homeopathic doctors that participated in the study. The initial goal was to recruit those who had qualified in the homeopathic field but had dropped out of the homeopathic field altogether and were being employed elsewhere, but this was not possible. The final sample was three homeopaths who were between the ages of 35 and 65 years of age, two males and one female.

Table 2: Demographic information of homeopaths

Years in Homeopathic practice	Age	Gender	Level of education attained	Ethnicity and Location	Marital status	Pseudonyms of Participant
9	45	Male	Emergency Services-Paramedic; Master's degree (Hom)	Xhosa, Soweto	Married	Dr. M
42	65	Male	MD (Hom)	Setswana, Krugersdorp	Divorced	Dr. B
5	35	Female	Master's degree (Hom)	Sesotho (Johannesburg)	Married	Dr. Zi

Conversational narrative interviews took place at the places where the indigenous healers resided except for the North West province participant Mme Grace Masuku, where permission was granted to record the communication through a telephonic conversation. The sample size of the African indigenous healers' group was eight, ranging between 42 and 72 years of age, comprising four females and four males.

Table 3: Demographic information of indigenous healers

Years in Indigenous healing	Age	Gender	Level of Education attained	Ethnicity and Location	Marital status	Pseudonym of Participant
12	64	Female	Standard 9	Setswana, Odi	Married	Koko

Self-Ingrained*	62	Female	Standard 6	Setswana, Soshanguve	Single	Morobane
Self-Ingrained*	72	Female	Standard 6	Setswana, Mabopane	Widowed	Mme Onicca
10	42	Male	Student-Logistics/Supply-chain management	Setswana, Ga-Rankuwa	Married	Ngaka Sereto
30	54	Male	Standard 9	Isindebele, Mmotla	Married	Ngaka Msimango
9	49	Male	Standard 9	Mmotla	Single	Ngaka Hlongwane
5	47	Male	Standard 10	Mmotla	Single	Tshabalala

*Self-ingrained: not in practice but the healing craft of the ancestors is rooted within the healer.

5.3.2 Participant Stories - What Confronts Them when they Seek Healing?

I recruited 12 young adult men and women of African descent who participated in in-depth face-to-face conversational interviews as part of history-taking or case taking. The conversations allowed participants to narrate their stories which as a researcher I transcribed, interpreted and made meaningful utterances in relation to their explanations. Patients who consulted indigenous healers and homeopaths were not part of the thesis as there already exists sufficient literature documenting the experiences of African people regarding consulting African traditional healers (Kgope, 2012) and homeopaths (Mcntosh *et al.,* 2008; Eyles *et al.,* 2011). As stated above, research tends to be boxed and constrained with criteria, procedures, designs and categories that often yield similar pattern of results or findings. This thesis took the prerogative to have the study as an informal study whose population was inclusive of everybody in the African community whether they were qualified or not qualified.

5.3.3 Narratives of how Homeopaths Understand Themselves

I also invited five homeopaths of African descent to explore their stories on how and from what perspective they understood themselves as homeopaths and how they worked with their patients in their respective communities in *eKas*i or Black townships. Four of them were in full-time private practice as registered homeopathic practitioners, and one individual had not practised or been in private practice since their graduation. The reason for including the latter individual in the study was to facilitate and gather thoughts on this discipline from a recent graduate. However, only three homeopaths agreed to participate, all of whom were in practice full-time.

5.3.4 Stories of how African Indigenous Healers Di*Ngaka Tshupe* Understand Themselves

Seven African indigenous healers (four of them classified themselves as “Hornless doctors” or *Dingaka Tshupe* while three are what is commonly termed prophets or spiritual healers) were interviewed. All of them reside in the Gauteng province except for one key participant who resides in the North West region. The North West indigenous knowledge holder was of interest to be included in the study due to the renowned richness of the African indigenous knowledge held by him regarding *Ngaka Tshupe.*

5.4 When (Assumed) Normative Procedures Breed Indigenous Research – A Case of Methodological Decadence with Methodological Incantations

Because of their philosophical and paradigmatic thought patterns, homeopathy and African indigenous healing are embedded within the indigenous healing framework so suffer the humiliation of being considered what Sobiecki (2014); Kovach (2010) refer to as being “illogical” and “unjustifiable” within the academy. The deviations that emerge from the above heading are heralded by questioning and re-thinking that which is failing with the current research in order to espouse the indigeneity or core of a phenomenon. Chilisa and Tsheko (2014:222) state that even from the vantage point of literature on mixed methods (qualitative and quantitative methods) there is nothing that employs or exemplifies an indigenous paradigmatic gaze. Adesina (2008:143) argues similarly that

> a discipline’s claim to being mono-methodological is hardly a positive reflection on its credibility. Research problems suggest the research techniques to adopt, not the discipline; most research issues would require multiple research techniques, not being wedded to a particular research technique.

Adesina points to the importance of research problems themselves guiding the research methods that can be used and not the discipline. This is in contrast with Feyerabend (1978:102-103) who suggests that both the research problem and the discipline guide the research methods, herein giving an account to traditional medicine, arguing that “one discovered that traditional medicine has methods of diagnosis and therapy that are superior to those of Western scientific medicine”. Normative procedures are here defined as the current and often used research

methods known as the qualitative and the quantitative methods. The question may be asked again for clarity, why an indigenous research methodology, paradigm and philosophic approach? What is failing with the current methods? Indigenous knowledge systems (IKS), indigenous healing modalities or African epistemologies and ontologies are always contested and perpetually disobeyed. Here the violation is that of homeopathy as an indigenous healing modality that shares some commonalities with African indigenous healing but fails to privilege this commonality to its advantage. Ramose (2016) and like-minded scholars have philosophised the term 're-search' as being the "quest for truth". This implies that what has been searched for is being investigated or re-searched again. This statement also supports the consideration of categories that are constrained, where this would require the questioning and re-thinking of the most often-used categories by asking different questions. Battiste (2002:7) argues that, based on the fundamental principles of indigenous knowledge:

> according to the categories used by Eurocentric knowledge, it is transcultural and interdisciplinary sources of knowledge that embrace the contexts of about twenty percent of the world's population. It comprises of the rural and the urban, the settled and the nomadic, original inhabitants and migrants.

Following Battiste, this study has included ordinary everyday people in the research conversations, supporting the notion of de-categorisation of people, things and disciplines. Indeed, this study's sample or participants comprised "the rural and the urban, the settled and the … migrants". Agrawal (1995:414,418) writes that pursuing IKS "heralds a long overdue move" and indicates that Eurocentric ways of knowing apply and employ methods that are not commensurate with IKS which proves that indeed the Eurocentric ways or Western-centric ways of knowing are completely different, that is, the two modes of knowing are diametrically opposite to one another. Hence, the method of reflecting on homeopathy and African indigenous healing must be dismembered from being forcefully understood via methods that are decadent to these healing modalities' paradigms and philosophical underpinnings. Feyerabend (1978:98) asserts that "every project, every theory, every procedure, has to be judged on its own merits and standards adapted to the processes with which it deals". What Feyerabend (1978) asserts here is that the incantations and ventilations that seek to avoid disciplinary and methodological decadence (here in the context of homeopathy

and African indigenous healing) is simply to acknowledge that the terrain ought to bear and reflect the originality of the terms of the discipline and its *lingua franca* alongside the philosophical and metaphysical paradigms of homeopathy and African indigenous healing and not paradigms that are incongruent with the principles of the fields. The responses to what is failing with the current methodologies are substantiated.

Normative methods and procedures ought to breed research methods that are congruent with the metaphysical and philosophical paradigms of the topics being researched, in this case, of homeopathy and African indigenous healing. Khupe and Keane (2017:26) and Sobiecki (2014:1,3) observe that in South Africa there is an underutilisation of research methods that are compatible with indigenous knowledge because those philosophies and paradigms are deemed to be 'unscientific' or 'irrational'. Velthuizen (2017:76 citing Amina Mama), expounds that "unique vantage points to pursue freedom through methodological and pedagogical strategies" will arise when African scholars deal with the "methodological implications" of their own epistemological, ontological and existential realities in alignment with their African ethics (see Chapter 3.16). Velthuizen (2017:76) affirms that indigenisation of research methods "at the methodological level", 'rebels' against knowledge of 'equilibrium' and methods that operate as part of 'colonial matrices of power' hence the constraints and restraints in 'transformation'. Of fundamental value and novelty is that this study takes a yawn from mandatory procedures that often restrict criteria to constrained questions and criteria. Constrained questions and criteria can end up prematurely prejudging or boxing people and disciplines that have been constructed and fragmented to suit and follow certain patterns.

Wilson (2001:176), Kovach (2010:41, 2019:127), Smith (1999:146), Chilisa and Tsheko (2014) and Romm (2015:411) espouse critical systemic thinking and praxis to privilege indigenous research methodologies with paradigmatic approaches. In their expositions these authors privilege indigenous research methodologies, giving a voice to anything that is dismembered and taken out of Black African imaginations or context. This is the case because these methodologies remember and embrace the epistemes of the dismembered. The standard procedures of doing research are often constrained by standards that apply to all facets of research irrespective of the nature or ontology of the source of research. These standards are often based on the European gaze and reasoning. These standards have often assumed the African

experiences as statistics and more sadly as problem people or troubled people without demonstrating the sensitivity to the context that emanate from these experiences. Therefore, there are attempts now to develop indigenous research (IR) using tools that are relevant to the paradigmatic views of the research (Kovach 2010). These mergers are ontology, epistemology, research methodology and axiology.

In summary, what breeds an indigenous research methodology (which this thesis is contributing to) is what Lewis Gordon (2016) describes as methodological 'decadence'. It becomes problematic when the discourses and notions about African solutions for African problems are unable to see beyond the methodological conundrums that ought to be explored to attain what may work to bring and produce other knowledges. Sithole (2014:38) debunked the prescription of qualitative, quantitative and mixed methods by employing a decolonial critical analysis methodology which sought to emancipate the African subject from all forms of captivity. Captivity occurs when the discipline no longer does what it has promised to do, and becomes a psychological captivity that dis-members the African from re-membering, imagining and embracing the ways of knowing of African indigeneity that are masqueraded in constructed disciplines through a European gaze. The critiquing of a methodology is not a new spectacle, it interrogates the merits of how it knows what it knows. Thus, the choice of methods used in this thesis is fuelled by the erasures of epistemology that have emerged from African people.

This chapter contributes to a methodology that has the potential to privilege African pedagogy in marginalised disciplines like homeopathy. In being part of an unpalatable constellation of a contested domain in African epistemologies, declaring *Indaba,* my Children not only as a theoretical and conceptual framework but also as a methodological framework demonstrates that it is a Eurocentric episteme that would only tame and employ such a gaze only. That of a conceptual and theoretical lens. As an indigenous research methodology, it may be contested as being academically repugnant, however, in the quest for truth the language, rhythm and imagination of what is in the method illuminates the truth and the hidden knowledge, that is, the existential realities. This methodology embraces the epistemes of the South, and the existence of ways of knowing rather than the dominant Eurocentric ways of knowing, amassing these as an ecology of knowledges (de Sousa Santos, Nunes and Meneses, 2006; de Sousa Santos 2016). Privileging the term *Indaba* reveals and exposes

realities that are out there and advances the effort to craft indigenous research methodologies.

5.5 Indigenous Research Basket – Tools of Research, How to Identify the Methodology of *Indaba - Indaba*

Kovach (2010:40; 2019:123) and Smith (1999:143,147) emphasise the types of indigenous research involving modes of knowing which are based on orature or orality. Oral traditions as often espoused allude to what at the global level is also connected to what is known as storytelling – listening to people's stories, *go toloka* or 'yarning, talk story', re-storying (constructing meaning and relevance from the story you are told, it is enriched with spiritual values), remembering (Kovach 2010: 40; wa Thiong'o 2009: 39), indigenising, revitalising, connecting, restoring, returning, democratising, networking, naming, reclaiming and voices as indigenous voices may be embraced (Smith 1999:145-147; Louis 2007: 130). Extrapolating on these tools of identifying with an indigenous method is that the African lived experiences of the people are indigenised and stimulate the re-Afrikanization of relevant pedagogy. Revitalisation from these stories and experiences urges and remind us of the ancient ways of knowing that ought to be imbued and remembered. Connecting results from consciously being aware of the configured or dismembered state and transitioning to the remembering state which is similar to one connecting to the source of their discipline at its core. From the experiences that urge and propel an upsurge of African experiences to be utilised as imperative pedagogy, there ought to be restorative mechanisms that are established and shared to identify with the forms of what is to be restored. 'Naming' is fundamental in the ambit of indigenous research methodologies in that it is through naming that one can trace the original term or word and the wisdom embedded therein. Similarly, Smith (1999:157) urges that, through naming, the ontological realities of the people can be known and theorised. This implies that it is through the words and language that people use that insight can be gained, and that people's ontological and existential realities gain authority and are recognised, rather than deferring to Euro-modern terms or words that do not form part of people's dialect and orthography.

Another research tool emphasised by Smith (1999: 146) and Mutwa (1964) is that of indigenisation which looks for the indigeneity in the voices and words of people

engaged through conversational interviews. Smith (1999) indicates that indigenisation compels groundedness in finding alternative conceptions of names, that is, “of worldviews and value systems”. Furthermore, Smith (1999) contends that indigenisation offers the foundation of conceptualisation and indigenism that forms a contrapuntal argument to Euro-modernism. Another research tool is that of revitalisation, which refers to the languages we use and terms in those languages that do not form part of people’s dialect to create better understanding. This point also highlights that through the terms of disease names we use, the act of remembering can be employed to remember how the ancient history of homeopathy indicates that homeopaths were not concerned with pathology or a disease names but more with what is going on with the person (Loudon 2006; De Schepper 2006:3,48).

The conversational method is a way of gathering knowledge found within indigenous research and often people are conversational. Conversations are significant in indigenous methodologies because engaging in such is a method of gathering knowledge based on the oral storytelling tradition which is congruent with an indigenous paradigm. Furthermore, the conversational method holds a deep purpose of sharing a story as a means to assist others (sharing stories through conversations about *Bo Ngaka Tshupe*). Maluleka and Ngulube (2017:524) in their study to investigate methodologies of how knowledge in indigenous healing can be preserved, observed that storytelling not only preserves knowledge but that it was a way to document and archive these stories for various healing therapies that may be available. Thus, theoretical discussions of indigenous methodologies as a paradigm approach regard conversation as a form of method. Critique is levelled at questioning why if this is the case in homeopathic case taking or consultation which is in a conversational format and *Ngaka Tshupe’s* consultation is also a conversational method as opposed to consulting a biomedical doctor in which the format is an interview structure. Why the storytelling in a conversational format observed in homeopathy and *ngaka tshupe* cannot be a research method procedure and tool? But scientific ways or methods are used wrongfully to ascertain indigenous knowledge (Feyerabend 1978). Wilson (2001) wrote:

> it is correct that it is not particularly the (tools of methods) method that is determining characteristics of indigenous methodologies but rather the

> interplay or relationship between the method and paradigm and the extent to which the method itself is congruent with an indigenous worldview.

Moreover, drawing from Wilson (2001) and Kovach (2010), this thesis interweaves and demonstrates what Kovach (2010:40) posits. Kovach's stance questions the perpetual relationship between scientific and systematic scientific reviews and their relationship with indigenous research paradigmatic views. This stance supports wa Thiong'o (2009: 39), de Sousa Santos (2007, 2016) and Mignolo (2009, 2011b) who use terms such as remembering, cognitive justice, embracing epistemes of the South and de-linking. Mutwa (1964:691) articulates this very succinctly: "why are [Africans] expected to abandon their ways of life, [here referring to] African culture and traditions and suddenly adopt others which are extremely strange to us?".

I concur with Kovach (2013, 2010: 40) on the need to determine the relationship between method and the indigenous research paradigm, but this thesis does not share in Kovach's agreement with Absolon and Willet (2004) that indigenous methodologies emerge from within the Western qualitative research approach. It is valid to acknowledge that the indigenous research methodological worldview that captures research influences the choice of methods that substantiates why a particular method was used and chosen. As is the case with this thesis, the chosen method is tactically explained regarding how it allows the ventilations expressed in the study. These influences respond to how the method was employed through gathering data and steps taken to analyse and interpret the information gathered. Kovach (2010:41) cites Neuman (2006) in highlighting that a worldview in research "is the basic foundation to theory and therefore this does have an impact on the chosen method". Therefore, methods ought to be congruent with the philosophical and metaphysical orientation underpinning the research framework to demonstrate reliability. In terms of reliability this thesis conforms to what Kovach (2010) refers to as the inherent characteristics of being able to dismember, remember, decolonise, and embrace the episteme of the South, and, as per Nabudere (2011:126) expand on the African ontology and modes of sense of rhythm and sense of imagination, as embedded or found in the participants. This approach is congruent with the conceptual orientations identified in the research framework. This methodology is similar to other indigenous methodologies where there is storytelling, re-storying, and remembering as in the term '*Indaba,* my Children*'. Indaba,* my Children (Mutwa, 1964) has identifiable tools of research in storytelling,

dismembering modern conventional medicine, how it fragmented folk medicine which is basically indigenous medicine, remembering from the sense of imagination what these stories, dreams mean. For example, dismembering postures that have masqueraded African indigenous healing pedagogies as glossed in Western knowledge. The trajectory changes when remembering through re-talking, re-storying African conceptual terms such as *Ngaka Tshupe,* or *igedla* as ascertained from participants. For example, participants in the study pondered if homeopathy was part of African indigenous healing. *Metsi a thapelo* or holy water is commonly in use in the African indigenous independent churches. When the water is near completion it is topped up with tap water and the full volume of water is believed to still be anointed. This distinction is similar to the dilutions and potentisation of water (or remedies) in homeopathic terms. On remembering and reflecting critically, it would appear that this dynamisation of water (or remedies) may correlate with the theory of memory of water in numerous attempts that have embarked upon in explaining how homeopathy works (Milgrom, 2007).

Another example of tools or research applied in this thesis is the remembering of the *Ngaka tshupe* which is similar to imageries, depictions and explanations presented by clients to their homeopaths (these statements were ascertained in my research findings, Chapter 6). From these examples, what Kovach (2010: 41) emphasises as a necessity for any methods chosen in respect of an indigenous methodological framework is supported, in that such methods ought to be compatible from an IK perspective. My thesis sought to articulate the conceptual norms of the theory of *Indaba,* my Children*,* as it activates folklore, folk studies and specifically for this thesis, folk medicine. Therefore, similar to Kovach's (2010) accentuation of indigenous methodologies, epistemological mythologies contained in *Indaba* were characterised from epistemological ventilations often found in Eurocentric systematised structures. From this emphasis it becomes evident that the epistemology of *Indaba,* my Children does not inescapably contest the language of paradigm and methodology itself but rather that the theory of *Indaba* holds knowledge or epistemological assumptions alternative to those found within existing conventional WM. These I deem to be valuable examples that support the advocacy for *Indaba,* my Children as a research method because its conceptual framework in terms of language does not change or alter anything. However, it holds knowledge or epistemology, ontology, axiology and

methodological assumptions or indigenous knowledge beliefs that are alternative or subaltern to those found in existing corporates, conferences or Eurocentric led gatherings. Kovach (2010:41) emphasises that in this sense or mode of thinking reference is made to the substance or gist of this worldview or paradigm. As is the case with *Indaba*, my Children this lens of thinking is the "keeper of the ancient knowledge of what the truth of history is". Credo Mutwa (1964), based on African mythology, tribal history and folk medicine, undressed the inequities that negated Africans from who they were (*Ngaka Tshupe*). This approach has tools for unearthing African indigenous knowledge. The tools which are worthy of being employed in indigenous research methodologies have been identified above.

5.6 Why a Critique of Methodology

5.6.1 As a Method against Method

It is common knowledge and practice that when embarking on any research route the procedure is to follow and conform to standards overly used to the norms of methodologies often subscribed to. This protocol applies from the onset of writing a research proposal to doing the actual research. Gordon (2010) refers to this mode process as epistemic blindness due to Eurocentric ways of knowing and learning. A pertinent question to ask is the degree to which these particular methodologies and designs have emancipated the marginalised disciplines or professions and the African communities which are on the side-lines. In its crust and nucleus decoloniality, debunking, decluttering in the pursuit of articulating and promoting marginalised disciplines or callings, the process has to be radically disruptive, negating and shifting from the pillars of the often-ascribed European methodologies. Gyekye (1995:54) cautions that it may not be ideal to eliminate Eurocentric or Western methods of knowing but to critically evaluate the Eurocentric human rights to health to discern 'if' and 'how' they apply to the indigenous socio-political life and the impact thereof, a point which is problematic because Eurocentric ways of knowing are diametrically opposite and continue to negate African indigenous thought-patterns or ways of knowing. One acknowledges that already the carpet has been rolled i.e. the Eurocentric carpet; Eurocentricity seeks to narrow and limit diversity and conform all to its language and worldview, the impunity of its laws continues to demoralise the marginalised. Do Africans have to sabotage themselves again for praxis of power in

diversity? The topography of wisdom ought to change to privilege characteristics of indigenous knowledge, homeopathy and *bongaka tshupe*. Weber-Pillwax (2001) and Hart (2010) describe indigenous knowledge as permitting the indigenous researcher to be who they are. Hart (2010:9) emphasises that an indigenous research methodology ought to take responsibility to utilise the knowledge gained and apply it or put it into praxis. This thesis has from the beginning interrogated and questioned the constant usage of these methodologies, questioning what has emerged as a result of them, whether they have been able to indigenise or develop just societies that are congruent with people's existential realities and life. Hart (2010:11) warns that in the path of critical reflection, particularly when embarking on terrain that affects the African indigenous marginalised people, caution has to be exercised in the stream of consciousness to avoid casualties that may cause internalised oppression. This statement by Hart (2010:11) is crucial and apparent in that in activisms and paths of Africanising or indigenising already those working such paths are articulating the internalised oppression that dismembered them from their core being and core disciplines that ought to have been constructed. These mannerisms of yielding internal oppression from one's discipline and praxis that is not part of the reality of the people is characteristic of the elements of disciplinary decadence that Gordon (2010) laid bare. Gordon (2010) reminds us to reflect and self-reflect on ourselves and the disciplines we have studied to assess if and how they corroborate as the praxis and theory of the ontology, epistemology, axiology and methodology. The observation is that there is incongruency with the being, knowledge, ethics and value systems of the community and their methods or ways of knowing and doing things.

5.7 Conversational Inquiry as a Methodology

In its core inception a conversational approach and inquiry is appropriate for an indigenous research paradigm and it is also a critical and credible standard for collecting data (Kovach 2019:123). It is critical to revere ancient practices of Black African society which included conversational narratives. Indeed, the history-taking or case-taking in a homeopathic and African healing system is also conversational and of a storytelling typology (see Chapter 6). What distinguishes the conversational narrative from all others in these healing modalities are the descriptive terms or words that qualify that they are in the realm of indigenous research paradigm. Through the process of dismemberment, appreciating the antiquity of storytelling as verbalised by

ancient societies is key and critical to discovering indigenous African worldviews. Suitability and credibility of a selected methodology is assessed by asking whether the research question is able to be answered and whether the emerging findings and conclusion provide relevant and meaningful information. Rigour, according to Baillie (2015), is a benchmark attained by regularly checking these narratives. Conversational narrative storytelling inquiry is a suitable research methodology particularly in understanding individual experiences as new knowledge which can be theorised is also derived from conversational storytelling inquiries.

5.8 *Indaba, Indaba* as an African Indigenous Research Method

The posture and contours of methodologically conceptualising the term or word *Indaba* from *Indaba*, my Children is embedded in the metaphysical and philosophical paradigms of what Nabudere (2011:90) refers to as "tracing back the origin of meanings of things and worldviews". Similarly in Something Torn and New: An African Renaissance, wa Thiong'o (2009) writes about the paralytic schism that ensued between that which is transcended to modernity (highlighting that it is indeed through modernity, the modernity of actualising things and transforming what is perceived to be mundane and indigenous as irrelevant) that it is through dismembering things such as disciplinary, people and the self from their core being and construct. To advance this with a methodological incantation stance that calls for an indigenous approach, wa Thiong'o (2009: xi) says that modernity ought to be unlearned or decolonised to privilege indigenous knowledges of healing and knowing. This is to align, appropriate, locate and position the postures of inquiry into African indigenous affairs in an African context. Since it is indeed through disciplinarity that one is bound to conform and remain fixed to constructs of such disciplines, disciplines which are founded on the Eurocentric conception of creating knowledge. Therefore, it is herein that this thesis chooses to coin the title of the book of the *Sainusi* healer Ntate Credo Mutwa's *Indaba, my Children*, as an aesthetic intellectual conversational storytelling indigenous method that transcends methodologies often ascribed to. Espost (2015: nn) asserts that storytelling as a methodology has the ability to create new knowledge and new meanings.

I hereby posit and pronounce the term '*Indaba, indaba'* as a chosen research methodology. This chapter uses relational epistemology and meanings of the terms

used in research methods and design of phenomenology and phenomenography. This methodology derives from Edmund Husserl (1859-1938) and seeks to understand the similarities that exist in individuals and their lived experiences (Husserl 1979:34). To distinguish phenomenology from phenomenography, Marton (1986:28) writes that "phenomenography is a research approach designed to answer certain questions about thinking and learning". He adds that it is more concerned with the "content of thinking". Furthermore, Marton (1986) illustrates that "within phenomenography, thinking is described in terms of what is perceived and thought about". This thinking being in terms of using the conjunction of a homeopath and *Ngaka Tshupe* to help understand what is learned from the contents of both words or concepts, the research is never "separated from the object of perception or the content of thought" (Marton 1986:32). Therefore, after engaging in critical reflection on the two distinguished methodologies, this chapter asserts that the thesis as depicting the variety of healing approaches within African indigenous healing and the dismemberment of homeopathy from its core and innate depiction of bearing semblance with indigenous ways of healing, and this is analogous to the terms or word *Indaba* as a methodology. This is so because, as Marton (1986) describes phenomenography, the content of thinking the ideas that emerge from the term *Indaba* shifts paradigms in thinking and drives the realm of thinking in terms of indigenous knowledge and healing. I sought to choose this term as a methodology in itself particularly because it illuminates and encompasses abilities of both thematic content and conversational narrative analyses. In a literal sense, *Indaba* is an indigenous research design using a storytelling method. In the context of this thesis it is resonating with the history-taking or consultation processes of both homeopathy (Eyles *et al.,* 2011:8) and African indigenous knowledge medicine in that they both entail patients narrating or telling their stories. In redressing and re-writing history it is only coherent that one has the jurisdiction and liability to meaningfully align the methods towards redressing such inequities with the appropriate measures subsequent to having undressed what ought to be redressed. It would be a decolonial academic travesty to fall on the sword again for failing to dig up (Setswana - *go epolola/ epolla*) "hidden" African methodologies or frameworks that ought to be used that have always been around as created, narrated and founded by indigenous African people.

5.8.1 How this Methodology can be Used in Future

To tap into employing *Indaba, indaba* as an indigenous research methodology from any discipline such as law, health, social, engineering, the scholar ought to acknowledge the existential and ontological realities of African people, i.e. possess nuclearity or central focus of African consciousness, from how the research is conducted through interviews. This term *Indaba, indaba* is used interchangeably with *Indaba*. The narrative or video or audio-recording tools used are similar to those mentioned above, including sensations, intuitive listening and sensing (*go utlwa ka sefuba*) e.g. doctors percuss the lungs then auscultate the lungs with their stethoscope, in this methodology, sensing is used as a tool of key powers of perception. These are just some of the few treasures amongst the vast sea of treasures that are embedded in ancient African indigenous knowledge and wisdom that exist and has pre-existed. The call to redress and integrate, and interface appears in the global context of coming to the ground to acknowledge indigenous ways of knowing through the realisation that has birthed the overly saturated notion of need for African solutions for African problems. In response to any criticism that may be directed towards this indigenous methodology, this thesis retorts that in terms of appreciating variations of concepts or categories it may be conceded that *Indaba, indaba* is synonymous with the phenomenographic methodology which in its nature embraces variety. Therefore, *Indaba,* coined from Baba Credo Mutwa's book *Indaba*, my Children, through its variety and nature of stories or themes is not contradicting but explicit in embedding African knowledge epistemologies.

5.8.2 Tools and Techniques in *Indaba* as a Research Method

Indaba helps with indigenous research design, approach and philosophy. Underpinning *Indaba, Indaba* as a conceptual framework is a hyper visible lens and gaze. However, expanding it further into an indigenous research methodology is unthinkable according to many. Therefore, the challenge posed here is to interrogate what qualifies, identifies and characterises a research method based on its indigenous methodological framework. Research methods have been described as qualitative, quantitative and mixed method (qualitative and quantitative). *Indaba, Indaba* as an indigenous methodology carves, shapes, ontologises, and epistemologises Black African people's experiences while establishing and landing these experiences with

their existential realities. What is more fundamental is that an indigenous methodology urges that these methods or experiences be remembered, taught, and entrenched as part of academia.

Indigenous research methodologies are embedded with a set of tools that are in line with their stories or narratives. Listening as a skill used in interviews, conversations and listening through understanding what one is reading, that too is encompassed with collecting information. However, the collection of this information or data is listened through in order to be able to establish what is the meaning, the essence of their lived experience, whatever the subject of inquiry is as it is often discussed in standard or mandatory research. Ramose (1999:34) writes that "listening is an indispensable and first step to proper and sound learning". The following are of distinct and fundamental novelty when listening is used as a skill within the toolbox of an indigenous research methodology. The art of listening as being rhythmic as well as being a research tool is found in the book *Indaba*, my Children, so this mode of listening qualifies to be an indigenous research methodology. This is because rhythmic listening catapults the human senses and dismembers while through the principles of *like cures like,* it similarly dislodges the waves of idealism. By disrupting the waves of idealism this distinct form of listening establishes rigour and fundamentally establishes the reality of African experiences listened to and learned from in African indigenous healers and African homeopaths as they receive and take cases or histories from their patients. It is this kind of listening which Ramose (1999:34) affirms should allow the African to have "basic necessities that enable him or her to speak", in order to have their indigenous thought patterns and perspectives published rather than being sidelined "by arbitrary censorship'. Ramose (1999) posits that listening demands of Eurocentric modes of knowing to "listen to others". The rhythm as it dismembers and dislodges is well described by Nabudere (2011:126-127, citing Markovich on Senghor)

> … it is expressed by the emotions of abandonment of self and a complete identification with the object … in other terms, the sense of communion, the gift of imagination, the gift of rhythm – these are traits of Negritude that we find like an indelible seal on all works and activities of the black man.

Thus, a story may not only be listened to it, it may also be listened to through reading it in a transcript or text of discussions. This aspect also justifies the fact that one

participant had to respond to the research questions by email because it was not possible to arrange a face-to-face interaction. All conversational interviews were transcribed verbatim, so it is analogous to using rhythmic listening when one reads through the transcripts, as shall be the case for the reader in the next chapter.

5.8.3 Ethics in Indigenous Research Methodology

In a country where constantly politicians, citizens, stakeholders are asked to account for their roles or in what they were called to do. I borrow from Magesa (1997) the indigenous ways of ethics and reverence. Magesa (1997) regards ‘greed’ as the leading cause of exploitation in the world and is a Western way of limiting and imposing restrictive categories. When greed assumes any position there is no reverence to ethical principles. Therefore, the aspect of requesting participants is tantamount to discourses of rights and ethics by Westernisation. Therefore, in many instances, ethical praxis fails intuitive knowledge and it is this intuitive corpus of knowledge that establishes a tug of war, which is a war of seeking the truth. How can a discipline or calling truly be itself, how can we truly be us in a dysfunctional world with what appears as rigidified disciplines? Most African people are practicing parallel consultations between Western and African indigenous knowledge systems. However, at the policy and governmental apex there is silence and muted paralysed appendages of seeing what takes places and yet doing nothing about the situation.

It has been alluded to under subsection 5.2 that the selection of participants was not confined to patients or participants or people who were ordinarily indigenous healers, hornless doctors and homeopaths. The fundamental reason for this method was that when research is constrained to categories that are often used in its particular discipline, it is common that on many occasions results yielded are in a similar pattern to numerous other studies that have been conducted in that discipline. However, when research includes everybody it requires the researcher to ask what the relevant questions to ask are, instead of simply using a research design or plan that will yield constrained categories and answers.

5.9 Conclusion

This chapter set out to highlight a foundation for flexibility and normative lenses and scopes as the appropriate gaze into the African indigenous knowledge paradigm of

research methods. The method of no method and the critique of Western methods as discussed does not adopt a negating posture and seek to reject the Eurocentric modes of knowledge. The chapter argued in line with Gyekye (1995) that it may not be ideal to eliminate Eurocentric or Western methods of knowing but to critically evaluate the Eurocentric human rights to health by discerning 'if' and 'how' they apply to the indigenous socio-political life and their impact thereof. This points directly to the observation that Eurocentric ways of knowing are diametrically opposed to African indigenous thought-patterns and ways of knowing. The chapter contributes to the knowledge or canon of research methods regarding indigenous knowledge by juxtaposing Husserl's (1970) phenomenology and Marton's phenomenography with the emerging currency of employing indigenous research methodologies. The coining of *Indaba* as an indigenous research methodology sought to herald that the ontological and epistemological existing realities of African people in their disciplines/callings and the existential realities of dissonance in disciplines cannot be gazed through European concepts. This is what Gyekye (1995) espouses when he says that one needs to distinguish what is more meaningful and relevant when employing these methodologies. This chapter demonstrated that the limitations of Eurocentric research methodologies can breed indigenous research methodologies that privilege indigenous knowledges in both the local and global context. The study employed an indigenous research methodology that explored stories as narrated by individual participants and further engaged an indigenous paradigm incompatible with the Eurocentric paradigm. It is from this incompatibility that the participant's stories and subjectivity and not objectivity to the research questions (may) derive variations or similarities. The significance and value of this study is entrenched in the variety of these narrations as they depict the realm of what is out there in the existential ontologies of African communities. The categories often used in the realm of African indigenous healing or homeopathy are rarely exhaustive, as has been the case in this study and chapter which refrained from picturing and selecting a constrained criterion for these categories. The following three chapters will, in their crafting and purpose, demonstrate the relevance and meaningful nature of this methodology and its future intended purposes or usage.

CHAPTER 6: RESEARCH FINDINGS

6.1 Introduction

In this chapter the justification of what appears as lacking and scarce in most African communities is here, in the Gauteng province, made to appear as meaningless. What appears to be lacking is the nonexistence and absence of homeopathy alongside the dominance of indigenous knowledge healing modalities. This is due to the African spirituality and African religious systems which reign supreme in a variety of key participants and the paraphernalia for healing that is out there in the communities of Soshanguve, Mmotla and Soweto. The chapter shows how participants describe what appears to be the only solace that helps them tolerate their socio-economic, cultural and health related challenges. I use the word 'tolerance' to denote that on the whole the people I interacted with are unprotest-like; they do not *toyi-toyi*, despite what confronts them on a daily basis. My observation is that this muted, tolerant, posture is assumed as a result of their vast immersion and reliance on African spiritual religion. The tolerance in healers as homeopaths or African indigenous healers or spiritualists is indeed incompatible. For homeopaths the tolerance is that of being tolerant in a discipline that is not growing. Furthermore, the conversational interviews demonstrate that (African) homeopaths do not understand themselves within their discipline as much as African indigenous healers do within their disciplines, regarding knowledgeability about themselves, because the latter are deeply immersed within African indigenous knowledge and its spirituality, *Indaba*. This thesis is centred on health and healing, and engages an African framework and critical social theory by theorising the existential and ontological realities that were narrated by participants. What is perceived to be representative of complementary and alternative medicine is here represented as indigenous healing systems in the form of the African indigenous religious churches and not how CAM is normally publicly perceived. Therefore, the results presented below characterise the categories and subcategories that emerged from the subject of the topic. The excerpt from participants used in this thesis represents actual CAM and indigenous knowledge healing in African communities.

There is also a “linguistic turn” (Fook and Gardner 2007:9) that has influenced the critical reflection of how these concepts, CAM (here represented by homeopathy) and IKM, are understood as part of language, power and dialect of the people I interacted with, leading to revelation of what is actually out there. The results reveal that seeking health through spiritual and indigenous healing modalities is saturated with seeking help to find employment. This suggests that the degree of sufferance and tolerance of African people in the face of the complex existential realities they encounter on a daily basis are relentlessly fed with African spirituality and healing. Homeopaths, on the other hand, dispense this through herbs that are appreciated by their patients, but the because homeopaths are dislodged from their African selves, they dismember themselves from this revitalising (Smith 1999:147) truth. According to the real ordinary everyday people I interacted with, seeking help (*go batla thuso*) and health seeking is not caused by sicknesses or when one experiences bodily ailments only. There were two participants who narrated bodily ailments such as a headache, but this headache was described by participant Dipuo as a spiritual headache (*tlhogo ya moya*).

Table 4 illustrates the categories and subcategories that emerged from the data.

Table 4: A critical reflection on CAM and IKM: a model for articulation and promotion

Category	Subcategory
The realm of sufferance and tolerance still embroils African people.	1. The Prophet, Spiritual Healer, and African indigenous religion/church – reign supreme as recognised healing modalities 2. Sufferance and tolerance to lack of employment, financial difficulties, jealousy, spiritual headache and seeking asylum etc. all ameliorated with: 1. Prayer, Holy water, Holy oil as pacifiers, some visit mountains, rivers. 2. People who use their own initiative to talk to their partner or siblings.
The African indigenous church as a sacred place for spiritual healing and hope.	• People no longer go to churches that lack the gift of prophecy. • I feel better when I’m there. • Sacred place for holy water and prayers.
African indigenous healers as a varying terrain of healers	*Ngaka Tshupe* – The uninitiated healer, but diminishing in numbers through the proliferation of *Sangomas* **Sacred Indigenous Healers Names - How Names Articulate and Promote healing** *Matlhomola* – Healer marred by sorrow *Matlhasela* – Healer who attacks

	Badimo kgobokgobo – Healer representing the gathering of various ancestors *Mafela ntabeni* – Healer who regressed or died in the mountain.
The lack of hegemony for CAM or homeopathy is due to internal reasons more than it can be due to external reasons.	1. Complexities of articulation and promotion. 2. Stammering in translating term to African terms 3. Need to decolonise and re-Africanize curricula.

6.2 FINDINGS FROM EVERYDAY ORDINARY PEOPLE

6.2.1 The Realm of Sufferance and Tolerance still Embroils African People

6.2.1.1 The Prophet, Spiritual Healer, and African Indigenous Religion/Church Reign Supreme as Recognised Healing Modalities

Most of the participants I interfaced with informally and formally through conversational interviews expressed that what confronts them on a daily basis is some form or other of sufferance. The participants also described the posture of tolerance, hope and trust regarding healing modalities they consult with. Amongst the participants were three Ghanaian immigrants. Even though there was similarity regarding preference for the prophet and regard spiritual healing as a supreme healing modality, these participants (Emmanuel, Michael and Patricia) reported that they have "a spiritual father or mother back at home", not from South Africa.

According to participants, prayer, blessed water, and holy anointing oil are used as interventions to ameliorate their situations. The existential situations expressed by all of them included the need for employment and financial security clustered as sufferance of all kinds. There was an emphasis on the grounds of ill-health, but participants' narratives were saturated by the confluence of ill-health and socio-economic challenges. According to participants these challenges are the type that require consultation with a healer in the realm of a prophet. The model of CAM medicine or homeopathy was rarely mentioned except by two participants (Palesa and Maria), who have used homeopathy before. In the main the term 'homeopathy' was something that was unheard of and not even part of the people's dialect. Also, even if participants were aware of the reigning presence of medical pluralism and parallelism, seeing or consulting *moporofeta* or a prophet reigned supreme as the entity or source

that has the ability to remedy all ill-suffering in their lives. This was expressed by Phindi, Busisiwe, Palesa, Emmanuel and other participants as follows:

> Phindi: *When I realised that my things are obscured and I asked myself why don't I try the church way and observe if this will work out for me? As you know we as Black people we have many beliefs, we believe that there is witchcraft, we believe that there are certain people who bewitch people those that are looking at your progress in life. I don't know if such things exist or not but as a living person on this earth, obviously ancestors are there and one grew up being fully aware that these things exist in life. So this knowledge is instilled in us as we grow up that you're told as you grow you have to go to school it's like it goes from generation to generation. So as I grew up in this manner, I realise and think that this could be happening to me, like, as a graduate I cannot find work. I asked myself what could be the solution for me. So I chose the church route and not to go to traditional healers. The prophet could see that my paths are obscured, so I'm working on ways to clear the paths.*

Phindi was articulate in illustrating that despite disturbances of ill-health and being unemployed, she is sensitive in her remembering constitution to when things in her life appear as if they are murky. She describes that it is ailments like unemployment in her case that made her consult a prophet in an African indigenous church and not seek help from indigenous healers. She said:

> *I've been doing that so far. Even though I have not found work in 2017 but I believe I will find one and once that happens I won't stop like as I did before, because I want to see what would be the difference this time around.*

While all participants indicated that they sometimes make use of medicines from the pharmacy, most of them including Busisiwe, Palesa and Dipuo said that seeing or consulting a prophet from an African indigenous church was paramount in attending to their life's challenges. There is also a distinction that is evident in the preference of a prophet. This contrast was mentioned by participants who are Ghanaian migrants, who all mentioned that they have a spiritual pastor or mother or father from their foreign country who they contact. It is interesting to that that Patricia, for instance, attends a church in Tshwane, Pretoria, but still prefers prophets from Ghana. For example, when asked which church she attends and why she tithes since this involves money and she constantly laments her financial woes, Patricia said:

> *I'm new [at the church] I forgot, they change Pastors some are from here some are from Ghana. With the tithe you feel like you are losing money but it will come back more than what you've given.*

As mentioned above, these excerpts reflect the majority of participants who to some extent in various ways articulated that the African indigenous church and the prophet are entities or healing modalities that they prefer to consult with in relation to their myriad socio-economic challenges and health and well-being distresses. Busisiwe, Palesa, Patricia, Michael and Emmanuel responded in the following way:

> Busisiwe: *When I'm sick I just stay here at home. If I have a headache I will buy paracetamol, but if I notice that I don't get well that's when I go to the clinic and I also go to church at times and talk to Mfundisi [Priest]. Mfundisi is a man yet works with other women but if I need to talk about my personal issues I go to Mfundisi and tell him what kind of problems I'm experiencing. And he will say I must pray and he too will at that moment pray with me and when I get home I also pray. I'm also used to his prayer. Previously I was not able to but since I went to church I'm used to praying. What he told me is that at home we have dogs and every day when we get up there will be lots of excretes from the dogs and one would ask herself what kind of dogs defecate such copious amounts of faeces.*

Furthermore, Palesa alluded to her preference for consulting a prophet as arising from a desire to conduct her life's matters in line with what is associated with God and not seek intervention from indigenous healers. She refers to the prophet as being a healer who appears to possess a "signal" that gives directives or guidelines to what will precisely heal or assist her. Palesa articulated her belief and why she promotes a consultation with a prophet rather than seeing an indigenous healer or a general practitioner as follows:

> *… it's more like now I want to do things in God's way (ka tsela ya Modimo) so when I'm told by a prophet where I must consult then I will go, because with the prophet it is more like the prophet gets what I may call, let me just say, a signal of knowing where exactly will I find the best assistance (thuso e best kae?), rather than me just going up and down to a traditional healer or going to a GP. Maybe it might be a wrong move at a GP so the prophet will be the one who tells me whether I will need an injection.*

Tebogo*: That person being a prophet?*

Palesa*: Yah being a prophet and alerting me to consult a GP or perhaps the prophet saying something of this nature we must break it in this way. Let's use the traditional healer's remedies.*

Tebogo*: Still coming from a prophet?*

Patricia a hairstylist in Soshanguve and a Ghanaian immigrant narrated her story in an unrelaxed manner, as if she was consumed by fear when I asked her to share with me who she consults or talks to for her health and well-being and when things go wrong. I found her mannerisms (and those of Michael) to be in contrast to the rest of the participants who appeared more outspoken and relaxed almost all the time. The distress was palpable in Patricia's response when she said:

(Lots of sighing) *I find it very difficult, sometimes I feel bad, I feel like even to kill myself, something like that, you know being in this situation is not easy. You need the help but there is no one there, as I'm here* [in South Africa] *now my dad is not feeling well, he was the one who could help but he is not well. There is no way unless you yourself you struggle by yourself. I always try to go to church, I feel good there. The time I was in my country my pastor used to give me advice and guidelines to pray of my situation, even a fast, for three days.*

Tebogo*: What do they do to make you feel better?*

Patricia*: The pastor will say bring your tithe to the house of God, so if you follow this guideline you will see a lot of things moving okay with your life.*

Tebogo*: Which church is this … ? What do they do, and tithing involves money and you have financial issues, so what do you do?*

Patricia*: I'm new here I forgot, they change Pastors some are from here some are from Ghana. With the tithe you feel like you are losing money but it will come back more than what you've given. With prayer and tithe even yourself you feel that something heavy has … you know, is out of you. You'll feel it.*

What was anticipated to be ailments of the body and diseases were however, transcended to be ailments and diseases articulated by most participants as unemployment and being a migrant with the hope of finding a better life.

Michael: *Here* [in Soshanguve, South Africa] *there's no one but in Ghana I have pastors.*

Emmanuel: *If I have a spiritual father is that they are in a church because the church is something like a family, whereby there are people who you can talk to in a church. If I can tell you in the past few years that I've been born my 24 years I've never lied down in a hospital bed before, I've never gone for consultation anywhere, I just visited a hospital in Garankuwa to check on my eye, that's the only way I've been to the hospital. My wife delivered at Steve Biko. I've never been to a hospital before I've never gone to a doctor. If I feel like I'm sick I have a stomach problem I call home any other prophet that I get and they ask me to pray on the water and drink, same time my problem is solved.*

6.2.1.2 "If you don't have money that's a problem" – Parallelism of Health-Seeking Measures

For Emmanuel, a 32-year-old Ghanaian migrant residing in Soshanguve, the pain of lacking money when he had to consult at a hospital facility was ameliorated by the humane treatment he received from the hospital which was a public facility. He, like other participants from Ghana, also consults a spiritual mother or father from Ghana when encountering spiritual or other life challenges.

Emmanuel: *When you are sick, if you don't have money then that's a problem, because you go to a private doctor to solve yourself out. Some of the hospitals when you go there maybe I don't have asylum, I remember they treated me, but they did me a card to pay. Every time I get the money I must come and pay the money, the treatment was 100%, by that time I was still new here I didn't have my asylum, but since I got my asylum I have not been there even my wife got the asylum when she delivered in Steve Biko (academic hospital) it was free…. My mom is a prophet by the way, so if I have a difficult problem I call back home, then I consult with her to tell me how to go and how to go with things, My problems are coming sometimes as a Christian I believe it comes from above in that spiritual way, because it is not only about healthy thing it is about physical things that come from nowhere. I call those the spiritual things, then I have to consult spiritual mom, who is behind me in prayers.*

> Dipuo: *Okay I've never had problems except when it was one of my relatives, and regarding myself I'm a person who believes in prayer, most of the times, I place most of the things in the hands of God, you understand. When it's difficult always I use prayer and then sometimes I believe you must also tell a person who trusts you so that whatever you're troubled with can be erased from you.*

When I asked Dipuo if she genuinely meant that she uses prayer and believes in it for everything, and whether this meant that she rarely goes to a pharmacy or a doctor, her response was as follows:

> Dipuo: *I do go at the chemist if I have flu, like just now I have high blood pressure, I know I have it so I treat it with pills. If I don't get them from the clinic I buy from the chemist. And I have a headache, my kind of headache from my understanding it doesn't get cured, it is a spiritual headache, it's a headache like the way I'm telling you they told me it's a spiritual headache at the church. This headache does not get better even from taking a pill, it gets better when I pray or when I help someone through prayer, it is as if I'm a person … it is more like a spiritual headache. Yes, it is a headache that can be cured, if I like stuff that have to do with thwasa (being initiated as a traditional healer) I will go and thwasa, if like stuff that have to do with church and praying I will go and help people in that regard … I complete everything with prayer. I believe in prayer a lot, even if I can tell you I have this kind of a problem but I seal it with prayer. When I sealed it with prayer I have erased the problem or it becomes simple. There are so many things in my life that are difficult that I just seal them with prayer and this is not to imply that those problems have been erased, it is as if God creates a protective wall for me so that I don't see many things that can hurt me, it becomes and feels like that to me. And often I find that I will realise after the problem has been solved I was not hurt that it is as if God created a feeling that I should observe everything as being right.*

And without a connotation of generalizability, there is the ideology that presumes that "African or Black people often congregate where there are large crowds".

6.2.1.3 Just Following Where the Crowd is?

Some of the participants mentioned that many people seek spiritual healing and they no longer attend churches that lack this aspect. Emmanuel mentioned that he has found that Black South Africans "just follow where the crowd is". He said:

> *South Africans that I know. You know what I learned about South Africans is they follow where the crowd is, they go where the crowd is. This prophet is selling this water they go there, but I don't believe in that, I believe in what I have.*

Dipuo, a South African residing in Soshanguve, addressed and qualified this pattern of following in this way:

> *Let me tell you something, currently many churches have prophecy within them, people no longer go to churches that lack the gift of prophecy, you understand, where there is no prophecy they say it's cold and they shift. But it is not right through; sometimes these people are doing this because they are only concerned with their spiritual well-being, they like going to the front to be prayed for so that they can be healed spiritually, after they've been prayed for if they have some other issues … there are times when it is possible that all of you get healed at once and there will be things like home cell where you visit, pray and preach, and there are at some places where there are problems but such homes are not visited.*

The aforementioned theme is also observed and expressed by one of the indigenous healer participants, who said:

> NAME: *South Africans no longer walk in their path as South Africans – they do as they please.*

The link interfaced in these excerpts suggest that indigenous healers are aware of the undeniable trend that is touching most South Africans which is this susceptibility of crowding where the next prophet is available.

6.2.1.4 Those who Follow their African Consciousness

Tharollo, who is a 45-year-old retrenched man, was quick to point out that he also relies on prayer, but most of the time he rather goes out to the wilderness for prayer and connecting with his ancestors. He also shared with me how some aspects in healing are also created and arranged in pairs. His conversation with me around who he consults and the interventions he uses whenever he is confronted with social, physical and or mental problems proceeded as follows:

> *I use the mountains or I will go to the rivers depending on where I feel like going. Every place has its owner hence even your household has its owner there is a female and a male rock, there is one who owns the mountain, caves, rivers … everywhere in the world there is the owner of that particular place and everything on earth is found in pairs of 2, nothing goes in separation.*

Tharollo said that he would often resort to visiting the caves and mountains when he experienced *Segateledi,* a type of nightmare. This is what he said about this:

> *Segateledi often troubles people but sometimes it troubles people because you have not slept well and sometimes it's because the house you live in or have visited, the people are evil or there is something that is happening which is mostly evil. That is why as a person you must know what kind of a person you are.*

Only two participants, Maria and Palesa, confirmed knowledge about homeopathy. The excerpt from Bongani below is an exception as it only entailed an informal conversation, however, given the epigraphs and prescripts of the study his views were worthy to be included. Maria was the only one who had the experience of a consultation with a homeopathic doctor and arising from which she had impressions and questions regarding the association of homeopathy with African indigenous healing. She questioned the association with the two healing modalities because there was a dichotomy – the homeopath is said to have used a scanning diagnostic machine and later narrated what ailed Maria through interpterion of the machine's results. Maria, who praises homeopathy for assisting her to conceive her second born daughter, was very excited to meet me, saying that homeopathy is a rare healing modality. She corroborated her story as follows:

> *…. you know what! With me this homeopathy, I heard about it in Mpumalanga, it was an old man very old Dr***** working with his son, we heard about him from another friend of my husband, I only had a first born then … (Phone rings – and she ignores it) I had not had a second born as yet at the time and this person [husband's friend] was telling us about this doctor, the manner in which his place is always packed and full. By then HIV/AIDS was still very scary, the friend said the manner in which it gets packed, people come from far away with their blankets they even night vigil at the place, whether it's raining or not and they wait for him. So I had a problem …*

Tebogo: *Was he purely a homeopath or was he additionally something else as well?*

Maria: *"You know what? He was the one – Waitse gore ke eng? ene ele yone [Homeopath]. i.e. it was indeed a homeopath. And the friend said even if we go it's not like we will be attended at the same day, you have to book, the doctor had already established rapport with the people that side because originally he resided in Pretoria. Therefore, the doctor had days in which he would operate in Mpumalanga and people will be in long queues waiting for him. Upon arrival we were introduced and a date was booked for me and my husband as a couple. As I was still trying to explain to you that I had a problem to conceive. When I grew up I was told I would not have children. Then I went there* [Maria's Intervention with the homeopath]*, that's where I was told I'm diabetic….once he completed I think he had given me five sets of the medication. He said to me firstly you will menstruate heavily and it will be your last menstruation, kere* [when I asked why?] *he said because I will conceive. I said after I have travelled so much with this issue, and he continued and said you will get a child and secondly many sores will flare up from your body starting from your head because you have excess hair you will just feel itching. Even underneath your feet you will feel them. And he advised me not to take them to any doctor that I must just leave them to break out like that….Then when I went back to the doctor I think I was only 8 weeks pregnant. And even the rejoices on the road! We were only playing gospel music only, having even changed my movement of walking. I was walking like a pregnant person but it was early. So by that time I was even asking myself that this* [homeopathy] *are they having something with traditional or why are they not like other people. Ke gore ke batla go understanda real meaning wa Homeopathy gore ke eng, ke mang?* [I really wanted to understand the real meaning of Homeopathy as to what it is, who it is?]

6.2.2 Sexuality and rare Unheard-of African thought patterns

I do go to check my status other health measures like blood sugar etc. Due to financial difficulties I'm currently able to consult or check at mobile clinics.

Tharollo, who continues to have some difficulties but does not have dire financial challenges, was here sharing what appeared to him as usually rare and unheard-of

thought patterns of sexual advice with regards to how to secure two women at the same time in a relationship.

> *I don't take any medication, but you can't say I'm 45 because people like myself usually meet with elder men or old men [AIKM healers] and they are able to advise us that this is what you must do to live well. On sharing their expertise they told me that I must not like sleeping around I must know where I enter, where I'm forbidden to enter, also to exercise is very important. And as for protection in terms of sexual intercourse I think this has never worked because a woman must receive and a man must release, so if there is protection there is something that does not take place as it should. But many people do not know about this because there is what I call natural, ingrained intellect and other things are of spiritual orientation. Someone once said even if you can wear protection and you assume wholeheartedly that you've protected yourself, it's all a fallacy because when people interact in such a manner they both secrete perspiration, which can be dangerous on its own, this also causes unknown illnesses, because this sweat is my toxin mixing or interacting with your skin toxins in the form of sweat. Elder men also advised me that if you want to have 2 women at the same time you better sleep with both of them on the same day without cleansing yourself from the first encounter with the other woman; this is done when it is pursued that these women should like each other in future. This works in some people not to all the people because some people's angels are not able to take or accept any dirt or uncleanliness of any nature.*

6.2.3 Some Aversions and Desires and Warnings Against their Effects on Well-Being

Maria also communicated what could be a peculiar aspect as she reported that the homeopath advised her to cease from drinking or eating things like condensed milk and soft drinks such as Coke.

> *I no longer drink condensed milk, ever since that time I don't even want it in the house but Coke I do drink when I find myself extremely thirsty.*

6.2.4 How Dismemberment may Periodically Create Injustices of Interpretation

Maria said that she used to ask herself whether the place called Ceragem situated in Mabopane was also part of homeopathy. Ceragem is a renowned massage therapy

that hails from Korea. Although it is not popularly endorsed by many doctors, it scans and massages the body for various ailments. Maria illustrated her interrogation with herself by initially saying:

> *… let me tell you many people even if it [homeopathy] is available they do not consult. However, let me tell you neh! The manner in which that place [of the homeopath who helped her conceive] used to be packed and be full in Mpumalanga, even grannies. You know there also used to be a place here in Mabopane called something like Ceragem, I had not visited the place yet but when somebody used to tell me about the place I used to ask myself if it was part of homeopathy or not.*

The dichotomy between scanning diagnostic machines and history/case-taking yields confusion to Maria. This contradiction in thinking as expressed by Maria is not only superficial because according to Maria, it means that a homeopath is associated with the usage of electronic diagnostic scanner machines that later allow the homeopath to narrate what ails the patient. From an African indigenous healer's perspective and setting, the client expects that the healer is the one who will narrate what is ailing them. Maria's experience with the homeopath she consulted with had a similar pattern, even though the homeopath narrated her ailments from the interpretation of the diagnostic machine used. She corroborated this interface as follows:

> *On entering the homeopaths place [in Mpumalanga] I was surprised by the doctor … I am expecting that it's me who should narrate my story regarding what is ailing me. But he was the one who was telling me. There's a table in his consulting room and there are machines, machines as if those that DJs use with a gold pen. He was holding something like a pen and on sitting on the chair, it is not the normal or usual chair that looks like other chairs. You would sit down and place your feet on the* [pedals] *of that machine - and the doctor is holding that pen. I don't know where he was looking at but it would seem that he is looking at the computer but I don't know, but that thing he is moving it, and this machine you would feel it when it starts* [detecting or scanning] *underneath your feet.*

Furthermore, in the excerpt below Maria remembers how after many years of consulting the homeopath who used diagnostic machines from Mpumalanga, her husband overheard about a similar doctor in their neighbourhood. However, according

to her husband what they had previously identified the homeopath to be accustomed with turned out to be incorrect. This was merely due to associating the homeopath with the usage of diagnostic machines as it is learned below:

> *Maria: … once my husband and I heard that he is a homeopath and we went there and my husband said but he does not have those machines that the other doctor [from Mpumalanga] had. You know I don't understand because we never followed that anymore.*

Palesa worked for a company in a role which involved preparing medications but she did not know if they were meant for hospitals or clinics. She had no idea whether they had any bearing or relation with African traditional medicine. She said:

> *I used to work at Comed Health it was 2014 after my matric, I had no idea about homeopathy (ne ke sa itse selo – I knew nothing) and with me I used to think that the pills that we were preparing starting them from scratch were being dispatched to clinics and hospitals. Only to find that these medications we were packaging are not too different from the ones we find at the clinic and again are not too different from the one you can get from a traditional healer. It's as if they are combined it's like Panado but having some herbal extract … they look like that even in the manner in which we prepare them, one other thing is that technology has psychologically paralysed us as if everything that is done with machines its English as if it's up there but it's not.*

6.2.5 African Indigenous Healer's use of Homeopathic/Natural Medicine Extracts and Good Results

From Palesa's experience of working and preparing natural and homeopathic medicines, she further added that there was an indigenous healer for whom they used to prepare and package the same homeopathic medicines.

> *There was a doctor who we used to make and pack medicines for him. I think in September its World Herbal month or something like that. That doctor would bring along his raw material and ask us to package Spirulina, African potato, etc. etc. Therefore, since well they are packaged like that you might think they are dispatched for clinic or hospitals only to find that they are going to a traditional healer.*

Tebogo: *Was it a traditional healer, GP or a homeopath?*

> Palesa: *It was a traditional healer; we were packaging medicines for him there at the company.*

Similar to one of the homeopaths interviewed (Dr B), Palesa also said that when people hear about the good results of the homeopathic remedies they are more likely to recommend it to other people. Excerpts from Maria also highlight that she was advised by a friend about the homeopath who was situated in Mpumalanga.

> *Many times it is through recommendation because they have no knowledge about homeopathy, they best believe in GPs but when you recommend to someone that you too have used this thing, you will get it at such and such a place. That person ends up going there and they too realise that the medicine really works and they too further recommend that to other people. So it's through communication - recommendation.*

Maria explained her results and conversation with the homeopath as follows:

> *… the sores will just be of small taint (go setlhefala) I will be as smooth as I was. Then after when you return you will come for the last treatment of these sores for their final rupture. Then I did that. And he further said to me in terms of food I must stop taking condensed milk, Coke, I don't remember what else but Coke and condensed milk he had literally asked me to stop taking them. Then I came home and I think I spent 3 months taking the medication. Then when I return I had so many pimples even at my workplace they were shocked they said I have measles. Then when I returned back to the doctor the pimples were indeed about small taints. And when I arrived he said "that's my girl" It was from him having observed that my face and he gave the other medication. They were only 5 and same as the first ones I had but I did not know what work they would do. Then what he told me he said next time when you come back, do not come here without being pregnant. That is what he said to me, then I came back home, then it happened, I got this bloody girl* [pointing to the picture of her daughter on the wall].

As noted above, Palesa said that the homeopathic company she used to work at also packaged medicines for an African indigenous healer who was a client of the company. Palesa did not know exactly why the traditional healer was ordering homeopathic medicines, but she had her own idea why:

I never got information why he ordered that but I believe that when you see good in something then you might as well use it. So when the traditional healer was ordering that medication it was from realising that he benefits both from Western and traditional.

6.2.6 How Homeopathic Remedies Taste

Maria: *They taste like some sugar that stays behind in your mouth. And you don't take them with water you just suck at them.*

Palesa also weighed in her experience when she elaborated that:

It works; I see it as medication, even though initially I did not believe in it until I had an ear problem. I drank Otitis [a remedy or medicine for otitis media, ear infection] *in addition to that my right ear was already blocked as I could not even hear. I drank that Otitis and after a day or so when I sneezed, my ear opened - the appetising meds for kids I would taste or take them and realise they in actual fact they do stimulate appetite.*

An informal conversation with Bongani an artist, who I met early in February 2019, was delighted when he heard through the grapevine that I was a homeopath. Asking him what he knew about homeopathy and what he thought of it, he poignantly and philosophically responded as follows:

I think it is a revolutionary medicine, it's a paradigm shift.

He surmised in his own words that

It's not Western medicine.

6.2.7 Concluding Remarks

These narratives of everyday ordinary people suggest that when people seek healing, they prefer healing that is based on spirituality, prophets and African indigenous religion. The common statistic of 80% of African people in South Africa consulting with African indigenous healers (WHO, 2001:33) is more likely to actually refer to consultation with a healer as a prophet, spiritual mother or father from one's own country, and not the ordinary *Sangoma* or African indigenous healer in the context of *Sangomas*.

6.3 FINDINGS FROM INDIGENOUS HEALERS

6.3.1 Indigenous Knowledge Healers and *Ngaka Tshupe* – Understanding of the Self-Narratives

6.3.1.1 *Ngaka Tshupe* – The Uninitiated Healer Diminishing Through the Proliferation of *Sangomas*

The following was shared by three indigenous healers (Ngaka Msimango, Ngaka Hlongwane and Ngaka Tshabalala) on 6 December 2018 during a conversational interview I had with them in Mmotla at Ngaka Msimango's residence and healing and place of work. These healers were rooted in the knowledge system of a hornless doctor or *Ngaka Tshupe.* The study emphasises that this was a necessary exercise to expound on the proposal presented in Chapter 3. As indicated by Ngaka Msimango *Ngaka Tshupe* or a hornless doctor is a disappearing calling that was even scarce or rare to find a healer described as such.

> Ngaka Msimango: *"These kinds of healers "ba skaars"* [i.e. very rare to find] *you know what diminished this? boSangoma. Sangomas initiations are responsible for the demise of boNgaka Tshupe, (goa ba le polelo ereng byanong ge re go ruta ditlhare o sa itse go phekola o fetsa ka goreng, o fetsa o riling i.e*. [there was a concern about what as a hornless doctor are you going to be if they teach you medicines whereas you don't have the knowledge to examine, what would you end up doing and saying?] *and what did they do? they are driving you to expensive things now, to attract money because being a Tshupe comes with less financial gains. In this way this has denigrated this specialty of boTshupe, so that they can initiate you as a thwasa so that by the time you complete your training they can give you a long list comprising of Braai packs andciders for them [sangomas] as they accompany or send you back to your home …*

6.3.1.2 "Tshupe doesn't do *Bungoma* or dance stuff"

It is claimed that a *Sangoma's* initiation and healing discipline entails dancing and drumbeats. In contrast, the healers interviewed were quick to indicate that a hornless doctor is a type of healer who is born with the gift as the excerpt below shows:

Ngaka Msimango: *Tshupe doesn't do Bungoma or dance stuff. For instance, just like myself I started being an apostolic having this gift of boTshupe, I did not do that. The divining bones were gathered for me by the elders and I was taught how to use them, I did not do Bungoma or dances like Sangomas do. BoSangoma is the one that came with this bloody nonsense of destroying boTshopye, when they initiate others they become so greedy …*

6.3.1.3 The Upbeat that Yields Proliferation of Indigenous Healers

The healers also brought up what they regard as nonsensical aspects which they say are a result of the proliferation of people undergoing the healing route without proper guidance with regards to who they are or what they ought to do. For example:

Ngaka Hlongwane: *It's like on your consultation* [with a *sangoma*] *when you arrive as a Tshupe, they advise you to thwasa i.e. go into initiation.*

The reasons for the scarcity and rareness were further indicated, as below:

Ngaka Hlongwane: *Tshupye is a person who dreams, and what he dreams happens as it has been shown to him. He can be able to dream of you coming to him with an ailment and his ancestors send him messages that there is someone who is coming to him it is so and so, then go to the bush and get a peach tree, in the next morning he will do as he was guided. By the time you enter his yard already he knows he has the medicine for you he has all the information even if you tell him what is ailing you. Once he gives you that particular medicine – you'll heal.*

Ngaka Msimango added that a hornless doctor can also have diving bones but that often the bones would be limited to three and not more than that. He asserted that:

Tshopya dreams and is able to see your problems and tell you … additionally he can also have Ditaola/ divining bones. However, he does not have divining bones that are more than three. In the main his Ditaola if they are not two they will be three in quantity, because normally when they are three when he examines with them … These three do you know what it means? The three divining bones each will refer to (Tlhogo, Mmele, Maoto) i.e. Head, Body and Feet, he has one that tells him about issues related to the head, body and feet … And the reason for them to be three plus as my brother [referring to Hlongwane] here has also alluded to the fact that he is someone who dreams

(wa bontshiwa) you can arrive to his place and tell him what is troubling you and he might tell you go back home or come later … the time you return he may go to the bush and dig whatever he may dig and assist you with the problem you have. Usually he does not examine (ga a phekole) but Tshopya is a much better healer because he does not charge lot of money, he is not like a Medical Doctor who will take his stethoscopes, he keeps on asking you questions but at the ultimate end the pills he gives you are of your own narration (ke ka molomo wa gago) it is not through his own accord as a medical doctor. now the Hornless doctor is able to dream i.e. (wa fiwa a robetse), therefore if he is able to see things while asleep, he is someone who examines with three bones not more than that.

Ngaka Tshabalala, who appeared relatively quieter than the other two, also indicated that:

Le tsona ditaola tse three tseo dina le ditaba tse dintsi [Even those three divining bones have many things to tell or discuss].

6.3.2 The Healers Expanded on why the Hornless Doctor or *Ngaka Tshupe* is Diminishing

Regarding the theme that depicts that African indigenous or religious churches reign supreme; the indigenous healers had a somewhat different tone from that of the ordinary everyday people in the study. The difference was emphasised when the healers explained what the healing discipline of being a hornless doctor was diminishing into as a result of being merged into the African indigenous apostolic church.

Ngaka Msimango: *Apostolic prophecy is boTshopya and boApostola has inherited it, has adopted this, and actually Apostolic faith has no standpoint (bo tsamaya bo utswa) i.e. Apostolic faith keeps on stealing. Many times, you'll find an Apostolic person being Ngaka/Healer or an Apostolic being a prophet at the same time or Tshopye. i.e. This Apostolic faith sector has no proper standpoint … That's why you see some of us we have divining bones, we are prophets, you understand. i.e. our apostolic sector is not running solely on its own, but we run this parallel with our African indigenous ways because this Apostolic belief it is in actual fact Western (ke sekgowa). That's why in most times when someone is being initiated (as a thwasa) in African indigenous healing, some*

will say let the person first assume or begin in a Western way so that he does not disturb the ancestors (bakgalabe …) because you cannot start by initiating in an African way and later go for Apostolic things, you ought to do Apostolic way and later the African indigenous way …

Ngaka Hlongwane: *… it is like this Tshopye is an African indigenous healer, and the Church (Apostolic sector) the manner in which you put it means, let's say for example you're a Tshopye and at home there's this church … In other words the Church was just something that was brought so that people can have some form of communion as members of society, similarly with the Boers (MaBuru) so that people can be together, that is why they* [churches] *have English names, they have emerged from outside, they are not derived from here from us. So what did we do? We adopted these churches, including these Tshopyes who joined these churches, Dingaka joined these churches. I'm going to give you an example at home, I have two aunts who were prophets of the St John's Apostolic church but (di ganne ba boela morago)* [everything went awry and they were forced to go back to their ancestors].

Healer Ngaka Hlongwane acknowledged that this was one of the ways in which Western-centric ways are dismembering Africans from who they are:

This is caused by socialisation; the church is all about socialisation of people who were made to amalgamate. And you know when different people come together some are Dingaka or DiTshupe some are doing beads sewing in indigenous ways, you understand it is through variety of cultures … you're forced to go 100% back to an African indigenous way of doing things, they (ancestors) sent her [the aunt] *back while being a prophet.*

At this point, Ngaka Msimango interjects into the conversation:

But in this case you must understand that this was someone who had undermined (se gagabo) [i.e. undermined her African indigenous ways of doing things by privileging the Western ways of knowing and doing things]. *Now (bamo kwatela)* [i.e. the ancestors became aggrieved at her by creating animosity] *so that she must go back to (Setsong) African indigenous ways …*

Here the two healers were sharing what is a living existential reality in their indigenous healing sect. Both participants agreed that even though the term or healer who is regarded as *Ngaka Tshotswa* is being merged into the African apostolic churches or

purely in indigenous healing. Ngaka Hlongwane added that the majority of these African indigenous churches seemingly have English names while Ngaka Msimango associated the African Apostolic approach of churches with “stealing” and that this approach is part of a Western-centric phenomena. Hence, according to him, it was preferred for someone to commence initiation to become a healer in a Western-centric way (which here he alludes to the modality of the Apostolic indigenous church) and later on being initiated in the African indigenous healing modality.

> Ngaka Msimango: *Now you know what diminished this? boSangoma. Sangomas initiations are responsible for the demise of BoNgaka Tshupe, (goa ba le polelo ereng byanong ge re go ruta ditlhare o sa itse go phekola o fetsa ka goreng, o fetsa o riling* [there is a saying that says now when we teach you medicines while you don’t have the knowledge on how to examine, what are you going to end up doing/ saying?] *and what did they do, they are driving you to expensive things now to attract money because being Tshupe comes with less financial gains. In this way, this has denigrated this specialty of boTshupe, so that they initiate you as a thwasa so that by the time you complete their training they give you a long list comprising of Braai packs and ciders for them as they send you back to your home.*

6.3.2.1 Witchcraft is to Blame for Destroying Hornless Doctors

Apart from the three healers agreeing that the sect for hornless healers was diminishing as a result of the proliferation of *Sangomas* and people being forced to undergo initiation. However, the craft of witchcraft in particular was blamed for destroying indigenous knowledge healing.

> Ngaka Msimango: *This specialty [of Sangomas] has also been destroyed by witchcraft. The reason that boTshupe/ hornless healing is not powerful is due to witchcraft, there is extreme witchcraft lately. With us it’s difficult because we as healers we are able to foresee while sitting like this I can tell you that there is (taba e ntseng so)* [there is an issue that is coming in this way mimicking evil purposes].
>
> Tebogo: *Why is there extreme witchcraft?*
>
> Ngaka Msimango: *It is because (ba bosentse)* [they have destroyed witchcraft], *because figuratively speaking, witchcraft is a culture … but it has been*

destroyed, that is why in the past it was a woman who was trapped/protected through witchcraft, we were able to protect a kraal (lesaka), household (motse), cars (dikoloi) using witchcraft. Now this has been destroyed my sister, but how? If at home you have a tree like this [pointing to the suurlemoen/lemon tree], *one stalk of this tree is to protect you in the household against evil things; for example, this stalk of a grapetree is for the Mahlangu's, this stalk of a peach tree is for Tshabalala, the Morula tree stalk is for my household, then we started destroying this when I take this and give it to you while this is not part of your heritage and on the other hand you also give what belongs to you to my brother or someone.*

Witchcraft as a culture has been destroyed as follows and it is alluded to be contributing to miscellaneous evil things that are happening to date. The healers continued to elaborate as follows:

Ngaka Hlongwane: *… that's right … agreeing on the side, and what does the other person do, they bewitch you with that. Then there is destruction, we have destroyed that culture. That is why (batho ba teng ne basa tshwarege)* [such people were not easily caught]. *(Ene ere ga bare batla go nyedisa ka legadima ba go ratha ka nnete)* [when they used to say they will strike you with a lightning, a lightning will indeed strike you]. *But now they no longer use this lightning appropriately they no longer obey rules doing as they wish.*

Not only were sentiments towards witchcraft blamed for the weakening effects of hornless doctors but these healers assign this also to the manner in which South Africans conduct themselves.

Ngaka Msimango: *Then what makes South Africans to be ridden with too much witchcraft is because South Africans no longer walk in their path as South Africans – they do as they please.*

You see the Mozambicans, the Maputo's, there is a nation that bewitches than all these other nations and these Mozambicans take chances, you see the Chinese, there is no one who can cure a person who has been bewitched by the Chinese, they are the only nation that know how to bewitch than all the nations all over the world. Le China le ka tloga Pretoria la tlo runya mo releng mo a tsamaya tlasa lefatshe [the Chinese can leave from Pretoria only to erupt here again while travelling underground, you understand]. *Then rona instead*

of re runyetse go phedisa bana ba borena rona re kampe ra jealosetsane, mosadi wa broer o pila ke tshelela broer chefi, but a ke so bolele le wena gore ke tshwanetse ke nne le wena, o tle o bone the stupid sense, mara ke batla go bolaya monna wa gago gore ke sale le wena, so I kill broer and go salang? Madimabe. [Then with us instead of creating this to protect or make a living for our people, we would rather be jealous for one another, for example my brother's wife is beautiful, I want to poison him even though I have not spoken to you that I'm supposed to be with you, you must wise up for the stupid mentality; I want to kill your husband so that I can be with you, so I kill my brother and what is left out what? Bad-luck. Then what that bad-luck does, when you come to me for healing that energy also wears itself on me, because you have taken a human beings spirit out of its flesh, a person's spirit is dangerous, that bad-luck tomorrow it goes to this one, tomorrow to broer, tomorrow it comes to you, you understand, and what happens to the world?]…*Let's take an example with AIDS, where did it start? Where is it today? The whole world is affected by AIDS*. *Re a tisa polelo e la ya lengwalo le lereng ke tlile go le otla ka thupa e akaretsang lefatshe le lotlhe, ka gobane dibe tsa lona di santse di bonagetse fa pele ga matlho a ka, that's why boloi e le bo bontsi and bo oketsa ke eng? Di Western religions, motho ka mo gae ga ana maotwana or seshebo mara o kgona go tseya R1000 ya bofelo a efe Bushiri, gore net fela a mo fe oil e tlo dirang metlholo ka mo, e dirang gore le lelwe ka mo gae le seke la utlwana, le thome lo myaka dingaka ka mogae, ntse lere lena le otho o le emelelang mara lo nyaka dingaka.* [That's why there is so much witchcraft and what escalated it? It is Western religions, a person in their household they don't have even chicken feet but they will take the last remaining R1000 and give it to Bushiri.]

6.10.2 Just Merely Taking an Oil Without its Knowledge - Some South African Healers ask What it is Made of

Ngaka Hlongwane: *… worst part you don't even know how this oil is derived from, what are its consequences, it's not even your culture, it's from outside this border of South Africa.*

Ngaka Msimango: (both talking simultaneously as if rubbing salt on the whole matter) *… you don't know whether it's been made with a shadow or a nose or a human's bum … you don't know, you just take and bring to your home. Or whether it's been done with a human's nails, you don't know.*

6.3.2.2 People who use Holy Oil and Dismemberment

The use of the holy anointing oil was cited mostly by the Ghanaian migrants. The 32 year old Emmanuel said most Ghanaians use the holy oil for many things such as protection.

> *Everyone has their oil, it is a … I don't know … 90% of Ghanaians are Christians so they believe in the anointing oil of God. So when it comes to anointing oil most Ghanaians' use it. It is a big oil and I don't use it like cooking oil, I just use it and cross my face with it, it is a favour from God, so that's how I use it depends on how someone uses it. Sometimes you don't even know, someone can just come to the salon and they don't even know you and they'll say "it is my first time here but I want this one to do my hair" we call that a favour.*

Emmanuel also added that he used to date a South African woman before marrying a Ghanaian woman who he shares twins with. He points out that his spiritual mother or prophet advised him to leave the South African woman because she was not a woman who was prayerful, hence she was thought to be spiritually married – *Indaba*. Emmanuel said:

> *I remember 2012 she called me and said my son there is a woman that you are going about and that woman is spiritually married … she said this woman in your life has a spiritual man and a spiritual marriage, the man that is marrying to the spiritual is attacking you in your finances so you better stop with that woman. You see as a normal person I don't see it to be a problem but as a spiritual mother she saw it from far [in Ghana] and when I pulled myself away from that I found that things are changing … I've dated South African girl once that my mom told me about, since then I don't feel like dating South African women … even herself did not know what was going on with her but my mom asked me two things or three things that I can ask her, she would tell me the facts. When I asked her, she said yes this is it and I had to pull out.*
>
> Tebogo: *What was that if you don't mind sharing that with me?*
>
> Emmanuel: *Dreaming her having sex with a man, dreaming carrying babies in her dreams, dreaming she is married. So my mom told me that I must ask her.*
>
> Tebogo: *And she confirmed?*

> Emmanuel: *She confirmed that it is true, I had to leave her because if my mom is here maybe she can help her to come out of that situation, in any case my mom is not here, and she is not a prayerful person and this will not help my life to grow.*

For some indigenous healer participants the usage of the holy oil is regarded as being expensive, raising a concern with regards to what is actually in the oil. The healers said:

> Ngaka Hlongwane: *Worst part, you don't even know what this oil is derived from, what are its consequences, it's not even your culture, it's from outside this border of South Africa.*

> Ngaka Msimango: *You don't know whether it's been made with a shadow or a nose or a human's bum … you don't know, you just take and bring to your home. Or whether it's been done with a human's nail, you don't know.*

> Tebogo: *So this brings all manner of dysfunctions?*

6.3.2.3 Capitalism has Taught us *Mozolo*/Hustling and Dismembered us from our Ancestors

The Western-centric ways of making money was alluded to by participants as having contributed to indigenous healers including hornless doctors capitalising from their work. The healers narrated the means of making money to date with that of capitalism emphasising that in ancient times indigenous healers refrained from charging a lot of money.

> Ngaka Hlongwane: *… he collects it [medicine] and gives you (pheko) i.e. medicine and they were not charging a lot of money, what you had to do (o ne o leboga) i.e. you would only offer thanksgiving or honour.*

In tandem with what Ngaka Hlongwane confirms in terms of hornless healers not charging a lot of money, Ngaka Msimango also expanded on this, citing reasons that bear semblance with the homeopathic principle of like cures like. This impression is indicated by the participant in the context of ancestors, biblical text and ancient elders, alluding God as belonging to White people while Black people have ancestors. The excerpt below from Msimango narrates this:

> *They did not have a price or fee, (o ne o leboga, ke gore ba filwe fela *ke badimo*)* [It's because they have been freely given the gift by the ancestors] *hence we come across the saying that says in the scripture of Matthew … give freely of yourself for you too have been freely given or offered. That scripture, because when the Bible was written it was for Black people and Boers for peace, that is why our great great grandfathers never believed in the church, hence they used to say (Modimo ke wa makgowa, Modimo a se wa rena, Rona re na le badimo)* [God belongs to White people, God is not for us *Black people*, We *Black people* we have ancestors/gods.] *Re rapela badimo are rapele Modimo,* [We pray to our ancestors and not to God]*, when they go to the wilderness to pray, they never used to pray in the same manner in which we pray today, saying "In the name of the Father, the Son and the Holy ghost". No! What used to happen at the wilderness we would address ancestors and say (Badimo ba rena, ra ba reta mongwe le mongwe … Msimango kae kae …)* [Our ancestors/ gods, we were reciting them giving salutations … The Msimangos this and that …] *Therefore, if they had helped you, you were just offering a thanksgiving deeply from your heart, whether it's a blanket ...*

Msimango assertively emphasises that:

> *You are not thanking me; you thank them (ancestors). That is why even with us now, when we charge you money in the form of notes we demand that a coin must be included as well, because the ancestors from ancient times they used to use the old 50 cent coin.*

6.3.2.4 "That is why we say it will not return because we are used to eating/living large my child"

While having added that the hornless doctors or *boNgaka Tshupe* sect will not return, healers also weighed in on how the current times of living also subject them as healers to charge amounts of money so as to be able to purchase basic utilities in their households. Ngaka Msimango asserted that:

> *Now with us we demand R150 from the onset of consultation, there is no bread for the children; electricity needs to be added on. That R150 consultation will aid stuff that is needed in the house. The consultation* [money] *is not for the ancestors, that money serves to aid in the household what is needed. Then once you allude to be ready to be treated for what has brought you, that's where*

> *we kick in more charges, from R5000 … It won't be restored it is too late, why do I say it's late? We are used to money my child … chelete, we are used spending and re bolaya ke tlala* [we are starving], *currently I want to drink stout, there is none, you understand. In the law of boTshupe when you came as you need knowledge, you were expected to bring a calabash or 2 chibukus/ traditional beer, 3 beers if we do drink that, straight if we drink that too, because you came to draw knowledge from diTshupe, we are Tshupes as we are all three of us, is just that this other one is disrespectful.*

And Ngaka Hlongwane added that:

> *The White people have taught us (mozolo) [i.e. capitalism]*

There was another instrumental aspect brought forth by Ngaka Hlongwane that he alluded to as contributing to diminishing and dismembering the sect of hornless doctors, related to ancient African indigenous ways of burying. This he expounded on as follows:

> Ngaka Hlongwane: *It is the civilisation that is upon us, it uses chelete i.e. money/ capitalism. On a serious note Tshupes are ancient healers who emerge from the Sotho cultural sect, money not being the it thing, when ploughing or farming you would just give thanks with a goat, chicken, cow or a bag of maize. Just like now there are many burial societies, in the past it was not like that. If there was a funeral, one would bring samp, another … maize meal, and the deceased would be buried before sunrise. And not everyone would attend the burial, only men would go.*

These healers cited many aspects regarding how Western civilisation has dismembered African people from how they used to buy and pay for a consultation or even how to give a thanks offering to a healer.

> Ngaka Msimango: *Children were forbidden to go to funerals, currently toddlers, pregnant women go to funerals. In the past this would not happen.*
>
> Ngaka Hlongwane quivered adding further that: *You know how these things are like now? Currently there is a fashionable sense that one must buy new clothes when someone has died and go and bury their ex-boyfriend and there are consequences to that like the AIDS issues … what or Makgome and what not while you are still young. And the person would be thinking their life is being*

destroyed thinking they are being bewitched only to find that many dysfunctions were caused by abandoning cultural laws.

There were various aspects that were raised and observed by these healers. It is these phases that the healers cite as having dismembered African people and the African healing sect from what they used to be. The Euro-modern way of living is cited as compelling the healing sect and activities such as funerals or other life challenges to be on par with the competitive Western type of world that is observed today. Despite the cited Euro-modern ways and times, however, these healers were not hesitant to point out what is wrong and what is right.

6.3.3 Sacred Indigenous Healers Names – How these Names Articulate and Promote Healing

The narratives of the participants who represented indigenous knowledge medicine and healing espoused what they consider to be their ancestral names with credence and a sense of meaning that gives an understanding to the relevance of these names. The naming which some participants attribute to have been offered to them by their *Gobela* or ancestors, also describes the qualities of the personhood they have developed already and are further developing. The excerpts below account for these names or naming influences and how as indigenous healers they understand themselves. For example, 42-year-old indigenous healer Ngaka Sereto from Ga-Rankuwa took the liberty of describing his healing stature from its onset. He articulated the names that emerge from his paternal and maternal ancestors as follows:

…The problem with names is that these names arise from one's ancestors, the name does not necessarily imply that your healing nature is somewhat different. It is just a name that comes from your ancestors acknowledging you that in our traditional healing you are the foundation i.e. Motheo, but not in all traditional healers or entire traditional healing sects. I have two names its just that I use the name Motheo which comes from my father's side, so it means that's where our traditional healing is embedded.

Tebogo: *Not to say you're Motheo and perhaps when patients come to you to consult you give them the foundation of what kind of people they are?*

Ngaka Sereto: *Motheo, yes it means the foundation, you see so that's why I explain it that it is where our traditional healing is embedded. It is the foundation*

from the healing nature of my ancestors but it does not describe my perspective or traditional healing nature but only where this comes from. It just describes my stature and level from my ancestors' side, it does not describe that I'm a prophet or this one throws bones. This name is from my father's ancestors, meaning that I am the foundation of their traditional healing. The second one is the name that emerges from my mother's ancestors, because I received my traditional healing from both sides, you see, so that name is Ikemeleng [(stand up for yourselves/ be grounded)]. *So in other words it means when it comes to healing you do not have to think that each and everything will work out for itself, you should also stand up for yourselves as well, i.e. when traditional healers help you, like in Setswana- Mokodue go tsosiwa o itsosang the healer will only help you up to a certain point but you ought to also stand up for yourself, fight the war …*

Tebogo: *… So how do you understand yourself, you understand yourself from which side because I thought Motheo means you give people foundation, so I was wrong with my interpretation …*

Ngaka Sereto: *It is the foundation from the healing nature of my ancestors but it does not describe my perspective or traditional healing nature but only where this comes from. It just describes my stature and level from my ancestors' side, it does not describe that I'm a prophet or this one throws bones … You see, when it comes to traditional healing this comes in different types, in me there is Bongaka Tshupe* [(Hornless healer)] *and there is a gift of prophecy that comes from my mother's side and there is African traditional healing gift from my father's side, so all these are combined in me. That is why the ancestors said I am the foundation of traditional healing. That means I work with water and traditional medicines [muti] because where I got initiated as a healer my Gobela told me that when the ancestors gave her* [*Gobela*] *my name, the ancestors came having gathered together hence the name of badimo kgobokgobo* [Gathering of ancestors].

6.3.3.1 The Naming from Ancestral Spaces: Healers Marred by Sorrow, those who Attack, *Badimokgobokgobo* – Gathering of Ancestors

On the other hand, there are individualistic differences in how these names are described. This distinction is learned in how spiritual healer Mme Morobane, a 62 years old from Soshanguve states that the name offered sought to describe her

anamnesis (the remembrance or recollection of her past) this may also be described as a patient's account of their medical history or recollection, especially of a supposed previous existence. Participants also mentioned that through being initiated as indigenous healers or spiritual healers, the descriptive names that would serve to define their existential ontology or being would be indicated to them either by their *Gobela* or the name would emerge from their paternal or maternal ancestors (*badimo*) / angels (*mangeloi*). This distinction is demonstrated below between Ngaka Sereto and spiritual healer Mme Morobane in this way:

> Ngaka Sereto: *She (Gobela) told me not long after I had entered the place* [diagelo – a sacred place where initiation for healers and consultations take place]. *She told me that the manner in which this name was described to her meant that for as long as I was in the diagelong it meant people will never get exhausted from praying, they (the people) will always be on time for prayer at all times.*

While it is clear that Ngaka Sereto's name was shown to him by his *Gobela* as *badimokgokgobo,* he explains that it means the gathering of ancestral spirits who were more in full swing in the power of prayer while they also encompassed other spirits of prophecy, indigenous healing and *bongaka tshotswa.* He says that the *Gobela* attested that it was because of those spirits that walk with him that those at the initiation residence like him would be empowered and not get weary during their praying intervals. On the contrary, spiritual healer Mme Morobane narrated her story as follows:

> *I must tell you about a [spiritually] gifted person (motho wa neo). That when you're gifted you become or you are called all sorts of things. I will tell you that I myself have even appeared in the Daily Sun newspaper – in 2006 when my shack burned, my family and I were left only with the clothes we were wearing. All our belongings were consumed by the fire. I could not even shed a tear or cry uncontrollably. I began shedding tears from October of that year – that's when everything that had happened was sinking in. In my entire life my own father I have never seen him with my own eyes, my own mother has also not seen her father with her own eyes. You know what I'm talking about? I only found or heard about my father's family when I was 47…. and my own mother is a strong Seer of an apostolic church. My child I perceive myself to be motho wa matlhomola* [a person marred by sadness] *this was also declared by my*

> *spiritual father. What it means is that I was born for this; I am here to help Gods children in their myriad sorrows, to help make sense of that and release them from that.*

For 72 year old self-ingrained healer Mme Onicca from Mabopane, the name is within her, she describes that this *modimo* emerges or awakens whenever something is not right. In her own words she said that:

> *It is as if this god Matlhasela* [one who attacks] *when I look at myself I appear as if I am someone who is very quiet but when this god sees something that is not well or okay, she attacks. So this name Matlhasela was given to me by my Gobela it was in 1981 or 1982.*

Mme Onicca is no longer working as a healer as many indigenous healers do; she has been allocated to start her own branch at her yard as an extension of the apostolic church she attends. During our informal conversations she added that the elder and leader of the church she attends had a discerning eye, identifying her very early on that she would be bestowed with the honour of leading and initiating a church from her neighbourhood. She attributes this impression to *modimo wa Matlhasela.*

When I asked Ngaka Sereto if the gathering of different ancestors also implied that he should always be a prayerful person and not just focus on traditional healing only, but should he be prayerful too? Ngaka Sereto responded as follows:

> *Yes, where she (Gobela) was referring to the Gathering of the Ancestors, this is not implying purely the gathering of my ancestors but other external ancestors that admire me for who I am, they are not related to me but have that kind of love for me, that's what is meant by badimo kgobo kgobo – Gathering of ancestors. We have borapelli* [for praying] *where I work with water i.e. it's the combination of the church and (Sesotho) i.e. traditional or indigenous, remember, Bongaka Tshopya i.e. Herbalist healer is just that healer who gets to be given or know medicines without being taught by a Gobela, in this case it is your ancestors who teach you some of these medicines, for example, through dreams showing what it is, at times they don't tell you the name of the medicine but they just show you what to heal with the medicine, you see.*
>
> Ngaka Sereto: *No the thing is when a traditional doctor or healer reveals himself they will talk about their work that they are a traditional healer, he will*

not mention his ancestral name, so that is how it is, you will find that the other one is Matlhasela (one who attacks) but when he stands there, he describes what Matlhasela does he does not explain his name because when he explains that it would appear as if he is that traditional doctor who only embarks to attack. Matlhasela depends on how you interpret it but my understanding is that the people who consult this type of healer, Matlhasela, all the problems they may have Matlhasela will embark on attacking those problems.

Tebogo: *He will attack them?*

Ngaka Sereto: *Yes that means illnesses, problems that they bring to him, then with his sparring tactic will attack such issues, then there is also a healer who is Mafela Ntabeni (one who died in the mountains) and then you'll ask yourself a question how this has a connection with helping people. But you will understand that the god (or modimo) who is in that traditional healer its people or a god who died in the mountains, this god chose the healer that I will walk with you, so it is the god that is in the healer but the work that he works is different. His integral powerful energies are embedded from the mountains. When such a healer has to talk to his ancestors mouth-to-mouth he climbs the mountain. Mafela Ntabeni is the god that is in him, he died in the bush but it does not mean for each and every thing he must climb the mountain. On his own, when he wants to regain power and strength he must go and talk to god of the mountains because he is protected with that god, but in helping people, it is that god that must tell him do this or do that.*

This may also explain and substantiate the lives that were lost in the inconsolable seas, mountains, velds as being inconsolable souls and spirits that reside or choose who they want to reside in.

6.3.4 African Indigenous Ways are not Taken Seriously

Furthermore, on asking about the evaluation and significance of the noblest thing that can help these names and those who carry them best to be articulated and promoted in South Africa, Ngaka Sereto said:

For now there are traditional organisations and then, from these organisations some of them you find that they are able to take their medicines to the (marketing) shelves, but with me Eish! When it comes to things that are of tradition I believe they want to turn things that are not primarily of Western

> *nature into Western character because when we enter traditional or indigenous field we're talking about ancestors, and one's communication with his ancestors is only known to him and his ancestors. To know whether a person is good at what they are doing, their work should speak for itself. So currently these organisations I think they extensively turn our tradition into Western nature whereby the field of traditional healing becomes too artificial, you see.*

Ngaka Hlongwane did not mince his words as well when he said:

> *… let me tell you, this question divides the parliamentarians' thinking faculties until they are deficient with answers. It is difficult, that is where it shows that our African indigenous ways of knowing are not taken seriously or considered. It was supposed to run parallel; when that one judges in Western way there should be another one who judges in an African indigenous way, you understand. So, these judgements only focus on the Western ways only, African indigenous knowledge is absent, this is a problem. This would be beneficial to use both lenses when judging people of African descent.*

These reverberations and sentiments were also shared by the national coordinator of the Traditional Healers Organisation (THO) Gogo Phepsile Maseko. I asked Gogo Maseko about the role and unavailability of the Interim Traditional Healers Organisation, a statutory body that has been assigned the responsibility to regulate and register indigenous healing. In a personal communication (29 October 2018), Gogo Phepsile Maseko confirmed this point regarding unavailability:

> *We have disbanded the Interim Traditional Healers council as they do not look into the core nature of healers, the THO will do everything.*

> In what sounds and appears as one of the core nature of healers, is expanded on by Ngaka Sereto when he describes that when ancestors bestow someone with the gift of healing, he believes that the ancestors would also want the type of healing offered to be taken seriously and to be privileged.

> Ngaka Sereto: *No, I believe from the point when the ancestors choose you they want to see their healing /Bongaka being at the top, I believe when they take you and place you in that position those ancestors definitely want to observe their healing also being given privilege if indeed you as the chosen one also possess such powers.*

6.13 Heralding or Presaging Climate Change Causalities

Participating African indigenous healers in the specificities of hornless doctors, Ngaka Msimango and Ngaka Hlongwane, shared deep knowledge of how the ritualistic or careless ways of slaughtering animals has cascaded in such a way as to contribute to abnormal weather conditions. The following was shared by Ngaka Msimango in a very cautionary mode:

> Ngaka Msimango: Extreme heat (phiso). *A simple thing that they* [people] *must know is that they ought to differentiate between animals with regards to if you kill a certain animal, how do you kill it; there are certain animals that are not supposed to face the sun when being killed or slaughtered. Even after being slaughtered these are not supposed to face the sun.*

6.3.5 Can a True Healer Emerge? Let's See Them: Intervention(s) Despised by Participants i.e. What Kind of Healing are Healers working with, How they deal with People?

For example, Palesa explained that for her it is more like the prophet receives a signal on how and what would help her. She acknowledged this aspect in the following manner:

> *I felt like when I go to a traditional healer … it's more like now I want to do things in God's way (ka tsela ya Modimo) so when I'm told by a prophet where I must go then I will go, because … it's through that he gets what I may call, let me just say a signal, knowing where exactly will I find the best help that will assist me. Unlike me just going up and down to a GP or traditional healer. Maybe it might be a wrong move at the GP so the prophet will be the one who tells me whether I will need an injection.*

Dipuo criticised those indigenous healers who have a tendency of offering indigenous medicines without proper measurements. Her preference for prophets and not indigenous healers based on the fact that "water is water".

> Dipuo: *It's like when you're sick and one may think she is bewitched only to find that it is not witchcraft it is an illness that seeks medical pills, you understand before one thinks its witchcraft try pills, doctors. Because, many people die because having concentrated on what they think is witchcraft and when you get there, there are some things that don't even have proper measurement and*

> *you just drink for the sake of drinking. They give you full enamel beaker saying it will cure you, problem is it can cure you but it does not have measurement as the pills or bottle by the doctor. They will never say drink a teaspoon, it's a beaker. When it gets there it makes you worse.*

Dipuo added further by indicating why she prefers the usage of prayer and water that has been prayed for at the African indigenous church. Her excerpt shows this distinction and preference between the indigenous churches and the indigenous healer:

> *I won't fault church people because most of the time they use water, so water is water that has been prayed for [Holy water]), with belief you can heal, this water does not contain anything that will dig you internally. So, I'm talking mostly about traditional medicines.*

6.4 FINDINGS FROM HOMEOPATHS

6.4.1 The Lack of Hegemony for Homeopathy is Internal Rather Than External

There exists ample literature on complementary and alternative medicine or homeopathy. However, the content of knowledge that is ingrained in those who possess its canon depicts turmoil internally so one can question the lack of hegemony of this knowledge in the external environment *inter alia* in an African community or township. Within the internal world of African homeopaths there is some loss of nerve when it comes to articulating the meaningfulness of this specialty. One is met with stammering and agitation of trying to express what is the explicit nature of this modality or method of healing.

There exists no literature on *Ngaka Tshupe,* with whom this thesis, as per Chapter 3 asserts share some commonalities with homeopaths. The three indigenous healers I interacted with narrated this healing entity in a similar way that a homeopath would describe their rare nature of being difficult to locate in their entirety. Their knowledge on *Ngaka Tshupe* was extensively shared above.

6.4.2 A Dismembered Discipline – Confusing to Explain to the General Public

Participants who are homeopaths of African descent all interpreted their experiences of trying to explain this discipline to their patients or clients as being not being an easy task, particularly if their patients were from a poor educational background.

Dr B, who, despite having been practicing privately as a homeopath for more than four decades, expressed difficulty at explaining homeopathy to laypeople:

> *But if you want to confuse somebody try to explain homeopathy to a layperson, they run away. I stopped doing that many years ago; I simply said no ways I'm not going to explain anymore, because people don't understand.*

Dr M's response to the complex nature of explaining what is homeopathy to his patients is expressed in the following:

> *But in Soweto most of the people are demographically poor and are from the lower class basically. I would say that maybe half of them or some of them or most of them are illiterate. Almost all of them actually it is the first time they hear the word homeopathy.*
>
> Dr B: *My basic training remember is homeopathy, that's my basic training. However, in the course of my practice as a homeopath I have seen supplements playing an important part, I've something like cough mixtures playing an important part if I have to treat a patient who is suffering from bronchitis I will give him a cough mixture. I'll give him Bryonia if it's indicated, a supplement Vitamin C if it's indicated, more often it would be indicated because it boosts the immune system. So I'm not only looking blindly at saying I'm selecting one homeopathic remedy and it will work, that's why I regard myself as someone who is a healer and looking at the whole aspect of integrated medicine.*

6.4.3 Complexities of Articulation and Promotion

The complex task of articulating and promoting what homeopathy and what one does was expressed in a variety of ways that denote a dismembered discipline. The following statement reveals a dichotomy of a complex nature which accounts for the difficulties in articulating and promoting what this method or modality of healing

explicitly entails and the paralysis that sets in when explaining homeopathy to a patient:

> Dr M: *It is basically natural medicine, we don't go into deep details, you see like the Laws of Homeopathy and all that. It's as simple and explaining it like that, its natural medicine and mostly Black people when you speak of natural medicine, they'll think of herbs and they start calling you "u doctor wa ma herbs" i.e. "herbalist". And when they refer friends and family, they'll call you "doctor wa ma herbs" i.e. herbalist".*

This illustrates the appreciation for the use of herbs as being therapeutic and medicinal and the encouragement to refer friends and families to the same doctor, based on the doctor being some kind of a herbalist. So, patients consult this doctor without fully knowing her as a homeopath because the almost similar Western medical education the homeopath has received is what is flashed out, and the fact that they hand out herbs or natural medicine. This begs the question of whether the benchmark of describing who the homeopath or healer is is the actual person or what they are qualified in educationally. This is also a question in the case of the traditional or African indigenous healers I interacted with earlier, that it is not the term 'African traditional healers' that defines the role or mode of healing but it is how these individuals – as homeopaths or traditional healers – perceive themselves that actually defines their role.

The following statement from a homeopath's perspective on what the Allied Professions Council of South Africa ponders, substantiates and shows exactly that for example; similar to what is notably termed 'African traditional healers' is one phrase but there are different roles such as *sangomas,* faith healers and herbalists. WM, however, has explicitly articulated roles such as, for example, general practitioners, gynaecologists, urologists, endocrinologists, cardiologists etc. This illustrates that being simply grouped under one umbrella with no clear defining roles has the effect of limiting that which should be properly articulated and promoted for what it is. In this regard, homeopathy is in a transitional state, with no clear name identity, as communicated by Dr M.

> *So now if you are going to do complementary medicine course that is let's say naturopathy … then when you get to 4th year level that's when you branch, you*

> *do herbal medicines or phytotherapy or you do homeopathy or you do chiropractic, osteopathy … but it's not yet implemented. So if we can have one word and all come together, for example, we are called complementary health … There are lots of suggestions … instead of saying you're a homeopath.*

In the following statement Dr B depicts the internal turmoil and dichotomy that I observe to exist within (African) homeopaths, supporting the notion that the complexities of articulating and promoting homeopathy are more internal than they are external regarding what this study perceives of homeopathy being more of a traditional or an indigenous way of healing, hence being holistic. The response from Dr B arose from a question asked by the researcher:

> Tebogo: *You look at the dream cycle, you look at the emotions, spirituality of the patient the mental aspects, all those things that a Western doctor doesn't look into and a homeopath does that.*
>
> Dr B: *Western medicine looks at it very superficially, whereas you as a homeopath you look at it more in-depth, you study your materia medica more in-depth, i.e. you study the medicines that you use more in-depth. You're a Western doctor because this is Western medicine. Homeopathy came from Western medicine it's not even Eastern medicine, it came from Germany, and Germany is Western medicine. The person who originated homeopathy was a Western trained doctor.*

6.4.4 Struggling to Translate the Term into an African Term/Context

This category at face-value may suggest there is disarray in the entire practice of this modality or method of healing, yet inherently there is none. However, when examining how this modality lacks hegemony in African communities and dexterity in articulating and promoting itself, it is evident that there are inconsistencies at play. Mbembe (2017:78) argues that "separation from oneself" yield tendencies that distance oneself from one's inherent self or core discipline.

Attempting to express and name the healing modality of homeopathy yields mental struggles to communicate what it is at its core. A question regarding the articulation of homeopathy to patients produced answers such as: *"to confuse people, people don't understand", "most of the people I see are illiterate some can't even write".* These statements were obtained from homeopaths who have been in practice between 7 and

43 years. The perception that this healing modality is complex to describe is evident and could be a reason for its lack of hegemony, because it is difficult to articulate, making its promotion in African communities very difficult. Homeopaths classify themselves as playing the role of being a medium, a healer and a natural medicine doctor, yet conversely they believe that it is a nuisance to explain this healing modality in their African communities. Below I go into the detail regarding the actual meaning of this nuisance.

The struggle to articulate breeds non-conformance to promoting what one does and underlying this is a realm of sufferance and tolerance for a healing modality at stake of thriving. It is a conflicting reality when what is prescribed is actually natural medicine that is derived from "Western medicine" and yet homeopaths are referred to as "doctors in natural medicine*"*. My reports illustrate that the patients who are seen by these homeopaths are not consciously unfamiliar with this healing modality, because supportive statements are found in those patients who refer to the doctor as *"that doctor that gives herbs",* indicating that it is in the patients perception that the doctor who is a homeopath in this space is perceived as a general practitioner GP who also prescribes herbs. The perception of the homeopath being viewed as a GP in the patients' eyes is what makes the homeopaths instinctively allude to their modality as being similar to that of a Western doctor. The difference is that in prescribing medicines these are natural medicine options. Another pointer to the Western medical orientation is the interaction with the patient through physical examination. It would appear that grappling and struggling with the logic of accepting the use of natural medicines but objecting to this logic when they are described by patients as "*that the different doctor who uses herbs".* This struggle and form of denialism and vascillation between using herbs and preferring the term natural medicines sniffs of lack of identification of socio-cultural norms that are relatable to people's social classes. It is common knowledge that in *eKasi* or Black townships like Soweto or Soshanguve people relate to terms such as 'herbs' rather than 'natural medicine'. The conundrums in articulating the homeopathic modality depicts a profession or modality that is not congruent with the realities of the African community it resides in. If patients are enticed with the memory and thought of their doctor who gives out what they call herbs, the struggle by homeopaths to accept that label speaks to a nuance that shows that despite the people being content with this, the doctor who is a homeopath who is equipped with

knowledge and education, is distressed with this. Perhaps this nuance is one of the reasons for the lack of hegemony by those who practice this modality of healing and their lack of understanding of the repressed and expressed remarks of people and their yearning for what needs healing in people. The expressed remarks are of those who have been treated through this modality and are content with "*being given herbs by their doctor"*, whereas the repressed remarks reflect those voices that have not been given a platform to respond: This is corroborated by several statements below:

> Dr M: *… they do tell friends that hey ... that doctor that is different gives us herbs, he is very good, you see they say such things. When you get patients sometimes they will tell you, "You helped 'so and so' (referring to someone) that's how I know you, that's why I came.*

> Dr B: *Now you look at the whole thing now of medicine, medicine started a long time ago and doctors were using herbs, now doctors will tell you that herbs don't work.*

Many times, it would appear as if homeopaths are confused with defining their role and what it involves. This is what heralds the vicissitudes found in articulating and promoting such healing modalities.

> Dr M: *… mostly Black people when you speak of natural medicine, they'll think of herbs and they start calling you "u doctor wa ma herbs" i.e. "herbalist" you know. And when they refer friends and family, they'll call you "doctor wa ma herbs" i.e. herbalist.*

When asked why there is a lack of hegemony of the homeopathy modality in Soweto or Black townships, responses were as direct as is communicated in the following statement and they depict the narrow angle and incapacity to reflect in terms of the antiquity of the past, and how much of the past is reflected in our everyday life to help avoid the complexities of articulating and promoting that which is being practised.

> Dr B: *Because that's a way to confuse people, like for instance this woman who just springs up and says you used to sell herbs at your surgery.*

The homeopath was sharing his dissatisfaction at being referred to merely as someone who sells herbs.

> Dr M: *I'm different from a GP when I use natural medicine, otherwise the training of becoming a doctor is similar but the medicine side is what separates us … they use synthetic medicines. So, I understand that when I explain that our medicines are natural and therefore have no side-effects.*

And for Dr Zi, comparing homeopathy to traditional medicine is anathema; she expressed her views as follows:

> *Personally and professionally I believe homeopathy doesn't resemble any African indigenous medicine. It is a unique modern form of medicine which exist based on the principles "let like be treated by like" which is the Law of Similar. On the other hand other Allopathic practitioners and patients find it difficult to believe and understand our philosophical principles of dilutions of our remedies (they will constantly ask when they come for follow ups or appointments, how can something this highly diluted and tiny bring such great relief of their symptoms) and yet compare us with African traditional healers. They believe homeopathic medicines will heal them but don't understand how … I wouldn't associate homeopathy with traditional medicine it is completely two different therapies, homeopaths do not go into a spiritual prophesying journey with the patient and our treatments are not prepared the same. A professional homeopathic case is taken by a qualified homeopath and the best remedy is selected based on the complaints of the patient.*

Dr B responded as follows:

> *I think many patients would know that if they've got things like misfortune, they consult a traditional healer, and many of them would do that. Well the Bazalwanes (charismatic churches) would consult with their Pastors, they wouldn't like to see a traditional healer but I'm sure in case of that nature of complaint they have these options.*

6.4.5 Using Classical Homeopathy when the Situation Dictates

> *Dr Z: Personally in most of my cases I practice clinical homeopathy, classic homeopathy I use it when the situation dictates.*

After clarity on what would be the situation that dictates application of classical homeopathy, Dr Z responded that*:*

Classical homeopathy is when you prescribe a single remedy based on the patient's constitution when the patient is treated holistically, meaning that the remedy matches the patient's symptoms completely on the mental, emotional, physical plane.

6.4.6 A Homeopath in Indigenous Language – Injustices of Interpretation and their Dismemberment

Participating homeopaths all agreed that they do not see any relation between homeopathy and African indigenous healing or medicine. Although there is dissonance in Dr M saying he sees himself as a homeopath and broadly alluding to a homeopath in his indigenous language isiXhosa as *"Igqirha"* i.e. an indigenous healer or doctor. However, Dr M, regardless of semantics, alluded to homeopath in an African conception as "a doctor in natural medicine and not a traditional healer" as stated below.

Dr. M: *I see myself as a homeopathic doctor, my patients are patients I see them as sick people I don't know if I'm answering you correctly.*

Tebogo: *No. You can broaden it more like you're a homeopath … because I like challenging other homeopaths and say "how do you call homeopathy in isiXhosa"? [The doctor is ethnically Xhosa], how do you call it in isiXhosa?*

Dr M: *(laughing laughing) Yoh! Its udoctor ye sintu, Igqirha ye sintu!*

Tebogo: *And if you translate that into English?*

Dr M: *A doctor in natural medicine, not traditional doctor. Basically, that is how I'm different from a GP when I use natural medicine, otherwise the training of becoming a doctor is similar but the medicine side is what separates us basically, that now we use natural medicines and they use synthetic medicines.*

Dr B: *In Setswana the way a homeopath works is like saying "pain is rooted out with another pain" because the medicine you apply has done a similar harm. The medicine you are giving for headache has caused a headache, the medicine you are giving for cardiac pain has caused a cardiac pain when it was experimented on and this thing doesn't come from Hahnemann only* (coughing …). *Hippocrates himself, the Father of Medicine, he mentioned two laws of cure, he said you can cure disease by using the Law of contrariis (opposites) like for instance giving an antibiotic for an infection, giving an antihypertensive*

> *medicine for hypertension, giving an anti-inflammatory drug for inflammation of the joints. Now he also said you can give a medicine based on the Law of Like cure like but unfortunately the people who followed like Galen and Paracelsus, they were more on the Law of contrariis and they expatiated on it, it's only after about a thousand years when Hahnemann came along and he identified the Law of Similars of "like cures like" but he was not the first person to do it. So Hahnemann "yes" takes the credit but when they start criticising the Law of Similars, they must start with Hippocrates because he was the first person to mention it, and most doctors don't even know that Hippocrates was the first person to mention the Law of Similars.*

Another drawback within this healing modality is the lack of unity amongst African homeopaths, which fuels and propels the modality to appear to be stagnant and thereby resulting in the failure of its promotion, according to Dr M.

On 9th April 2019 Dr Zi did not mince her words as she was adamant that the notion that homeopathy is related to African traditional medicine did not resonate with her. She elaborated on this as follows:

> *Personally, and professionally I believe homeopathy doesn't resemble any African indigenous medicine. It is a unique modern form of medicine which exist based on the principles "let like be treated by like" which is the Law of Similars. On the other hand other allopathic practitioners and patients find it difficult to believe and understand our philosophical principles of dilutions of our remedies, they will constantly ask when they come for follow ups or appointments, "how can something this highly diluted and tiny bring such great relief of their symptoms?" and yet compare us with African traditional healers. They believe homeopathic medicines will heal them but don't understand how.*

> Dr M: *It is basically natural medicine, we don't go into deep details, you see like the laws of homeopathy and all that. It's as … simple and explaining it like that, its natural medicine and mostly Black people when you speak of natural medicine, they'll think of herbs and they start calling you "u doctor wa ma herbs" i.e. "herbalist". And when they refer friends and family they'll call you "doctor wa ma herbs" i.e. herbalist.*

Dr M referred to homeopaths as doctors in natural medicine; this sentiment was also shared by Dr Z as follows:

> Dr Zi: *Personally and professionally I believe homeopathy doesn't resemble any African indigenous medicine. It is a unique modern form of medicine which exist based on the principles "let like be treated by like" which is the Law of Similars. On the other hand other Allopathic practitioners and patients find it difficult to believe and understand our philosophical principles of dilutions of our remedies, they will constantly ask when they come for follow ups or appointments, "how can something this highly diluted and tiny bring such great relief of their symptoms?" and yet compare us with African traditional healers. They believe homeopathic medicines will heal them but don't understand how.*

According to Dr Zi, Western conventional doctors and patients who she sees often find it difficult to believe how homeopathic medicines elicit amelioration of their ailments particularly because the medicines have such high dilutions. Dr Zi added that despite patients' lack of understanding how these remedies heal them, similar to participants Dipuo, Emmanuel and others who believe in prayer and blessed water, these patients also have faith in homeopathic remedies.

In this instance I add that in relation to healing one is given a revelation or vision *(go bontshiwa*) which will aid you in becoming a healer as that resonates with who you are. You are not just thrown in.

The sufferance is also levelled at the tolerance of being subjected to being self-employed with no imminent signs of interest from the government to locate this modality within governmental health structures. This is highlighted by the following statements from homeopaths that Dr M interacted with:

> Dr M: *You're on your own, probably the government is not giving us any assistance you see and I don't even think the government would like homeopaths to be at the level of doctors the GPs you see.*

6.4.7 Financial Constraints, Inequality of Races – Sufferance and Tolerance, "Black man you're on your own" narrative

> Dr M: *Ay, the White people are doing fine. You see I'm charging R300 the Whites charge something like R1000 and you pay that R1000 cash if you have a medical aid then you can go to the medical aid and claim that R1000. So it's very easier for them. With us if someone has a medical aid you cannot say you must pay cash because that person doesn't have that R300. So for me to make*

it I have to see at least 10 patients a day and get R3000 and with the White guy he only sees 3 patients and makes the same amount (laughing exuberantly). *Others they're not even dispensing they just see a patient for maybe R500 or R450 and then they will write a prescription and the patient goes to Dischem pharmacy, to buy whatever. You see, it is as simple like that.*

Dr M: *(laughing) Aah! Right now I would say I'm okay, aah hey ... homeopathy … homeopathy aah! I'm giving up on it to be honest; I'm just looking on other alternative ways of making money so that I know I don't necessarily depend on it for income with homeopathy. Because you will never know this year you make money next year you don't make money, it's unpredictable.*

Dr M: *Yah, I'm not, I have to hustle more to get to that level, you see. For them they can just show up for three patients and they've made enough, with me I still have to get to ten, you see that's inequality. Even the medical aid if the (White homeopath) claims R1000 they will pay but if you are Black and claim the same amount they would be questioning why – "they are workers why are you claiming R1000?"*

Dr Zi expressed the challenges she faced differently to those of Dr M. and Dr B:

Personally, I enjoy practicing homeopathy. However, in practicing homeopathy you meet variety of patients who come from different cultures, economic status, races and backgrounds. As a practitioner my mission is to be disciplined, consistent and respectful towards my patients in order to earn their trust and respect. The biggest challenge of homeopathic practitioners is lack of government support and financial support because after you graduate there are no jobs to help you build your capital to open a practice. The government should include homeopathic practitioners in the main health stream and homeopathic practitioners can have a significant solution to the lack of solution of doctors and the workload general practitioners face. Furthermore, homeopathic practitioners may be the best solution when it comes to National Health Insurance (NHI).

Dr Zi: *Homeopathy doesn't have a financial support structure from government we are not taken seriously and given enough recognition as practitioners. The NHI will open closed doors for us by making us exposed to the government and the NHI will allow patients from different socio-economic backgrounds to access homeopathy. This will give us a chance as homeopaths to be*

recognised in private practice and have financial coverage from the government to help us grow financially in practice.

The sentiments by Dr M were in contrast with those of Dr Zi as Dr M notes that in actual fact homeopaths are on their own, he asserted that:

Basically, you're on your own, probably the government is not giving us any assistance you see and I don't even think the government would like homeopaths to be at the level of doctors, the GPs.

6.4.7.1 Financial Constraints – Inequality of Homeopathic Knowledge with Western Medicine Knowledge

Dr M: *Yah, you're on your own, probably the government is not giving us any assistance you see and I don't even think the government would like homeopaths to be at the level of doctors, the GPs.*

Tebogo: *And from the patients that you see do you find that maybe there's a challenge as well with them like maybe they want more of this homeopath or having you that's enough for them?*

Dr M: *Yes, you get people from Oranjefarm, from Sebokeng, who come here and their medical aid some of them, they will only give you R2000 for allowance that is allocated for complementary medicine [homeopathy], only R2000 for the whole family. Like GEMS they are only giving R2000, Polmed R2400, but GPs they'll give them something like R15000, you see, so those are some of the challenges*

Tebogo: *That means homeopathy is substandard to Western Medicine?*

Dr Zi: *I suppose the relevance of homeopathic therapy in South African can be achieved by working together with the Department of Health, sharing cases that we overcome in our practices on a daily basis. In that case they can also refer patients to us based on what we can do and we can refer patients to them when needed and when there is relevance.*

6.4.8 Promoting African People's Worldview – Can we be Truly Us?

They say the past helps us make sense of our present; our typologies and genealogies have everything to do with our present space. However, it is how one participates in the present space which has a nexus with the genealogy or past.

In their occupation African people's worldviews relate and magnify what is and appears to be the epistemological logic and influence of how they deal with absurdities in life. The activities and modalities or methods of living of people in essence describe and define their history, identity and their preferred therapeutic interventions.

> Ngaka Sereto: *When it comes to things that are of tradition I believe they want to turn things that are not primarily of Western nature into Western nature because when we enter traditional or indigenous field we're talking about ancestors, and one's communication with his ancestors is only known to him and his ancestors. To know whether a person is good at what they are doing, their work should speak for itself.*

The aforementioned statement is also substantiated by Chivaura (2006) in that development in Africa can only be attained if such a development carries an African worldview. However, this depends on how this development is orchestrated. According to healer Ngaka Sereto, there exists a personal communication between the healer and his/her ancestors and by virtue of this, traditional healing matters ought to remain reserved respectively in that manner without changing the traditional way of doing things.

6.4.9 Lack of Education as a Defining Player in Homeopathic Knowledge

The aspect of lack of adequate education of patients was cited by Dr M as one of the factors that inhibits him from explaining what homeopathy is to such patients.

> *It depends like I said; it depends on the level of the education. Basically, if you're uneducated it would be hard for you to understand. But in Soweto most of the people are demographically poor and are from the lower class basically. I would say that maybe half of them or some of them or most of them are illiterate. Almost all of them actually is the first time they hear the word homeopathy.*

Dr B felt that in general it is confusing to explain homeopathy to any layperson indicating that:

> *If you want to confuse somebody, try to explain homeopathy to a layperson, they run away. I stopped doing that many years ago; I simply said no ways I'm not going to explain anymore, because people don't understand. In Setswana*

the way a homeopath works is like saying "pain is rooted out with another pain" because the medicine you apply has done a similar harm, the medicine you are giving for headache has caused a headache, the medicine you are giving for cardiac pain has caused a cardiac pain.

6.4.10 Ascertaining that Africans don't like Each Other

The aspect of Black people not liking each other was featured by all participants including ordinary people, healers and homeopaths. Emmanuel and Michael experienced mistreatment in South Africa because they are regarded as foreigners. Emmanuel alluded to hatred that manifests as jealousy amongst those he works with at the hair salon adding that it is bound to happen as a result of the highly competitive site he works in:

The hatred is there, wherever there's money there is hatred because we work on a commission basis. There is no monthly salary, so the more creative you are, the more jobs you get. So, if one person is getting all the customers then there will be hatred as well.

For Michael the dislike that emanated from Africans being against other Black Africans was put into perspective by saying that in his own country of origin foreigners are treated better. He noted that:

In Ghana they treat foreigners way better than we Ghanaians are treated here in South Africa. We foreigners need, let's say just free and fair, we are all Africans, let's say someone came here to work or do something like that and you don't want the person again. You just ... I don't know how to put it out there. It's very painful, you are not doing crime. Many of us are complaining but just because you're a foreigner you just stay and pray, you see.

For homeopath, Dr M, the aspect of this aversion was in the manner in which there was lack of support amongst African homeopaths that were successful in what they do. If an established homeopath willingly aspires to offer support to emerging homeopaths, often the plans of such an organiser would not work out successfully or receive support. He indicated that there is division amongst African homeopaths; if one is successful in what done does others simply do not see the need to help each other or those who need the support fail to rise to the occasion.

> *They are not together basically, you see, when you struggle if you come together as people with the same challenge it's easier than if you're by yourself and everyone is for himself. Normally, someone would struggle and they make it and they want to concentrate on their life they don't give a damn now about the next person whose going to go through the same thing. One African homeopath came up with the idea of assisting homeopaths who are fresh from varsity, for example, with money so that they can start their practices things like that but that never materialised, you see.*

6.4.11 White People are more Unified than Black people due to Affordability

It was Dr M's view that White homeopaths were more unified than their African counterparts, because of the advantages of resources they were surrounded with in their background.

> *Whites are more unified than us and they can afford these things, I mean they can afford to build themselves these medical centres you understand, most Blacks are from poor backgrounds. You're on your own, probably the government is not giving us any assistance and I don't even think the government would like homeopaths to be at the level of doctors the GPs.*

Some of the remarks came out as clearly as acknowledging that there is lack of financial parity amongst racial groups as described in the following statement:

> *I was saying inequality also comes with medical aids, the medical aids treat the Whites better than they treat the blacks basically.*

The statement marks the human, social and economic reality of this homeopath.

6.5 Conclusion

This chapter presented the findings that emerged from exploring and reflecting on homeopathy and African indigenous healing. What emerged are findings that emanated from the three groups who featured significantly in the study. These were *inter alia,* that the everyday ordinary people consulted prophets and the African indigenous church rather than a homeopath or a traditional or indigenous healer. The chapter presented these findings from participants' narratives, as participants stories revealed and explored who they consulted with when they seek help socially, emotionally, psychologically and physically. The narratives from African indigenous

healers described the manner in which they understand themselves which is in aligned with their respective ancestral callings and names. Homeopaths communicated how they describe homeopathy as a discipline. The themes that emerged from all the three groups indicate the level of dismemberment, remembering, embracing of the African ontologies and existential realities in their expressions. However convoluted and varied the findings are, they represent the disjunctures that exist between the academy related to the disciplines of health and healing and the public space where ordinary people form part of the large majority. Homeopaths presented dissenting, incompatible views regarding homeopathy sharing commonalities with African indigenous healing or Ngaka Tshupe. Homeopathy as a discipline was described by the homeopaths as ‘confusing to explain to people’. While the expressions described here are stammering and complex, they all agreed that homeopathy as a discipline was not being taken seriously by the government.

The following chapter will discuss and interpret the findings to express their meaning and relevance in the current academy; the existential ontologies and realities of African people as ordinary people and as disciplined people in the disciplines they have studied, with homeopathy being a pinnacle in an African community setting.

CHAPTER 7: DISCUSSION AND INTERPRETATION OF THE FINDINGS

7.1 Introduction

This chapter discusses and interprets the findings of the study in order to reveal the variety of interventions and models of knowing that translate into participants' terms or dialects of complementary, alternative and indigenous knowledge of healing. Participants' narratives are positioned thematically by employing Mutwa's *Indaba*, my Children combined with the trilogy of Nabudere, wa Thiong'o and de Sousa Santos as a lens reflecting African contexts in their realities. This chapter expounds on the findings which demonstrate that people are praying, bathing or cooking with holy waters, seeking the wisdom and the 'unknown' from prophets they trust. The observation is that healing modalities that are used here are not holistically inculcated into the academy. They largely remain part and parcel of the sphere of spiritual or ancestral 'callings', not of disciplinarity. For example, they remain secularised and excluded from all other engagements in the academy, forums, and conferences to outline their juxtaposition with the existential and ontological realities of people and disciplines. They exist in isolated areas where those who are deemed to be followers of that sect or guild go to. What these results suggest and are echoing is in line with Biko (1978:26), and wa Thiong'o's (2009: 39) remembering who we are, and de Sousa Santos (2016) on embracing contested knowledges, and Nabudere (2011:126) alluding that Africans are indeed people with rhythm and a great sense of imagination and have communion with gods.

This discussion and interpretation commences with a critique and analysis of how African homeopaths observe their discipline. The critique and negation is intertwined in the chapter with how concepts of dismemberment, remembering and not embracing contested therapeutic knowledges with regards to who ordinary people consult, renders a discipline or ancestral calling to be in 'decadence'. This chapter provides a critical exposition of everyday ordinary people, African homeopaths and African indigenous healers' narratives on health and healing in the varied existential and ontological realities that they find themselves in. The interpretation of findings was

through content analysis and mapping participants narratives. “Africa is calling. She needs lawmakers who can appreciate and understand our aspirations, interests and psychology” (Dhlomo, 1929). This quotation by Dhlomo (1929) illustrate how participants narratives in their varied indigenous African values call for an African jurisprudence which can privilege their ontological and epistemological needs.

7.2 The Realm of Sufferance and ‘Tolerance’ still Embroils African People

The statements and views of the participants depict that sufferance and tolerance still embroils most of the black population. Every person and participant I interacted with whether they are still in the academy or in their discipline or ordinary people or indigenous healers, manifested some degree of sufferance and tolerance. Biko (1978:26) stated that any country where black people are in the majority must articulate and promote the lifestyle, values and nature of such people. Therefore, the question is whether current disciplines or academies are taking seriously what Biko said with regards to the existential and ontological realities of African people, regarding their daily struggles. In particular, the question is whether complementary and alternative medicine, here termed as homeopathy and African indigenous healing, are taking this seriously in fulfilling their roles.

The realm and scenario of the sufferance I encountered in the people I interacted with is almost comparable. This theme signifying that the realm of sufferance and tolerance continues to embroil African people is evidenced in the personal expositions of participants. It is clear from the excerpts that ordinary people take the disturbances of their lives to spiritual counsellors or prophets in African indigenous churches and consult their spiritual pastors in their country of origin to the extent of preferring utilising holy water rather than consulting the pharmacy in cases where there is a physical malady such as a headache. This implies that these individuals are unable to understand their plight and suffering on their own, they need to consult healers to provide interpretation and meaning so that they can understand.

I learned that the sufferance is also present in those who are in the CAM or homeopathic discipline, a discipline which continues to lack hegemony in African communities and townships. Their sufferance seems to be more a form of denialism regarding the complexities of articulating and promoting who the homeopath is and what the homeopath does. This negation appears to be a disconnection or

dismemberment of character regarding what the field actually entails. There appears to be a contradiction between theory and praxis – what is simply rhetoric, and what is done in practice. For example, that in theory and practice 'like cures like', and *Echinacea* and *Sutherlandia* are acknowledged as herbs or natural medicines but there is a lack of translation or implementation of this in an African context regarding these being synonymous with African indigenous healing. Another contradiction is the practice of compounding the bedside i.e. the physical examination aspect which makes or qualifies one to be called a Western doctor. The contention here is that the bedside or physical examination is a given. The crux of homeopathy as a healing modality lies in its history or case-taking of an individual. What this statement implies is that the bedside or physical examination is not what makes a homeopath; what the patient tells you and the ability to know what needs healing in them is what makes one a homeopath. This illustrates what is a somewhat bad side to this sufferance which mimics a phenomenon of dismemberment, which obscures one's inability to participate positively in one's situation. This is a bad side in my view because it reflects ill-conceived perceptions carried by African homeopaths that the tools of healing that homeopaths use to practice and heal people is something else, and not herbs or indigenous healing. The excerpts of participants in this study reveal that those who use the service of homeopaths are in admiration of the *"different doctor who is good and gives herbs"* (the medicine is called herbs according to the understanding of these patients) so this is what they recognise as being what a homeopath is and is about. This is a good side that the homeopaths deny or refuse to awaken to as a platform that CAM practitioners or homeopaths can utilise to augment, articulate and promote what they do.

The critique of homeopathy and how these African homeopaths shared their views illustrates a discipline that does not find it easy to explain homeopathy as a discipline to their patients. For example, Dr B said that *"if you want to confuse somebody try to explain homeopathy to a layperson, they run away. I stopped doing that many years ago; I simply said no ways I'm not going to explain anymore, because people don't understand".* Dr Zi expressed what is in actual fact a principle of the indigenous or traditional way of practicing homeopathy: *"Classical homeopathy is when you prescribe a single remedy based on the patient's constitution when the patient is treated holistically, meaning that the remedy matches the patient's symptoms*

completely on the mental, emotional, physical plane". Dr M echoed the sentiments of Dr B, also treading carefully in explaining the discipline of homeopathy to his patients saying: *"It is basically natural medicine; we don't go into deep details".* If these statements do not imply the culpability of a discipline that is dismembered, decadent and unable to question and rethink its actual meanings and be able to describe them to everyday ordinary people via its lexicon and praxis, then what does? The expositions of participants regarding the variations of who they consult challenges the health and healing disciplines to question if their healing is aligned and compatible with the needs of the communities they serve.

The other angle to sufferance and tolerance portrayed here is observed in the ordinary people I interacted with. In this regard sufferance and tolerance are not related to a physical malady of some kind but the sufferance that is brought on by the inequalities within the socio-economic cluster *inter alia* lack of employment, financial constraints, jealousy, overburdening of family responsibility. Where the ailment is of a physical character such as a headache, it is translated as not having a medical association but rather a spiritual association, so needing spiritual intervention. The degree of suffering articulated by some of the immigrants I interacted include: *"sometimes I feel like killing myself";* and *"there is nothing one can do".* It is as though the sufferance alienates them from the self or each other.

7.2.1 The Prophet, Spiritual Healer, and African Indigenous Religious Church – Reign Supreme as Recognised Healing Modalities

It is important to note that the categories or concepts this thesis sought to articulate and promote, homeopathy and AIKM, did not entirely resonate with the people I interacted with whether formally or informally. What emerged illustrates and explores the variety of modalities and therapeutic interventions that are regularly used by everyday ordinary people in terms of needing help holistically, i.e. socially, mentally, physically and emotionally, revealing the approaches that are used for their health and well-being. The fundamental value that stood out and is also learned here was not only in finding out about the variety of interventions used, but also the sensitivity towards the context that is depicted regarding the variety of modalities of healing available and frequently used. The phenomena of prophets and spiritual healers reigning as supreme modalities of consultation is not a new phenomenon. What is new

arising from this study is a recognition of how this phenomena prevents the thriving of other healing modalities. It is also not a new phenomenon that the common adage of witchcraft, the use of water that has been prayed for and jealousy *inter alia,* all reflecting inequality of varied degrees, resonates with most African people.

It is fundamental to indicate that homeopathy and AIKM consistently claim to be holistic in nature, i.e. with the ability to treat a person as a complete individual, instead of their physical symptoms only. What average people are doing in seeking health depicts how African terms, context and language are important and should remain relevant. This variety is to compensate for the realities of African communities which are often overlooked by Western academics in relation to literature, theory, existential and ontological realities. There are discrepancies in the fact that many times people cross these categories (the CAM and AIKM categories) in terms of seeking help as individuals, meaning people engage these categories for what they perceive works for them and what seems to be realistic in relation to their trust and belief. The construction of this study is embedded in the social and health strata of individual men and women who seek health holistically from particular healing modalities and then reflect on whether these modalities do justice to what they claim to be. Sick individuals do not even interact with homeopaths knowingly because this modality of healing lacks hegemony in African communities. The people I interacted with did not use the terms complementary, alternative and indigenous knowledge medicine healers or even homeopathy for that matter, because these terms do not exist in their dialect. Seeking help holistically, as I found, has become identified with the need to find employment, resolve financial difficulties and healing what is identified physically as a spiritual headache. Therefore, the central theme is a realm that mimics sufferance and tolerance in relation to unemployment, lack of concentration in studies, all of which are best ameliorated by belief in prayer and holy water. This indicates that hope is what African people in these communities nerd on. Sufferance is a way to cope with the myriad challenges of life, work and showing courage and resorting to means of aligning the disparities and finding balance and a sense of hope through usage of holy water, praying and consulting with a prophet often known to the person. If the individual is someone of a foreign nationality they would often call their spiritual fathers (not of biological family, except for one Ghanaian participant whose mother was also his spiritual counsel) or pastors from their country of origin.

This sufferance and tolerance are a central aspect of the lives of all the participants or people I interacted with in the study. Their diverse challenges depict a group of people who may be perceived to be prone to adversities. Mutwa (1964:656) writes that "throughout history an African has been portrayed to withstand any suffering and for this reason when a person is knowledgeable about what suffering is, such an individual can claim to be a respectable person". However, the sufferance and tolerance depicted here is of people who feel disrespected and not taken seriously in their disciplines or life as human beings. Dr Zi, a homeopath, expressed and captured this stance when she said: "*the biggest challenge of homeopathic practitioners is lack of government support and financial support because after you graduate there are no jobs to help you build your capital to open a practice. The government should include homeopathic practitioners in the main health stream and homeopathic practitioners can have a significant solution to the lack of solution of doctors and too much workload general practitioners face".* The sentiments of these findings are linked with other studies that have indicated that post-1994 the government has not implemented its promises of integrating homeopathy into national healthcare programmes and that integration into the system would benefit everyone (Solomon 2014; Majola 2015:81).

People reflect and reveal who they are at the core as seen by what people are attracted to them by, and if people draw nearer to them as a form of improving their situation when they seek healing. In the context of this thesis it implies that every modality of healing will reflect and reveal what it stands for at the core according to its degree of populism. With regards to prayer, Magesa (1997:177) describes the art of prayer as an ancient African healing modality that demonstrates how the living continue to be dependent on their ancestors and God. African prayer acknowledges both the visibility and the invisibility of things, what Nabudere (citing Senghor 2011:126) calls having a sense of communion and interconnectedness with nature and "the gift of imagination".

Having to dismantle the AIKM healers' categories we are subjectively accustomed to, together with their long-term use, causes reflection and asking of the relevant questions because AIKM healers do not necessarily understand themselves in the same categories that are referred to in legislation. These categories as a description of what work they do are in fact not reflective of the range of needs of the African community because this is a narrow range of African traditional medicine practitioners

or healers. In reality there is no reflection of healed communities, healed individuals, only communities worn-out by increased unemployment rates, jealousy, sibling rivalry where a person may take clothes that do not belong to them due to their need, financial difficulties, experiencing of a spiritual headache, and unhealthy thought patterns such as *"many of us are complaining but just because you're a foreigner you just stay and pray"*. These communities' challenges are not reflective of communities that are healed and in harmony or projecting a holistic well-being. At the root of participants challenges is the sufferance and tolerance which is how various people I interacted with choose to participate in the pain that is brought to them by these concerns. Below I illustrate the meaning of this sufferance in its various levels as this continues to be a routine occurrence in the people I interacted with.

These narrations of prayers and bathing in holy waters are not in the main a thanksgiving but are found in the African person who is perpetually living in the hope of finding employment and ease from financial difficulties. It is always about a need of something that ought to be achieved and fulfilled. However, participants' capacity to achieve what they want is insurmountable on their own hence their compulsion and need to consult a prophet, use blessed water and the African indigenous church and be able to rely on the voice of the pastor or prophet from their home country as a source of support – Ghana in the case of the migrants Patricia, Emmanuel and Michael. Participants' needs and belief in prayer, prophets, and spiritual healers is an expression of the hope that their marginalisation and oppressed situation will improve; this is not a new healing modality, it is a way and part of life. Phindi articulated this phenomenon as being part of African people's way of knowing and life. However, it also reveals that the African peoples history of suffering has become worse because of the exponential increase in prayer or spiritual therapies and the proliferation of uncalled prophets or prophets of gloom, even though this aspect has not been highlighted by people I interacted with.

Phindi experienced commotions of ill-health, as a remembering conscious Black person she was able to ponder and question herself whether she should embark on seeking intervention through an African indigenous church or not. She was unemployed despite being a graduate in hospitality management; her situation reminded her of the consciousness of being a Black person, that as a Black person when things do not appear clear or successful in your life there's a tendency to think

that one is bewitched. Phindi and others showed that it is ailments like unemployment in her case that made her consult a prophet from an African indigenous church and not seek help from indigenous healers. Dismemberment as alluded to by wa Thiong'o (2009:39) implies the lack of imagination from remembering what in praxis reconnects us to our African being causing us to be out of sync and touch with our core being. But what is demonstrated here by most participants, including Phindi, is the concept of re-membering. Wa Thiong'o (2009:39) writes on this that "without a reconnection with African memory, there is no wholeness".

7.2.2 Following their African Consciousness v/s Merely Following the Crowd

Although some participants demonstrated an African awareness and way of life when preferring to consult with spiritual healers, others were not balanced with what de Sousa Santos (2016) deems to be the need to embrace the epistemologies of the South. The global South in its ontologies and indigenous knowledges have been marginalised. Embracing these ontologies and epistemologies is a sign of participants awareness of their Blackness as African people. Their existential ontologies and realities compel them to follow and consult contested terrains of indigenous ways of knowing and healing. For example, Emmanuel, a Ghanaian immigrant who lives in Soshanguve and is a hairstylist, shared that he has been in South Africa for approximately ten years. Despite him also consulting a spiritual mother or prophet from Ghana telephonically, he was critical of most South Africans who appeared to him as if "*they just go where the crowd is*". However, Dipuo's narrative counter-acting Emmanuel's was as follows: *"let me tell you something, currently many churches have prophecy within them, people no longer go to churches that lack the gift of prophecy, you understand, where there is no prophecy, they say it's cold and they shift".* Emmanuel based his criticism on the fact that he believes most of his fellow Ghanaians staunchly believe in what they believe meaning most of them would never follow masses of crowds for blessed water being sold here or there as he alluded in his statement. This posture denoting there could be some solid belief system in what foreign migrants believe in is also demonstrated in this study. Emmanuel who articulated this picture explicitly said he uses holy anointing oil, a tool of luck commonly used by most Ghanaians who are Christians. He elaborated as follows *"It is a big oil and I don't use it like cooking oil, I just use it and cross my face with it, it is a favour from God, so that's how I use it depends on how someone uses it. Sometimes you*

don't even know, someone can just come to the salon and they don't even know you and they'll say, 'it is my first time here, but I want this one to do my hair' we call that a favour'. De Witte (2011:490) affirmed that in a Ghanaian charismatic church "the pastor dips his right hand in the oil, places it on the head of the person and starts praying for God's power to come upon the pastors touch". In addition to this position his use of oil, Emmanuel talked with a prophet or spiritual mother from Ghana whenever he felt the need to consult. Patricia and Michael are also Ghanaian migrants and articulated a similar picture where their preferred prophets or pastors are not from South Africa but of their home country. While Emmanuel's criticism of South Africans may be unfounded, it points to a trajectory of thinking in terms of the realm of Africans and their susceptibility to seek supernatural knowledge or power from some of these healing modalities. In referral to Emmanuel's criticism this study is 'remembering' the almost 85 South Africans whose lives were lost at the collapse of a church in Nigeria in 2014. Nicolson (2014) reported that "the 74 bodies that arrived on Sunday in South Africa will be taken to their respective provinces for the families to finally hold funerals". However, devastating that tragedy was, its phenomena illuminates what Emmanuel mentioned, that there is a susceptibility of some of many South Africans that flock to where the crowds are. Perhaps a point that articulate and promote healing modalities that are preferred by some people.

In Witchcraft and Democratisation of South Africa, Kohnert (2001) writes that "bewildered peasants, unemployed, and even striving African entrepreneurs nowadays often trust more in development by means of magic or *muti,* or they resort to extra-legal individual and group violence to make ends meet …". Further to this statement, three of the African indigenous healers, *Dingaka Tshupe* or hornless doctors, who participated in the study indicated a similar picture regarding their fellow South Africans. Ngaka Msimango spoke of the extremism of witchcraft adding that *"it's because the foreigners have descended here"*. Furthermore, Ngaka Msimango said *"that's why boloi e le bo bontsi and bo oketsa ke eng? Di Western religions, motho ka mo gae ga ana maotwana or seshebo mara o kgona go tseya R1000 ya bofelo a efe Bushiri, gore net fela a mo fe oil e tlo dirang metlholo ka mo, e dirang gore lelwe ka mo gae le seke la utlwana* [that's why there is so much witchcraft, and what escalates this witchcraft? Western religions, someone who is poor who does not even have chicken feet or scoop of (meat) is able to use the only and last R1000 they have and

offer it to Bushiri in exchange for an anointing oil that will work miracles, an oil that will only wreak havoc or cause conflict in the home causing you to fight and not be in harmony with each other]. Bushiri is a Malawian pastor who is hailed to be a preacher and prophet here in South Africa. This was different from what Tharollo, a retrenched 45-year-old in Soshanguve said. As a spiritual person he mostly prefers praying in the mountains and caves with other healers and people to seek some spiritual and ancestral intervention in their lives. Tharollo expressed that he would make these visits mostly when he experienced nightmares which he called *segateledi.* According to his knowledge, *segateledi "troubles people because you have not slept well and sometimes it's because the house you live in or have visited, the people are evil or there is something that is happening which is mostly evil".* He emphasised the concept of remembering when he said:" that *is why as a person you must know what kind of a person you are".* There was only a single participant, Tharollo, who shared that because he knew who he was, when faced with challenges in life, he does not consult anyone but rather visits the rivers, mountains and caves where he prays and seeks contact with his ancestors. This preference by Tharollo illustrates the variety of healing measures that may be used by anyone and is an example of Nabudere's (2011) sense of black imagination which wa Thiong'o (2009:39) says emerges from someone remembering in praxis what they ought to follow to seek clarity about what could be happening in their lives at any stage. The trait is also synonymous with the African student who in the context of realising he is dismembered due to his race sought to tell his opponents that "we shall lead ourselves, be it to the sea, to the mountains or to the desert; we shall have nothing to do with white students" (Biko 2004:73). The sea, mountains, the wilderness or the desert have for long been places of sanctuary for the indigenous people. The sea, mountains or desert are also what the indigenous healer Ngaka Sereto referred to as *mafela ntabeni* or *modimo wa nageng* – a god who died in the mountains or desert. What follows is a discussion of how the wilderness can bring healing as a result of those who own and reside in the wilderness. These views were conveyed by participants Tharollo and Ngaka Sereto who explored this in terms of *mafela ntabeni.* Bolten (1998:43) also affirmed what healers Ngaka Msimango and Hlongwane affirmed, that *dingaka tsa ditshopya* or *ditshotswa* or hornless doctors are "herbalists who examined the patients both physically and through questioning".

Tharollo's approach when visiting mountains is also conscientised with knowledge of whether to approach the paternal or maternal entity. He expanded further on this: "*I use the mountains or will go to the rivers depending on where I feel like going. Every place has its owner hence even your household has its owner there is a female and a male rock, there is one who owns the mountain, caves, rivers … everywhere in the world there is the owner of that particular place and everything on earth is found in pairs of two, nothing goes in separation".* Indigenous knowledge holder Mme Grace Masuku (2016) also weighed in on caves and mountains or visiting the wilderness as being an opportunity to connect with one's ancestors, explaining that

> as you grow, there are periods when you are compelled to go to Madimatle [mountain] to reconnect with ancestors or the living dead. Without identity, you simply have no value as a person. Once your identity is lost and our ancestors have retreated, we shall no longer enjoy protection by the ancestors, this is frightening.

Corroborating what Thorollo alluded to that indeed as a person you ought to know who you are, wa Thiong'o (1986, 2009) also expounds on decolonisation of the mental state as a process that aids in unlearning what has dismembered the African from their roots and identity. While writing on mountains and caves which are being destroyed by mining operations, Benjamin (2015) met a 58-year-old indigenous healer from Hammaskraal, John Ndlovu, who has visited the same mountain for about 35 years. Affirming what Tharollo said about each place having its own owner, Benjamin writes that he accompanied Ndlovu to visit a particular cave; prior to entering the cave the healer prayed in isiZulu asking for permission for them to enter the cave. This reiterates Mutwa's (1964:216) posture regarding African indigenous beliefs being fundamental to practice and follow. As much as these beliefs are practised by participants, however, these are not included in the articulation and promotion of meaningful pedagogy in the academy, resulting in professions that are dismembered from people in African communities despite such disciplines claiming the principle of healing the whole person.

It may be suggested that following *'where every crowd is'* is to disregard wa Thiongo's concept of remembering and imaginatively reconnecting with one's African consciousness and simply being coerced by one's disconnection with body and conscience and the knowledge associated with these. Lack of such awareness

renders such people to flock anywhere. Participants I interacted with referred to their body as a form of knowledge by saying, like Tharollo: *"when you're a person you must have letswalo - fear like anxiety but more like intuition, this alerts you on what is right for you to do and what's not right … as a person you must know what kind of a person you are".* Palesa, a 24 year old unemployed woman armed with a diploma, believed her preference to consult a prophet is from a consciousness that feels as if the prophet has a 'signal' that enlightens her whether what would help her is from the perspective of indigenous medicine or if she would simply need an intervention of a conventional medical nature. Most participants had a strong belief in prophets, the prophet as also being a seer and so reigning supreme, therefore being more highly respected than the usual indigenous healer. It is as if the prophet offers a sense of hope, hope that pacifies the deficiencies they encounter in their lives, that lifts them from the depression of seeking employment.

7.2.3 The Fundamentals of Uncleanliness of Perspiration/Sweat and Coercing a Woman

This knowledge is rare because many people do not seem to know about it, but it is emerging, despite being a phenomenon that appears to be burdened by unhygienic toxicities which aggravate and ameliorate the situation for a man or healer so that they can be one with what they desire or seek in a woman. What Tharollo referred to on this topic (Chapter 6.2.2) is similar to what Ngaka Msimango alluded to as being part of the clandestine guild of African indigenous healers who employ the act of having sex, to assist their initiates to know the intricate depths of indigenous knowledge healing systems through entering into sexual intercourse with them. Bearing in mind the conceptual lens of the study, the homeopathic aphorism of 'like cures like' is evident here. This particular knowledge is rare and often unheard of which often, if not occasionally, emerges from elderly men. However, if the like cures like is one that takes place like cases reported by Nyoka (2019) below, then the abuse cannot be deemed as a case of the law of similars but plain abuse. Although the ways of coercing a woman and that of healers who sleep with their initiates poses health concerns but more significantly it raises questions of authorities that may be taking advantage of their power. A similar picture is painted by Nyoka (2019) depicting that there are cases of sexual violation that take place between *Gobelas* and their initiates. The reasons cited by the *Gobela* is that the sexual intercourse is for deepening the ancestral

connection of the initiate. More probing studies may be needed in ascertaining if the reasons cited are indeed part of the African indigenous rituals that need to be privileged or not.

7.2.4 Dismemberment as a Constitution of Non-Being

Dismemberment is posed here as a posture or constitution that disregards the participants in all forms, in their constitution, temperament and timeline. It typologically disconnects, disempowers and disengages them from what may be deemed as a humane life. Here lessons learned are not solely regarding the participants' reliance or dependence on the African indigenous church or a spiritual healer, but, the pattern that when what they lack in their lives is chronic, the African is susceptible to nerd on empty hope that offers solace and a state of tolerance for what they go through. It is an explicit phenomenon that African people's suffering is positioned in shaping them as those who tend to be more spiritually inclined and who use healing modalities of a prophet, blessed water, holy anointing oil, subjection to prayers to mere denialism or homeopaths who are inauthentic in defining their discipline in an indigenous context. This is because of remaining in what is palpable and visibly what de Sousa Santos (2007) regards as a zone of non-being. The other side of the line from the zone of non-being is the zone of being. To be positioned in the zone of being is to be membered, remembered and visible, that is, to be in a discipline or even an ancestral calling for that matter, that is, remembered through being membered by the visibility and observability of those who use such modalities. My research findings depict the posture of homeopaths to be that of dismemberment and not membered even when they are recognised as being close to the core episteme of herbalists and or *dingaka tshupe* or hornless doctors. While the zone of non-being is marred by invisibility and non-existentialist tendencies that compel those assumed to be in that zone to nerd on prayers, blessed water and "*to hustle more"* (Dr M) in order to make more money as a homeopath. The current timelines or era with its existing and historic economic socio-political system due to its inequalities and injustices that dismember the marginalised is the main contributor of dismembering individuals. Dismemberment as a constitution of being characterises the zone of non-being. Additionally, the posture that comes from a dismembered constitution resembles non-beingness, therefore, its invisibility demonstrates non-existential tendencies that regard the discipline as invisible, non-existent and non-being. Similarly, the dismembered constitution will also

traverse into a dismembered temperament, where the emotional climate of the discipline or those who are in the discipline is characterised by being detached from reality through being fixated into themselves perceiving themselves as being 'in a class of our own'.

7.2.4 The (Steam) Baths, Holy Water and the African Indigenous Church

When the weather conditions are extremely hot and then it rains it is as if the earth is receiving a health spa or steam baths, an act and occasion which is equivalent to detoxing. Participants who go to indigenous churches shared their stories with me alluding to using water and detoxification as a form of therapy for help with whatever suffering they are going through. Thomas (1994:47) describes ritual healing as involving "blessed water [that] was not only used for drinking, it was used for bathing, vomiting and enemas. The water was a purifying agent that cleansed bodies internally and externally". Shizha and Charema (2011:170) also concur that water is a form of medicine that provides cleansing and purification. Busisiwe, one of the participants said: *"I'm told to pray and continue to use the holy water; I bath with the same holy water. When I bath, I pour a little bit. Every time before we sleep, we should sprinkle the water in the yard and pray ... and yes, I've done that, and I have seen changes because the excrete is currently normal and I can also observe and notice that this is indeed dogs' poo. And, at night I am able to sleep even the children are able to do so".* The concept of using steam baths and what Busisiwe alludes to is very common as a ritualistic act found within the African indigenous churches. The participants in the thesis have cited the use of blessed water deriving from the African indigenous church in South Africa, but Emmanuel who is from Ghana also referred to being instructed to use this water by his prophets in Ghana. From a homeopathic perspective, which this thesis argues is compatible with indigenous healing, Hahnemann (2003:291) observes that

> baths of pure water prove themselves partly as homeopathic serviceable aids in restoring health in acute diseases as well as in convalescence of cured chronic patients … but even if well applied, they bring only physically beneficial changes in the sick body, in themselves they are no true medicine.

This statement seems to refer to baths or mineral baths in the same way that they are offered in the African indigenous church, but Hahnemann goes on to say that by their nature these are just palliative and not entirely ameliorating.

Regarding African indigenous churches and their supreme role within the healing field, which people often use and consult with, Masondo (2005:90) observes that in South Africa the genealogy of this church has been "made up of poor people who have had a long history of being disenfranchised and have experienced different forms of suffering". Thornton (1988) who has observed that the postures of people consulting or being in these churches are synonymous with a "culture" that people uphold, and the church becomes a symbolic entity from which "people draw in their process of self-definition". Here in this thesis 'self-definition' is through participants like Phindi remembering what healing she needs based on her existential and ontological reality. She said *"when I realised that my things are obscured, and I asked myself why don't I try the church way and observe if this will work out for me? As you know we as Black people we have many beliefs".* Another participant, Busi, said *"I've noticed that my things are getting clearer and I find solutions at the church, that's where I think I find* solutions". The participants had often confirmed that "*it's an apostolic church".* Again, Masondo (2005:90, 92,101) ascertains that healing from these churches rehumanises those who are dehumanised. Some people that the thesis informally interacted with related that *"ke mo re bonang bophelo" – "that's where we find life".*

7.2.5 Indigenous Knowledge Healers and Ngaka Tshupe – Understanding of the Healers' Self Narratives

What the thesis gained from the narratives of the healers is the need to interrogate whether the category of *Ngaka Tshupe,* the uninitiated healers, is diminishing through the proliferation of *sangomas.* As espoused by indigenous healers Ngaka Msimango and Ngaka Hlongwane, a hornless doctor *or Ngaka Tshupe* was and still is a very rare healer to find. This study regards this rarity as being similar to homeopaths who are also rare and hard to be found. The healers explained that the hornless doctor *wa bontshiwa,* i.e. the healer is shown in a clairvoyant manner or through dreams or visions what needs to be healed in a person before or as soon as the patient appears. De Schepper (2004) and Choudhary, Patil and Jadhav (2018) agree that dreams are part of the unconsciousness that results from feelings and emotions that run through

the mind during sleep. As we know in homeopathy the mind is always taken as a priority in case-taking and dreams are the ones which are more important as it shows the internal feelings of the patient". This statement is in line with what indigenous healers Ngaka Msimango and Ngaka Hlongwane refer to hornless doctors having the ability to sometimes dream or experience a vision of the patient, while homeopaths interpret the dreams of their patients by being guided by the images and words of the patient. This implies that the healer metaphysically receives or sees the internal feeling of the patient, which is similar to the way in which homeopaths may also interpret their patients' dreams as a reflection of what kind of healing they need.

7.2.6 Capitalism has Taught us *Mozolo*/Hustling and Dismembered us from our Ancestors

The elements of capitalism or *mozolo* as in 'hustling' was mentioned as a mode of survival within the households of indigenous healers in the study. The homeopaths mode of capitalising despite complexities in their private practices is met with postures of being dismembered in terms of not earning equal financial rewards with their white counterparts. It turns out that to hustle or *mozolo* as an African homeopath means that one has to consult a large number of patients, many more than homeopaths of European descent. This phenomenon was captured by Dr M, indicating that "*right now I would say I'm okay, I'm just looking on other alternative ways of making money so that I know I don't necessarily depend on it for income with homeopathy. Because you will never know this year you make money next year you don't make money, it's unpredictable you see. So, for me to make it I have to see at least ten patients a day and get R3000 and with the White guy only sees three patients and makes the same amount (Laughing exuberantly)".* Although Dr M is in full-time private practice, the lack of methods to articulate and promote his discipline is making him have to work harder so as to reach profitability. The various postures and ontologies expressed by healers, homeopaths and ordinary people in the study reveal how capitalism or *mozolo* as described by Ngaka Hlongwane and Dr M require one to 'hustle' even after more than seven years of working full-time in a private homeopathic practice. Ngaka Msimango hilariously said the current timelines cause them as healers to charge more than what the ancestors would want them to charge their patients. The modes of living dismember them from remembering that their ancestral calling as indigenous healers, hornless healers or even prophets for that matter is a gift that 'is freely given to them'.

Ngaka Msimango confirmed that the consultation fee is used to purchase power or electricity and other households needs because "w*e are used to money my child, chelate-money, we are used to spending and re bolaya ke tlala* [we are starving]. Ngaka Msimango posits that the true nature of not charging money from ancient indigenous healing consultations will not return, saying: *"it will not return because we are used to eating and living large my child"*. Magesa (1997:215) indicates that included in the prophetic vision that a revelation of how much a wealthy person can pay or what kind of payment will someone from a disadvantaged background be able to offer. These findings show and assert that these postures of charging a high consultation fee are forms of dismembering participants from their African senses of imagination and rhythm. This concurs with wa Thiong'o's (2005:66) argument that

> capitalism ensured poverty and mass starvation on a scale unknown before, capitalism through its selective prescription of medical care, at least in the colonies, ensured a disease-ridden population who now lacked help from the herbalists and psychiatrists whose practices had been condemned as devilry.

What this means is that through creating opportunities and integrating non-medical disciplines such as homeopathy into institutions of higher learning and promises to integrate African indigenous healing systems as part of the national health care programmes, capitalism has developed constitutions of dismemberment amongst the Africans in their disciplines and ancestral callings. The contributions of the participants reveal that having to 'hustle' and '*gozola'* knows no discipline or calling, whether homeopath or healer; the deciding factor is their background as Black African people. Dr M also expressed how the setting and location of his private practice affects how he can claim from patients' medical aid schemes. He said that: "*I have to hustle more to get to that level. For them they can just show up for three patients and they've made enough, with me I still have to get to ten you see that's inequality. Even the medical aid if the (White homeopath) claims R1000 they will pay but if you are Black and claim the same amount they would be questioning why and say – 'they are workers why are you claiming R1000'?* In saying this, Dr M is decolonising his mind (wa Thiong'o (1986:29). His words also reveal the psychological erasure that appears as the epitome of other innumerable erasures that disadvantaged specialties are subjected to, those who have followed callings or careers that were or are innately born from the marginalised African people. wa Thiong'o (2005:66), as did some of the participants,

alludes to the bible as being a way to discipline people and make them forget their deities, a point highlighted by Ngaka Msimango. This approach was an orchestration of European construction with the aim to “de-Africanize Africans from their knowledge systems or ritualistic systems which were deemed to be diabolical”. On the part of the indigenous healers, Ngaka Msimango and Ngaka Hlongwane emphasised that due to the state of affairs of having to maintain the system of having to buy household amenities like “electricity and bread” they can no longer charge low fees. Louw and Duvenange (2017:20) point out that the the high fees charged by indigenous healers need to be considered in the context of non-cash payments from years before, when the fee “the fee was an ox or a cow, this means that the once-off payment for traditional health practitioners can be up to R5000 and more”. However, Magesa (1997:215) criticises the practice of charging patients high fees.

7.2.7 (Ancestral) Names as Forces of Healing Universally

This study has been searching for commonly understood terminology and explanations that can articulate and promote homeopathy and indigenous African medicine, because language matters. The use of terms and names convey ‘unseen’ meanings and knowledge when used implicitly in Western language. However, when terms and names are explicitly understood from an African perspective, there is deep understanding and knowledge derived from the terminology and names that healers use when they articulate and promote who they are as indigenous African healers. Amongst scholars who have also questioned if the English language is able to carry an African experience, Mũkoma wa Ngũgĩ (2019:47) proposes that “English could be Africanised”. However, in contrast to this, Mũkoma wa Ngũgĩ (2019:47) refers to wa Thiong’o when saying that the best ways in which one could make the English language convey the same meaning of the African experience is to apply “African proverbs and other peculiarities of African speech and folklore”. By this wa Thiong’o (1986:16) mean that “language carries a culture, and culture carries, particularly through orature and literature, the entire body of values by which we come to perceive ourselves and our place in the world”. Chapter 2 discussed a Setswana idiom that suggests that “*leina lebe ke seromo”,* meaning you are what your name attracts, or your name follows you.

Participants from different aspects of indigenous healing all alluded to the knowledge that affirms that indeed, names have a crucial bearing in setting the tone and theme of various matters. Ngaka Sereto referred to his paternal and maternal names as *Motheo* (foundation) and *Ikemeleng* (stand up for yourself) as names that qualified the name *Badimokgobokgobo* (all ancestors gathered together) which came through his *Gobela* while he was being initiated to be an indigenous African healer. From participants' stories it can be established that for indigenous knowledge healers, sacred names and especially how these names articulate and promote what they do, conveys a conglomerate support for the healing existing within indigenous spatial and temporal spaces. For example, *Mafela Ntabeni* is commonly associated and synonymous with the famous description that alludes to a god that has transgressed in the wilderness i.e. (*Modimo wa Mundawo* or *Modimo wa go swela nageng*). Some names allude to this *modimo* or god coming originally from the waters (*modimo wa metsi*) or being a god who perished in the wilderness (*wa go swela nageng*). According to McCall (1995:270), study of the realm of the ancestral world and space was mundane for African intellectuals, but nowadays this posture is a pathologised and contested terrain. However, despite this posture which reflects dismembered or disarticulated constitutions by African scholars, McCall (1995) wrote that nothing can deter African people from their ancestors. Furthermore, McCall (1995:267) writes in the context of his article Rethinking Ancestors in Africa that "truth can be found not in the valorisation or vilification of our predecessors but in learning to retrace thoughtfully the paths that lead to where we are today". In a similar vein, Nabudere (2011:90) states that indeed, "'there has to be a return to the divine origin of the word and the concept, with the possibility of tracing back the origin of meanings of things and worldview". All the descriptive names that came from the indigenous healers who described their ancestral and spiritual healing names within their varying gifts, when traced back and interrogated what these names actually meant, found that the names had profound meanings indicating that the indigenous knowledge healing sect is still repressed in the democratic sense of the word and the spaces it occupies.

The healers I spoke to are all, in their varying terrains, participating in their healing gifts at the local level where they only engage with their local community, the church and few people who may know them. The African indigenous knowledge healing sect has long been an outcast governmentally. It is a *longue durée* matter that has assumed

a constitutional posture that indicates that at the helm leadership lacks respect for inclusion of ancestral knowledge in institutions of higher learning and the insight to show due diligence to ancestral knowledge. The lack of respect for the ancestors is synonymous with what McCall (1995) refers to as a need to find the truth to the paths that lead to where we are today. This thesis asks the question: "where are we today in terms of propagating the truth, articulation and promotion of ancestral healing or reverence?" The seminal writings of Credo Mutwa answer:

> The troubles seen in Africa today – the assumed or endless and unnecessary death and suffering for which agitators and communists are conveniently blamed – have their origin in one thing only: the ignorance and selfish interests of your ancestor" (Mutwa, 1964:534).

Hence, the names bestowed on healers I interacted with only give credence and relevance at a local level because the consciousness and remembering of concepts at provincial and governmental levels of these healers is solely based on embracing foreign concepts and seldom in acknowledging their existence. 'Remembering' is what Biko (1978:26) refers to when he wrote that "on the whole, a country in Africa, in which most of the people are African must inevitably exhibit African values and be truly African in style". 'Remembering' is also what de Sousa Santos et al (2006), and de Sousa Santos (2007; 2016) refer to as embracing contested knowledges, with the perspective that another epistemology and knowledge is possible which emphasises the ecologies of knowledges. 'Remembering' also resonates with Mutwa's (1964) dictum of *Indaba, indaba,* here as a dictum meaning that each participant's story sets precedence of its diagnosis.

The significance of names and ancestral names alluded to here also exists within the Sudanese indigenous religious knowledge systems and the people of Sudan. Sudanese indigenous religiosity is affectionately known as the Dogon religion (Griaule 1965). In this religion "the Prophet, Spiritual Healer, and the African indigenous religion or church reign supreme as recognised healing modalities". According to Griaule (1965) the Dogon people are of African descent and consult and privilege their African Dogon religion and ideas, unlike South Africans. Ngaka Msimango reported that *"South Africans have lost their path of their South Africanness".* By saying this he was implying that South Africans have lost their capacity to articulate and promote their

healing modalities. This criticism emerged from one of the participants who is a foreign national who also criticised South Africans, saying that when they need healing *"they just follow where the crowd is".*

Mbembe (2002:272) states that identification with Africanness is not only complex but "it does not exist as a substance but in varying forms, through a series of practices". This is also true of what appears as the fragmented and dismembered effects that participants expressed as having observed from people. The mannerisms of following where the crowd is demonstrates that through lack of proper communication, articulation and promotion of what people's health-seeking choices ought to be, it can be accepted that these channels are also dismembered in order to simply sell that which communities desire. It can also be asserted that the peculiar mannerisms observed by participants from fellow South Africans are signs that there are those who embrace African religious ways of knowing through following crowds where healing is sold as blessed water or holy water. And, there are those who embrace techniques of African ways of knowing which are considered foreign to how they have been brought up, suggesting they don't have a standpoint of articulating and promoting that which has been innately ingrained in them culturally as ways and modalities of indigenous healing.

In what appears as similarities to what Ngaka Sereto alludes to regarding ancestral names, for example *modimo wa go swela nageng* (a god that regressed in the wilderness or veld) or *modimo wa ntabeni* (a god that resides in the mountains), Griaule (1965:185) adds that this manifestation happens once there are altars, for example *naga* or the wilderness which serve as the altar for the ancestors that reside there. The same applies to the ancestors who reside in the mountain; the mountain can be understood or likened to their altar. The term altar is used as a nexus between the names the participants as healers use to describe themselves and the specific places where these names are more likely to be appeased or engaged for communion and communication. Griaule (1965:184) writes that "they [altars] are also substitutes for the dead who have no altars". The author writes that these entities only become the living dead when they became ancestors and not while they walked the physical earth. This is synonymous with what Ngaka Sereto describes as "*illnesses, problems that they bring to him* [the ancestor or god], *then with his spurring tactic will attack such issues".* Dipuo described these spirits of the dead according to her ailment as of

someone who was suffering from what she termed a *tlhogo ya se-moya* (spiritual headache). According to Dipuo her headache would get aggravated and she would not experience any amelioration when taking medication of any kind, however, upon praying, laying on of hands by other spiritual people and experiencing visionary dreams, she attested that the headache would get better.

Larsen and Teish in Mutwa (2003) affirm that *Indaba,* my Children "is a call for [African] people not to forget their traditions". They also assert that even though ancestral names may be different, the names are symbolically powerful in their own positive and negative ways. This duality of positivity and negativity which distinctly defines the good side and the bad side of these names is demonstrated from Mme Morobane's latest episode as a healer, a person who is seemingly marred by sorrow. Mme Morobane, a 62-year-old indigenous and spiritual healer from an African indigenous church, describes herself as being a healer marred by sorrow or *matlhomola.* An encounter with her on 4th of May 2019 depicted her as being someone who was in extreme sorrow and aggrieved by what was going on with her. For her having initially uttered that she needs to tell me about a spiritually gifted person, sounded and appeared like whether one takes the responsibility or mantle of the gift or not, the actual gift has counteractive ways of dismembering (bad side) and alienating the person in both ways. Here, the dismembering and alienation is positioned when you ignore the gift and refuse to be polished into it as she was being initiated into that (good side) at the African indigenous church she attends. Another aspect of the gift that may dismember or alienate the person is when you do everything right in all manner of principle and the glossed self of the spiritual healer or prophet in you exposes you to those who may be jealous and plan all negativity against you (bad side). The second aspect of being exposed to negativity is what happened to Mme Morobane. My last encounter with her left the impression of someone who appears as if defeated by what she says which brought so much exhaustion and fatigue that she herself could not handle and understand what was going on with her. At this juncture the name *Matlhomola* was no longer simply a description of someone who is afflicted by grief or sorrow which was a gift and blessing to heal and pray for those who came before her. It appeared to me as if before she could be allowed to graduate in order to work on her own, the name itself brought in grief, sorrow and sadness that emaciated her. She openly shared with me and said "*I kept on asking my spiritual father or Gobela that what is actually going on*

with me, because what used to happen is that I would examine someone and the minute I have to explain what I had examined or seen to my spiritual father on a client, I would become totally blank and even ask the client what did I say to them, and this was not allowed. The client would even confirm that everything that I told them was in fact what was happening in their real lives". It turns out that her forgetfulness of what she had examined or saw, was associated with body pains as she further shared that: "*I would suddenly feel tired and heavy, my right leg would cramp sometime when I enter the church and I would be shuffling most of the time. My main concern and worry, something that still irks my family and children now is that why didn't my spiritual father protect me or come and check with me why I'm no longer coming back. Because this was coming from people who were jealous, look at me now, I look better now; my complexion was even darker than it is now, ne ke le o montsho-ntsho I was black-black".* The 61-year old's hue is indeed not too dark, the complexion she describes here describes the internal turmoil that was inside her hence the complexion had changed to that which she says she was.

There are circumstances whereby the deceased's name will come from the ancestors According to Tempels (1959:70) this occurs when a deceased is reborn into the womb of the woman who is a member of the family or related to such a family.

7.2.8 How to Know if you're a Hornless Doctor or *Ngaka Tshupe*

There are medicines which have the affinity to make one to be clairvoyant and/or clairsentient. The initiate or healer is also supposed to have such medicines that open that space that penetrates the mental faculties of indigenous healing and its world. In Conversations with Ogotemmeli, Griaule (1965:16,68) mentions that the elderly man Ogotemmeli would now and then consume tobacco which he said "makes for right thinking", describing it as a medicinal herb with the affinity to "clarify ideas". As a response to how to identify a true healer or to know one's ability regarding whether they are a hornless doctor, similar intricacies are referred to by Tharollo in his communication regarding what he learned from elder men, as well as from Ngaka Msimango, Ngaka Hlongwane and other healers. It is within the ambit of this study that these ventilations and postures depict rare, peculiar knowledge that demonstrates the intense perceptive (indigenous) knowledge of these healers. Their locus of enunciation is within the paradigms of that which they believe in and it is a paradigm

that is holistic. However, the dismemberment that is attached to homeopathy through the lack of capacity to reason within that locus of enunciation of the African homeopaths I interacted with, means that they are unable to 'remember' the ideals of knowing what looks or sounds like indigenous sage knowledge. Regarding Dipuo's spiritual headache, the reference by Ngaka Hlongwane, and Ngaka Msimango of the hornless doctor being *"motho wa tlhogo"* is associated with what they regard as a type of headache of someone who is gifted in the domain of African religion and indigenous healing. It is a type of headache that is related to one of the many signs that one is called within the healing discipline.

In a study on praise-poems Kgoroeadira (199:49) defines *ngaka tshotswa* or a hornless doctor as a healer who does not use bones. Magesa (1997:194) asserts that "the process to become a diviner in itself sheds light on the significance of the calling and the serious role the diviner will play in a society". The articulation and promotion of 'knowing' and 'understanding' the make-up of a hornless doctor from what the participants shared is a contribution to knowledge that can be used as an existential and ontological epistemology of defining a hornless doctor. This statement is also supported by Adesina (2008:146) who says that "when one takes local vernaculars as their intellectual reference point or anchor", knowledge production can be drawn from such contributions.

7.2.10 The Hornless Doctor's History and Trajectory of Oppression

As explained in Chapter 2, a hornless doctor or *Ngaka Tshupe* is a rare type of healer. The history of their oppression is two-fold. Firstly, the initial account of the oppression of this healing modality goes back to the colonial era which was known for 'othering' indigenous knowledge systems. This made it problematic to recognise or accentuate hornless doctors in the post-colonial era, which definitively is not post yet as coloniality is still palpable here in South Africa, in my opinion. Ngaka Msimango, a hornless doctor, and two other healers confirmed the rarity of *Ngaka tshupe*. While there exists inadequate literature on the specialty of a hornless doctor or *Ngaka tshupe*, excerpts from one of the key indigenous knowledge holders corroborate what another healer Ngaka Msimango and Ngaka Hlongwane also asserted. Magesa (1997:188) asserts that in African religion the healers that are known as specialists in medicine are known

as herbalists because of their knowledge of herbs and medicines' affinity to protect and prevent maladies.

7.2.9 Is Witchcraft to Blame for Destroying Hornless Doctors?

Witchcraft is defined here by one of the participants (a hornless doctor, Ngaka Msimango) as part and parcel of African culture. Ashforth (2005:214-215) also attest that witchcraft is part of the "inheritance of abilities from ancestors".

However, it turns into evil and negative energy when it disturbs someone in a peculiar manner. Magesa (1997:189) states that witchcraft has a way of disturbing "the force of life" or a person's vital force using medicine. Corroborating Ngaka Msimango's statement on the fact that healers or *dingaka* foresee and are seers, Magesa (1997:189) asserts that herbalists or those who use herbal medicine "depend on spirits for their knowledge". This knowledge is perceived to have been inherited, taught through friendship, or bought. Bought here refers to what initiates pay when they are under a school or training to become healers. Magesa (1997:167,170) states that witchcraft as a psychic act is analogous to the enemy of life. Not only was witchcraft and the proliferation of *sangoma* initiation schools mentioned as being responsible for diminishing the art of being a hornless doctor, healers also indicated how Christianity in the form of the Apostolic churches was a Westernised model that has resulted in the disappearance of articulation and promotion of indigenous healing modalities. Ramose (1999:49) observes that Christianity "was introduced as a foreign culture to Africa" and as a result it has inflicted enormous dismembering effects on indigenous African modes of spirituality and healing.

7.2.10 A Dismembered Discipline – Confusing to Explain to the General Public

When wa Thiong'o (2009) idealised the concept of dismemberment it was born out of a situated context that was separated and disconnected from its core or innate self and nature. Dismemberment in the context of this thesis has been used in relation to the disciplines of homeopathy and African indigenous healing compared to *Ngaka Tshotswa* or "Hornless doctor" a healing modality that is here idealised to note some commonalities with homeopathy. Some of these similarities are expounded in Chapter 2. The criticism levelled at homeopathy is that it is endangering to their profession when they adopt the position that to explain this healing modality would be "confusing

to the people". The knowledge shared by the homeopaths also suggests that even when their clients or patients refer and acknowledge them as herbalist doctors when they are described as a "*doctor wa diherbs*" or similar, they do not 'hear' this and so are disconnected from the core nature of their discipline. The interesting point here is that these clients or patients seem to understand their doctors' position and perceptions when it comes to healing better than they do! Thus, the data suggests that homeopaths appear, and sound, estranged from their discipline which this thesis describes as an indication of a dismembered constitution. Further, it is this constitution that impacts negatively on the external sphere or the general public so that homeopathy lacks recognition or influence.

My research findings show that people seek help when faced with physical, psychological, spiritual and financial problems such as unemployment, which are situations that confront them on a daily basis. They consult or seek help through spiritual healers and prophets and the African indigenous church appear as a haven that offers honesty or openness in what they go through. This suggests that these participants who are not dismembered from who they are recognise the healing they may need from the modalities and entities of the spiritual healer, prophet and the indigenous religious church. This is problematic when the actual knowledge in homeopathy even despite one being in practice for at least nine years or four decades disempowers homeopaths to acknowledge their discipline as having a foundational basis in indigenous healing. The art and science of homeopathic healing is embedded in indigeneity, a knowledge base that appreciates the psychosomatic state and position of people. Here the data shows that the homeopaths, despite years of being in the discipline, are discontented when their clients describe homeopaths as being doctors who use herbs. It appears that African homeopaths are more at ease with being recognised and described as coming from Western medicine. This approach is represented by Dr M *"It is basically natural medicine, we don't go into deep details, you see like the Laws of Homeopathy and all that. It's as simple and explaining it like that, its natural medicine and mostly Black people when you speak of natural medicine, they'll think of herbs and they start calling you "u doctor wa ma herbs" i.e. "Herbalist". And when they refer friends and family, they'll call you "doctor wa ma herbs".* However, it would also appear as if the lack or absence of appropriate articulation of homeopathy is hierarchised by the extent of the education one has obtained in life and this

dismembering is mostly pronounced in Black people. Dr Zi also shared a story about a European couple's understanding and articulation of homeopathy as being synonymous with Western(ized) *sangomas*.

Dr Zi said her practice focuses more on the clinical side of homeopathy which simply means the practice is more leaning towards the conventional mode of healing than applying the indigenous mode of healing of homeopathy, explained often as the classical way of healing. She had this to say: *"personally in most of my cases I practice clinical homeopathy, classic homeopathy I use it when the situation dictates".* After clarity on what would be the situation that dictates application from classical homeopathy, Dr Zi responded: *"classical homeopathy is when you prescribe a single remedy based on the patient's constitution when the patient is treated holistically, meaning that the remedy matches the patient's symptoms completely on the mental, emotional, physical plane".* Mutwa (1964:654) elaborated on the term 'classical' as being synonymous with what Eurocentrism assumes to be the knowledge and collection of myths or cultural and religious traditions. The statement by Dr Zi demonstrates that African homeopaths or homeopathic knowledge use of the term 'classical homeopathy' is similar to the African ways of healing through culture or religion. This disjuncture and dismemberment within homeopathy also shows that homeopathy lacks dominance and articulation from its internal structures. It also shows that homeopaths do not understand themselves from the perspective of what Mutwa (1964) accords as classical but only from the conventional way of healing which does not allow them to do what de Sousa Santos (2016) alludes to as embracing epistemologies of the South which are contested, negated or even rejected even by their very own. This is the case of embracing epistemologies of the South when homeopathy refers to its indigenous side as classical homeopathy.

These findings show that homeopathy may not grow exponentially as it should because homeopathic practitioners desire to be associated with Western doctors despite alluding to the fact that homeopathy is unique and holistic. Western conventional doctors do not ascribe to terms of being holistic, however, in recent years with the demand for psychosomatic healing, when many more people are consulting religious and spiritual healers, these Western doctors have transformed their specialties into what they term 'integrative medicine'. For example, when Dr B shared that African people or patients when faced with misfortune would consult with an

indigenous healer, I asked him what he would suggest how a homeopathic healer could intervene in a patient's situation. Dr B said:

> *I think many patients would know that they've got things like misfortune, they consult a traditional healer, and many of them would do that. Well the Bazalwanes [charismatic churches] would consult with their pastors, they wouldn't like to see a traditional healer but I'm sure in case of that nature of complaint they have these options.*
>
> Tebogo: *Yourself as a healer you don't treat your patients in terms of homeopathy when they suffer from misfortune?*
>
> Dr B: *I have never seen a remedy in the materia medica which says misfortune although you can give *Pulsatilla or you can give Veratrum album.* [*see glossary of terms]
>
> Tebogo*: I think there is such a rubric in Murphy, of misfortune.*
>
> Dr B: *It's a feeling, it's a sensation, "as if I" I've got misfortune it doesn't really … because it doesn't remove the misfortune it helps you deal with that concept in your head of misfortune. If I need to see a traditional healer, I'll see a traditional healer, there are good traditional healers, but the majority are bad. The traditional healer will throw the bones and the bones will tell him what my problem is, if he is genuine, he is going to tell me exactly what my problem is. That's why many people would still consult traditional healers because they've got one thing that Western doctors don't have. They tell you what the problem is.*

According to Murphy's (1996:372) repertory (a homeopathic book that lists homeopathic symptoms of various aliments), there is a symptom that may be present in a person such as a 'delusion of misfortune' which features the remedy *Veratrum album* that Dr B mentioned. Murphy (1996:1332) also lists under mental symptoms that someone who may present with signs and symptoms of 'fear of misfortune' may benefit from the remedy *Pulsatilla,* should this remedy match with the patient's constitution or symptoms of their suffering. Dr B is of the opinion that homeopathy does not really treat the misfortune as such, but deals with it from the perspective of someone who has this sense and feeling of misfortune in their thinking or head. Dr B acknowledged that this was different to what indigenous healers do – they use their

divining bones *(ditaola)* and are able to "*tell you what the problem is*". This statement by Dr B supports the exposition of this thesis which argues that a homeopath is similar to a hornless doctor or *Ngaka Tshupe* in some ways as they both engage in healing. According to participant Ngaka Msimango an indigenous healer such as a *Ngaka Tshupe* is someone who "*dreams, is* [also] *able to see your problems and tells you, additionally he can also have ditaola* [divining bones]*".* This statement by Ngaka Msimango concurs with Dr B's response regarding healers, although Dr B uses the general term 'indigenous healers' and does not distinguish the hornless doctor or *Ngaka Tshupe* from the indigenous healer. Ngaka Mahlangu additionally stated that*: "he [Ngaka Tshupe] is a 'head person' 'ke motho wa tlhogo'. He dreams and at times may come across you in the road and just tell you your problems, that's how a hornless healer works".* Although this is dissimilar to how homeopaths treat or diagnose their patients, what is envisioned or shown to the indigenous healer is also projected by the patients to the homeopath. The argument is that the *Ngaka Tshotswa,* being a 'head person' is likened to the homeopath who also uses knowledge that she/he Gins from the patient to identify what remedy is needed. This means the homeopath *o bontshiwa setlhare ke* the patient – i.e. the remedy is displayed to the homeopath by the patient. Hence, what the patient projects or narrates in words or appearance during homeopathic consultation is what informs the homeopath what the patient needs. Dr B and Dr M expressed that explaining what homeopathy is to patients tends to 'confuse' them. However, their statements reveal the degree of dismemberment and lack of embracing epistemologies that are indigenous ways knowing that appear similar to the discipline of homeopathy. Other statements by Dr B, Dr M and Dr Zi are indicative of their rejection of their patients' perceptions that they are doctors who use herbs or dispense herbs. However, my research findings indicate that homeopaths are the ones who are confused which is why they have extreme difficulties in explaining what their discipline is in simplistic local indigenous terms or in local indigenous languages.

The aforementioned illustrates the disintegration of indigenous ways of knowing by academic disciplines, the example here being homeopathy, with homeopathic participants and the academy seeking to define it in a Western way. As stated by Nabudere,

> … challenges to Eurocentric epistemology unravelled the academic disciplines by fragmenting them even further into sub-disciplines and new methods and methodologies. This exposure has rendered the field of knowledge production incomprehensible, even to the academics themselves, as knowledge became increasingly compartmentalised' (Nabudere 2011:125).

This is a very important argument which emphasises Nabudere's radical criticism of disciplines that were constructed from Eurocentric reasoning, however with connotations that are suggestive of bearing same meaning with African originality of ideas and conceptions of illness For example, African people seem to have a susceptibility towards thinking that they have misfortunes. It is for this reason that Dr B's interpretation of misfortune in homeopathy is different to an interpretation of misfortune by indigenous healers. Nabudere deems these disciplines to be "false academic disciplines which degraded and dehumanised Africans".

7.2.11 People who use Holy Oil – Some South African Healers ask What it is Made of

Berchie and Baidoo (2017) agree with Emmanuel that many Ghanaian's use anointing oil or olive oil and that it is most likely that each Ghanaian has their own oil. The oil is believed to rid and protect the individual of all evil powers and to help them to gain favour in everyday activities, whether as a hairstylist or any other person. Berchie and Baidoo (2017:37) write:

> … experiences had with the oil has indicated that in the Ghanaian Christian community ministry, it is strongly held that the oil is used as a catalyst of impacting the 'victim' of evil spirits and liberating him or her from the dominance of the evil.

It is however indicated by Berchie and Baidoo (2017:45) that the use of this anointing olive oil is often problematic in that "church members are made to buy the olive oil very expensive than the price on the market". The marketing and usage of the anointing oil was regarded with disdain and rejected by healers Ngaka Msimango and Ngaka Hlongwane. Their concerns were related to the expensive cost, that someone may opt to spend the last money in the house just to purchase the oil. They were also concerned that some South Africans were being dismembered from their South African-ness by engaging in this practice. The healers raised doubts regarding what

the oil is made of, citing that many times someone may purchase it and find that within the entire household everyone is at loggerheads with each other, implying that the oil may also be created or made to cause disharmony rather than good, and at times that it is believed to heal or evict evil powers. In line with this observation, Berchie and Baidoo (2017:45) assert that the oil has been used "as a catalyst to speed up the death of someone who is suffering and it appears, he or she awaits eminent death". With regards to Emmanuel being warned by his spiritual mother and prophet from Ghana to stay away from the South African woman he was dating citing spiritual marriage and relationship issues, is also affirmed by Berchie and Baidoo (2017). They affirm that "also, someone who reports to be having 'sex' in dreams is also anointed as the effective way to ward off the evil spirit engaged in 'spiritual marriages' with such individuals". For example, Emmanuel said*: "physically people die because of women; people die because of men, so spiritually people also die because of women, and people die also because of men".* The setbacks and stumbling blocks in Emmanuel's life were as a result of the 'spiritual man' syndrome that his former partner was experiencing and it is often the case that such statements would only surface when it is the spiritual mother or prophet who alerts him to what confronts him. He describes this as: *"It's like your business is falling apart, your business is falling apart your customers are rejecting you to other people, you know, without any reasons you find that somebody is hating you for no reason. Sometimes my mom told me about it like, spiritually you may be well in a threat that they put on you, that threat is putting people away from you; it is driving people away from you, its hard luck from you. So, you need to break it up and with the spirit of God".* The phenomenon about a spiritual husband or man and marriage is not new. According to Jimoh (2017:51) and Bastian (1997:117), this is still an "unexplored and complex nature of phenomena" involving "highly personalistic transactions". Jimoh (2017) states that single women are more likely to be susceptible to this phenomenon, despite reports that any woman may be predisposed to it. And as Emmanuel argued, he had to leave that partner because this aspect of her having a spiritual man or husband would be difficult to eradicate. He described her as not being fond of praying to improve the situation of their relationship. Van de Kamp's (2011) study in Mozambique also attested to the existential and ontological realities of the 'spirit spouse' concluding from the study conducted that other comparable observations were also relayed by pastors who conceded "that a spirit spouse existed in almost every extended family". For Emmanuel the anointing

oil was protective for himself and he believed the oil brought him luck more than anything harsh. Although these mannerisms that mimic the syndrome of a spiritual man or husband are rare and are considered as being unexplored terrain, they are so because they are part and parcel of unembraced, contested knowledges that are ignored. It is indeed a phenomenon that is dismembered, as its emergence compelled Emmanuel to leave the South African woman he was dating. It may also appear as if its illustration demonstrates the lack of proper articulation and promotion of the spheres of 'knowing' that reveal these syndromes. In the same way, this thesis 'remembered' the symptoms of delusion in homeopathy. According to Murphy (2010:316) a remedy called *Pulsatilla* would be administered in a case-taking that presents with a "delusion that a naked man is wrapped in the bedclothes with her". This extrapolation may not be agreed upon by homeopath Dr B, who regarded this case of misfortune as "*it's a feeling, it's a sensation, 'as if I' I've got misfortune it doesn't really ... because it doesn't remove the misfortune it helps you deal with that concept in your head, of misfortune".*

7.3 Sacred Spaces that Produce Sacred things – African Indigenous Healing

7.3.1 People who use Prayer and Holy Water to help Pacify their Life Ordeals

This subcategory addresses the mode that serves as a medicinal therapy to those who seek help from spiritual healers and or prophets. The people I interacted with have utilised the mode of holy water in the face of unemployment, lack of concentration and in a sense of feeling overwhelmed from life's challenges.

The use of prayer, holy water, consultation with spiritual pastors or prophets is like a catalytic reflex by African people to the myriad of problems that they encounter. This response could be due to subjugation and subjection to colonialism and apartheid. However, my study takes a detour from this, acknowledging that although the living experiences of the people I interacted with may reflect that things may seem to remain the same, what interests me is what the people I interacted with are doing to deal with these issues.

People often seek healing and prayers from their spiritual churches and prophets when faced with impending doom in their life cycle, emanating from lack of employment, "spiritual" headache, inability to concentrate at school, failure to reach desired profits

or commissions in the area of work, etc. At the helm of seeking holism, the treating of the whole person rather than just the symptoms of a disease, prayer appears to be the humidifier to alleviate the impact that is brought on by the suffering. Even if conditions do not improve e.g. finding employment, gaining an asylum permit, having enough cash, the conditions compel the people I interacted with to be consistently in prayer, which is at least an outlet for them.

The usage of holy water and prayer, according to the people I interacted with, is ideal. The holy water is used in miscellaneous ways, including for cooking, sprinkling in the yard, bathing and drinking. Prayers offer a glimpse of hope and help pacify the sayings of varied mishaps the individual encounters. The following statement from Michael corroborates this aspect: "*many of us are complaining but just because you're a foreigner you just stay and pray".* Busi also from Soshanguve (3 June 2017) shared that *"when we pray, he* [the prophet] *is able to see things about my life that bother me".* Others like Emmanuel have categorically stated that the invitation to prayer includes the incorporation of reading a scripture from the bible in an attempt to help ease and solve their problems. Zinnbauer, Pargament and Scott (1999) found that at times of seeking spirituality and religiosity, people invite prayers in their life to pray for their health or read a scripture such as Proverbs from the bible to resolve any problems they may have. This sentiment is described by Emmanuel: *"I blame God for no answers but when you go back to the bible the book of Matthew 6: 34 it gives me answers because he says unto us, when you seek the Kingdom of God first everything shall be handed on to you. So sometimes I feel like it is my own mistake something that I did to somebody or something that I did to myself that made me get that flu, so I have to go on my knees and ask for forgiveness so that I can be better in life".* In the abyss of redressing the injustices of the past and promoting the emergence and buoyancy of what we call indigenous knowledge systems, it is these statements that reflect that the more we think or perceive that things are changing the more they remain the same. The set of values espoused by the indigenous praises characterising various indigenous African traditional healers and leaders with concepts such as *Ubuntu* (humanity) and often quoted chants that traditional and spiritual healers are respected and serve as counsellors within their communities, while their value is not respected. Frankly, these characteristics are not reflected in the societies and

communities of the people I interacted with. This reflects the inarticulate role and devaluing of such IKS holders within the communities.

It would appear as if suffering is an indelible mark in the lives of these people. Challenges continue to be part of their lived experiences, allowing the African people I spoke to seek healing and prayers as a result of their desire for an improved life. It is this indelible mark that assumes a posture and temperament that is tolerant, as if tolerant with the situation. The nature of the emotional climate is that of longing for a sense of belonging, wanting to belong and a sense of feeling bereft at the clear picture that reveals they (participants) are not part of a just and equal community. In the people I interacted with the temperament can be alleviated by equality, employment, socio-economic well-being, which requires the intervention of a spiritual healer or pastor who prescribes holy water, intercessions of prayer and knowing oneself. In most of the cases the temperament of the people has the character of a murmur, a murmur waiting to cause a paralysing or fatal attack. I asked why the need for continual usage of the prayers, holy water and consultation with the spiritual healer despite things not coming together. The murmur is as a result of the endurance of praying, using holy water one consulting with either a spiritual healer here or from their home country if they are immigrants, despite the lack of positive or permanent results. Murmuring in this temperament is of a subtle nature. Sufferance and tolerance are illustrated by direct statements such as the excerpt below by Mme Morobane. The sufferance and tolerance to bad situations is often aggravated by the embedded gift that appears to be essentially entrenched in African people. This often involves being consumed and marred by a tortuous temperament. Prior to reaching the summit and embracing suffering, the journey has twists and turns that bring misery. However, the misery or sorrowful events that occur in an individual's history and journey form the emotional climate and temperament which yields the wisdom to understand. Mme Morobane's communication below is evidence of the events of the temperament (and timeline) to sufferance and tolerance of someone who reflects the twilight and dawn of a healer awaiting to be born.

> (Mme Morobane – personal communication, Soshanguve August 2017): *… I must tell you about a (spiritually) gifted person (motho wa neo). That when you're gifted you become or called all sorts of things. I will tell you that I myself have even appeared in the Daily Sun newspaper – in 2006 when my shack*

burned, my family and I were left only with the clothes we were wearing. All our belongings were consumed by the fire, I could not even shed a tear or cry uncontrollably – I began shedding tears from October of that year – that's when everything that had happened was sinking in. In my entire life my own father I have never seen him with my own eyes, my own mother has also not seen her father with her own eyes. You know what I'm talking about? I only found or heard about my father's family when I was 47 and my own mother is a strong seer of an apostolic church".

Timeline to Suffering

The timeline that orchestrated apartheid, colonialism and oppression in South Africa distorted people's character, culture, knowledge and behaviour to new formulations of what was to be life in different eras. Thus, the theme of sufferance and tolerance presented herein is also mired by different strata. During the timeline perceived to be South Africa's new tenure of democracy the posture of the people characterised in this timeline is of sufferance and tolerance i.e. tolerance or sufferance to being alienated in a foreign country, tolerance of unequal working conditions. In this current timeline the people I interacted with find themselves being alienated in a foreign land, still being or finding difficulties or being in agony in articulating who they are or what they practice as a homeopath, just to highlight the timeline to sufferance as it played out in those I interacted with. This is discussed below in the difficulty in delineating what a doctor who prescribes what is perceived as herbs and a doctor who prescribes what she/he calls natural medicines have in common.

From history we learn that people have always complained about the times they live in. The South African apartheid ordeal is not peculiar nor exceptional to other sovereign states. Ancient philosophers advise us to "let to-day embrace the past with remembrance and the future with longing" (Gibran, 1983:71). There continues to be a sense of alienation in what people consistently say "*there is nothing you can do",* because they are foreigners and are treated differently; to sounding belligerent when patients consider one to be "*that different doctor who is good and uses herbs".* What is found in the current era with the people I interacted with is no sense of belonging, and distorted character affecting behaviour*: "that we foreigners, they don't treat us well seriously*; *you don't have anybody to talk to"* and *"you're a Western doctor because this is Western medicine, Homeopathy came from Western medicine".* Some of the

statements of participants show that the timeline of these events reveals that the more we think things are changing for the better, the more they remain the same, as evidence by this statement from one of the homeopaths I spoke with who, referring to patients who consult him, said: *"some of them can't even write, so they lack education, so they don't know*" and another who said: "*we will remain being private; you're on your own, probably the government is not giving us any assistance you see and I don't even think the government would like homeopaths to be at the level of doctors the GPs you see".*

Constitution of Suffering

By constitution we mean the individual is shaped by their inherent nature or innate plateau in life. Here the nature of the constitution finds itself wanting, searching for an improved life, searching for an understanding of what or why their life is the way it is. The core nature of their constitution or constitutional make-up challenges them to find meaning and solutions to the myriad *"lack of(s)"* sufferings of their lives including lack of employment, troubles of concentration at school, troubles seeking for asylum etc. The adversities that are faced by the people I interacted with are such that there is a level of subtle tolerance in what they go through.

The realm of sufferance also propels us to see the history of Black African people's suffering in the lens that shows that one's sufferance is placed into a hierarchy that causes those who feel liberated to feel that they are superior to others. They are well off and boast about this state they are in. Dei (2012) alludes to this in that it is Black African practices and experiences that ought to be the best teachings i.e. even though sufferance and tolerance happens, however, it is these realms of sufferance that guide what is it that disciplines ought to construct in order to rebel and disfigure disciplines or callings that constantly dehumanise and isolate the use of African ontological realities.

Temperament of Suffering

It is not only alleged but also asserted that within the realm of sufferance and tolerance the modes of health and healing are not only vast but of complex varieties. However, in terms of the people who participated in the study, their temperament was of a tolerance type. This study notes that the history of dealing with any kind of dysfunctionality in South African shows a propensity for violence and expressions of

disgust and anger through various kinds of protests, but my research findings show that the people I interacted with in the study do not use such coping mechanisms, they go and consult with a prophet or indigenous spiritual healer when they have problems or are sick. Some, such as Palesa, refer to this approach, which is existential and ontologically explicit in an era of seeking redress and reflections, as knowing who or what has a 'signal' that can impart knowledge from a source that not even people with qualifications have the ability to tap into. Palesa, Phindi and Tharollo are imbued and rooted in remembering their African indigenous knowledge of healing in various ways. What Palesa refers to as a 'signal' that is received from the prophet she sees or consults with is similar to how healers have been described as going into trance to tap into a 'signal' about the patient who has come to see them. Palesa prioritises consulting an indigenous spiritual healer and prophet who can alert her to go and see a conventional doctor or herbal medicine healer if that is appropriate. Griaule (1965) is a French philosopher who is here cautiously but meaningfully mentioned due to the corpus of extensive African religious ideas and indigenous knowledge of the Dogon or Sudanese people he engages with. In line with privileging African epistemologies with relevant existential and ontological realities, the African religious ideas Griaule (1965) writes about use of the conceptual lens of the Dogon or Sudanese people, despite being written by a French philosopher.

7.3.2 African Indigenous Church as Sacred Space and Storehouse for Spiritual Healing

Most of the participants classified here as ordinary everyday people shared their modes of consulting prophets who are coming from the African indigenous church. One of the participants alluded to the fact that in the current times people no longer want to attend churches that lack (African) spirituality. If the church is lacking in this aspect, people regard the church as being 'cold'. The presence of the spiritual element through foretelling people what ails them by means of engaging the spiritual realm, the use of prayed water, and other sources used are the elements that identify and define indigeneity in a church. It is this indigeneity that compels people I interacted with to seek and consult prophets from the church for their health and healing. Kai Horsthemke (2004:36) questions and responds that there is nothing indigenous about knowledge. This reference is made here to demonstrate how knowledge can be dismembered and how through remembering and knowing it becomes possible to

distinguish between indigenous and Western thought-patterns. This question is applied and explored here in what gives rise to African indigenous churches or prophets being the preferred supreme healing modalities rather than other alternative healing modalities that may also offer similar transcendence. This is what ordinary people desire for fulfilling their spiritual needs.

Traditionally the mainline European churches or the Judeo-Christian churches rarely produce their own modified substances. However, in the African indigenous churches this is a trend and stylistic feature of this setting. The trend is such that there is sometimes a wave of populism around a certain modality of healing and people flock to the place. The modality or method of healing is the water which is transformed into holy water after it has been prayed for or mixed with the churches' unique water which is acknowledged to have the catalytic powers that make the holy water what it is. In this regard there are those who think that South Africans flock anywhere a crowd goes to without listening to their instinct or belief systems. What can be distinguished about the holy water is that it is not an ordinary commodity but a modified material or substance that is scarcely found in the Judeo-Christian churches. This is what in many facets characterises and articulates the use of blessed water within African indigenous churches.

The African indigenous church is not only described by the ordinary everyday participants in this study as a sacred space for spiritual healing, its use and process of making blessed or prayed water or holy water and its unseen powers are unique compared to the likes of the Judeo-Christian churches. One of the most paramount therapeutic and healing interventions used in any malady encountered by people is holy water. The making and processing of the water to qualify to be called holy water also reminded and allowed this thesis to remember how homeopathic medicines are potentised, i.e. how they are manifested into high dilutions.

The following statements illustrate the extent at which the people I interacted with believe in the healing and benefits of this modality giving them great confidence. A sense of having hope and trust in what is not yet seen and achieved by the naked eye is stated biblically in Romans 8:18, that what people suffer now prepares them for a better future .There is also a degree of safety felt in opting for the usage of holy water, because almost all of the participants I interacted with felt this was a harmless route

and they had faith in this modality which involves following the instructions of the prophet of the church. It should be mentioned that the ordering and gathering of the holy water is from one of the esteemed African indigenous churches in South Africa, the St Johns church (Masondo, 2014). This is one of the churches proclaimed to have an affinity with spirituality (*kereke tsa semoya*) as expressed by Dipuo: *"these things are like this, I am sure you realise churches are not the same, some churches are of spiritual bases they can heal you spiritually, they aren't the same".* Masondo (2014) and Anderson (2003) concur that the life-engine of African indigenous churches is the spirit (*moya*), and lack of this Holy Spirit impairs the paths and lives of those who come to this church distraught. Furthermore, the effects of holy water are innumerable as confirmed by Busisiwe who told me that the spiritual healer foresaw that at her household there are unseen objects that are at play and their dogs are affected through what appeared as abnormal copious amounts of poo excreted by them. She described this as follows:

> *What he* [priest/prophet] *told me is that at home we have dogs and every day when we get up there will be lots of excretes from the dogs and one would ask herself what kind of dogs defecates such copious amounts of faeces.*
>
> Tebogo: *And these are your pet dogs …* (laughing) *are you not over feeding them?*
>
> Busi: *No, we do feed them but for a day … when we get up the next day or morning the amount of faeces there is strange. So even in this case the mfundisi* [priest] *told me without me informing him about this … he said there's something that lives and sleeps in the yard and it is the one that defecates so much in the evening and we think it's a dog and it's not; it's merely evil people's ways ...*

Having asked Busi how this impacted her life and that of her family household, she elaborated as follows:

> *I may be called for an interview but whenever I get there they may say we have already hired someone and also at school at times I become blank even though I do read but I may not hear or know what the lecture says. They say I'm the biggest target because I have a bright future ahead of me, so whoever is doing this they are aware that I can succeed in life that's why they try to obscure stuff for me.*

The remedy and solution for Busi in this predicament was to sprinkle and use water that had been prayed for by the priest or spiritual prophet from an African indigenous church. She eagerly said:

> *It's just water which I fetch from the church's taps and umfundisi* [priest] *prays for the water. I was told to get holy water from the church and every time before we sleep, we should sprinkle the water in the yard and pray. The church uses water, I was told to get holy water from the church and every time before we sleep we should sprinkle the water in the yard and pray and yes I've done that and I have seen changes because the defecate is currently normal and I can also observe and notice that this is indeed dogs poo. And, at night I am able to sleep even the children are able to do so.*

There has not been any validating literature regarding the aspect of faeces being used for evil purposes of eliciting dark energy or bad luck for someone, except for anecdotal evidence that is shared by people informally and formally. The value and similarity of this anecdotal evidence is that there is truth in that actual faeces can be used as *senyama*, i.e. it can be an evil way of creating a dark cloud over someone. With regards to unseen objects Griaule (1965:137) elaborates on them in sacrifices as objects that ought to be appreciated indicating that

> this must be so if the universal order is to endure, because they serve as a perpetual exchange that goes on in humankind, which result as continuous movements of the invisible currents also regarded as receiving the forces of life.

There also appears to be what may be called a trans-migratory way of using water that has been blessed or prayed for. This mode of healing through prayed or blessed water was alluded to by Emmanuel who said that *"If I feel like I'm sick, I have a stomach problem I call home* [Ghana] *any other prophet that I get and they ask me to pray on the water and drink, same time my problem is solved".* The water or blessed water was reportedly used in various ways, as one participant said, *"you use it for drinking, washing and cooking, anything that you can use as long as it involves water you can mix that with holy water".* Here one has encountered people who, despite their varied and myriad problems, have seen holy water and the water they have received instructions from, catalysing what they wish and desire to see manifesting in their lives.

The African indigenous church appears to be the most preferred mode of finding solace as revealed by my research findings. Many people no longer go to churches that lack the gift of prophecy, as explained by Dipuo, one of the participants. The sufferance of people I interacted with propels them to seek aid from the spiritual pastors of their own church; this arrangement is also seen amongst the foreign nationals or migrants I interacted with. It would appear as if the African indigenous church is a sacred place but more significantly a spiritual home that interprets sufferance into its temperament, constitution, timeline and causality. To be more precise it is these sacred spaces with sacred prophets or healers that declare and reveal their dismemberment, remembering, senses of (African) imagination, their *Indabas.* Masondo (2014) states that it is these types of churches that serve as a conduit for an African to know who they are, i.e. allows the imagination of tools of praxis that give meaning to people in their social constructs (wa Thiong'o 2009:39). I add that the applications of tools of praxis used here, such as holy water may not be for Africans only but for all humankind. In the African indigenous church there are spiritual healers who mediate for the suffering of people to be alleviated and transformed into a success. Initially in this research study I wanted to interview (AIKM) practitioners such as *sangomas,* prophets, spiritual healers and *inyangas* or herbalists. However, the rhetoric for preference for spiritual pastors or spiritual healers was more compelling in terms of the issue of alleviating peoples suffering, so I restricted myself to these practitioners. I was influenced too by the fact that Nxumalo *et al.* (2011) and Masondo (2014) revealed in their findings that the notion that 70-80% of the African population consult *sangomas* may not be a true reflection but that only 0.1% do, as revealed by Nxumalo *et al.* (2011) in the General Household Survey. A nationally representative survey of 4762 households was conducted by Nxumalo *et al.* (2011) where findings depicted that there was a decline in the number of people who consult traditional healers in South Africa. For this matter my report also illustrates that there are people who denounce African traditional healers or (AIKM) practitioners. The denunciation is often due to having had a bad experience with them more than just merely alluding to disbelief in them. The new term for a traditional healer appears to be a spiritual pastor or prophet, not *sangoma.* The term spiritual prophet or pastor has gained more impetus than what African traditional healers have been accorded in my report. African traditional healers or AIKM practitioners as highlighted in my study do not appear as the preferred choice. The criticism is that, as a result of a belief in

Christianity, the faith and belief system in confiding in these traditional healers who are *sangomas* is diminished i.e. they are prevented by their Christian beliefs from doing so. There is a stronghold that believes in prayer and not what may be derived from a traditional healer's signature. The nature and ontology of sufferance in this regard is that of allowing the African indigenous church and spiritual healers to help transform this state of suffering to one of improvement or development. This choice is a clear depiction that defines the nature and sufferance that most people experience and go through in these African communities. One of the participants experiences was what she calls spiritual headaches which manifest subsequent to having had a vision or dream about someone where healing requires her to pray for someone else. Failure to establish what the vision commanded her to do manifests in a headache because she could not be of any support or help. Being of support or help is when she manages to either pray for such a person or share with them the significance and reasons for her seeing them in her visions. It would appear as if the headache serves as a beacon to warn of a looming danger or adverse situation, i.e. the headache serves to relay a message. The following statements are evidence of this as asserted by Dipuo: *"Even with other people, for example, at my church where I'm born again, our lady priest was seriously ill, I was shown who should pray for her and this person was of another church, that if she can go there she will be fine. There are some people at other churches who don't like the prophecy issues you can't tell them you saw this and that in your vision. So, I told some woman in the church what I saw. But you see it ends there it just gives me a headache, I did nothing to help, I did not cough it out".*

Regarding the spiritual realm, the participants in my study were entirely aware of their spiritual well-being and it appears as if this level is more significant than the physical body or emotional aspect of well-being. However, when experiencing ailments of the physical body the participants in my study have shown that they can distinguish between seeking support from the local pharmacy or their spiritual prophet or healer. As Mutwa (1964:654) observed: "the African can only be understood in terms of the strange workings of his own mind and those who do not appreciate this may as well refrain from trying to study the African".

Here the spiritual headache is not an ordinary headache, it is considered to be a warning or a premonition of what ought to be done by the one suffering from this malady. Dipuo said she was told that her headache was spiritual *(tlhogo ya moya),*

"it's like when you go to the church to consult about the headache, they tell you that you must help people [by becoming a spiritual healer] *and do this and that. You will think twice and say let's try other alternative ways. You will ask for options and say what if I do this in a Christian way, that's why I say there are churches that are capable of rooting the spirit in a person to reveal itself what it needs and what needs to be done so that you can be able to help people, and that is your ultimate healing as well. It is just like those people at that church* [African indigenous church] *basebeletsi they are working towards their healing. That's why they told me I just need to join."*

People use prayer and holy water to help pacify their life's ordeals. African indigenous churches appear as a sacred place and hospital for many African people. Participants have emphasised their high regard in terms of a type of healing that is found in the conjunction between African religion and spirituality. From these churches it is discovered that the African people nerd on hope. For example, Palesa indicated that her seeking health from the church's spiritual healer is because she prefers and likes doing things in God's way. When it comes to churches that lack spirituality or *moya,* Dipuo observes that many people prefer such churches because if the church is deficient of this elementary part, that church is cold. Mndende (2013:79) agrees with this, adding that most of the times these churches are attended by *dingaka, amaghirga or sangomas.*

Nabudere (2011) asks the question: "how do we understand and create knowledge?" Nabudere's concept of epistemology are about the totality of being, they are not segregationist. Participants such as Dipuo spoke about this when referring to attending a church that is reduced to preaching only without engaging (*taba tsa moya*) spirituality; this renders the church as cold. According to Dipuo the church should be encompassing all knowledge*s,* a posture and tendency that is often depicted in most African people. The constitutional posture of being in a misaligned state is when one is religious or spiritual on Sundays through attending the church but on other days indigenously ritualistic while on other days imposing a Euro-modern approach to living. I am not suggesting and questioning that should people live or return to the ancient ways of living. However, when dissecting and applying wa Thiong'o (2009:39) concept of a dismembered state or person, it can be inferred that Africans not incorporating what fulfils their livelihoods (i.e. being filled with African spirituality) is also cold and unhealthy.

7.3.2.1 The Process of Making Holy water and its Unseen Powers

The practices and usage of holy water and bath water described by participants resembles the usage by homeopathy of medicines that are highly potentised (i.e. diluted). In Aphorism 291 of the Organon of Medicine, Hahnemann (2003:291) writes that baths of pure water are only palliative compared to what the participants in the study alluded to regarding the baths in the Apostolic church that are prescribed by the prophet and *basebeletsi* (those who work for or serve) which cleanse and clear the terrain of darkness and misfortunes in their destitute lives. The other aspect of this is that the *basebeletsi*, prophets or faith healers in African indigenous churches also use steel rods for praying and healing and this has been the case from ancient times. Aphorism 288 of homeopathy mentions the use of these steel rods. This also demonstrates that this is similar to the archaic practice that has been there from prophetess such as Mme Manku, Mantsopa and others alongside many African indigenous religious churches who continue to practice this.

The preponderance of many African people consulting or seeking aid through the means of a Mfundisi or a spiritual healer does not suggest that Black people are susceptible to what many may deem as taking advantage of the poor. Even though this may be case from healers and prophets who take advantage of the poor, but in many instances there are real people who experience evil things or being bewitched as they see and experience real things in their lives that undeniably hamper their state of being or their actual existential ontology.

Also, what needs to be said is that the modification and making of this water is unique and differs from the pre-packaged labelled bottles of holy water that have manifested in many charismatic and Judeo-Christian churches. Stories of using blessed water or *metsi a thapelo* from people I interacted with entail using two-litre cold drink bottles where the label that is on the bottle is often removed to allow only the water to be transparent or visible from the clear bottle. I asked what happens when this water is getting to the point where it is nearly finished (empty), one of the participants shared with me that *"you just fill or add water from the tap of your household or any water*". It is believed that the water continues to carry the same healing powers even though it may seem it has been attenuated by adding more water to the bottle. From this practice I was reminded of how homeopathic medicines are also made and prepared.

The following aphorism from the *Organon of Medicine* describes this scenario as follows: "… every dose, no matter how minute, touches, on the contrary, many nerves" (Hahnemann, 2003: 276)

7.4 A Varying Terrain of Indigenous Healers

There exists a varying terrain of African indigenous healers. In as much as there are different and varying biomedical practitioners, the sect or guild of African indigenous healing comprises different healing systems and healers or practitioners each operating according to the way they received the calling. The act and ways of becoming a healer is often masked by the call itself being varied and complex (Magesa 1997:194; Thornton 2009:18, 23; Zuma, Wight and Moshabela, 2016). The complexity and variety also confirm that the often-used categories that are found in the legislation (Rautenbach 2007; Zuma, Wright and Moshabela, 2016) which classifies the types of indigenous healers do not and may not fit with each healer as I learned from the healers I interacted with. The way they understand and describe themselves is not synonymous with stipulated types of healers; the type of healer is actively existential and ontologically meaningful based on who they are and they do. It is a well-known fact, a fact that is frequently written about, that becoming a healer is a process and a calling that is orchestrated by the individuals' ancestors or deities. However, from the people I interacted with it would appear as if being called by the ancestors or deities as a healer or African indigenous healer or a traditional healer is probably a misnomer. This is so because these categories, for example, an indigenous healer which is descriptive of the channelling energy of a deity or a spirit that regressed or died on the mountain or in the wilderness, such a healer or healers have not practised as such a healer. One of the participants, Mme Onicca, explained that *Matlhasela* is who she becomes when there is something that is of pure evil or anything that may appear as if it is mal-aligned. *Matlhasela* is a deity or god who attacks or awakens. Mme Onicca explains how she received her name: *"It is as if this god Matlhasela (one who attacks) when looking at the real person i.e. myself I appear as if I am someone who is very quiet but when this god sees something that is not well or okay, he attacks. So, this name Matlhasela came from my Gobela it was in 1981 or 1982".* For Ngaka Sereto who lives in Garankuwa (September 2017): *"… people who consult this type of healer Matlhasela, all the problems they may have Matlhasela will embark on attacking those problems*". As a form of how these ancestral names or the force that the name carries

get afflicted when things go wrong, Magesa (1997:162) writes that "nature spirits sometimes cause affliction because they have been harmed in the earthly elements they inhabit". Ngaka Sereto and Ngaka Msimango say that there are ancestral spirits that reside or have a particular habitat such as the mountain, *entabeni,* those who represent *medimo ya dithaba.* Magesa (1997:162) adds that "certain trees or caves or forests should not be trespassed because to do so will just invite the anger this may bring some chaos". One of the participants, Tharollo, who is currently unemployed due to being retrenched, told me that he enjoys visiting the mountains and caves. He finds solace and healing through prayer by visiting these habitats.

7.4.1 Healers Marred by Sorrow

This healer is marred by misery, sorrow and what may appear as grief, although this does not imply that the healer is constantly morose. Their sorrowful nature or predisposition is a gift to help transform others who may be walking this path.

The following statement as shared earlier under subsection 7.3.1 is a repeat of Mme Morobane's statements as a spiritual healer marred by sorrow.

(Mme Morobane – Soshanguve August 2017): *"… I must tell you about a gifted person (motho wa neo). That when you're gifted you become, or you're called all sorts of things. I will tell you that I myself have even appeared in the Daily Sun newspaper – in 2006 when my shack burned, my family and I were left only with the clothes we were wearing. All our belongings were consumed by the fire … I could not even shed a tear or cry uncontrollably – I began shedding tears from October of that year – that's when everything that had happened was sinking in. In my entire life my own father I have never seen him with my own eyes, my own mother has also not seen her father with her own eyes. You know what I'm talking about? I only found or heard about my father's family when I was 47 and my own mother is a strong seer of an apostolic church".* Magesa (1997:161) verifies that a person may suffer due to past grievances and sometimes because certain ancestors have been neglected as a result of "failure to observe lineage rules and certain rituals".

7.4.2 *Mafela Ntabeni* – A Healer who Regressed in the Mountains

It must be mentioned that these gods or the descriptive terms of these ancestors' names are common in those who undergo the period of initiation or are about to be

initiated as healers. However, on exploring the concept of *mafela ntabeni* with Ghanaian migrants who participated in this study, it can be further acknowledged that the WHO (2001) have long established that about 80% of the African population consult African indigenous healers and make use of indigenous medicines. However, amongst people I spoke to informally and participants in the study there was disdain and ambivalence towards indigenous healers. Matsena (2018:3) also affirmed this disdainful trait from the people in Soshanguve and areas in its proximity, as they were aiming to bring clarity into African indigenous healing. My research findings depict the current trends regarding what people do when they seek healing and who do they consult amid the existing parallel healing systems**.** And though variety in healing modalities may be qualified in terms of the type or kind of healing offered, most of the advertisements and placards by those who pose or regard themselves as indigenous healers are more about the invasive tasks such as penis enlargement or bringing back a lost lover.

What distinguishes the findings of my study from other studies in this realm is the fact that the healer participants in this study describe and understand themselves in ways that have never been described. The healers I interacted with do not conform to the standard legislated names or types that describe indigenous healers and the way in which research in these areas has always described them. For example, *mafela ntabeni,* is a healer marred by the powers of the deity and spirit that regressed or died in the mountains or bush. The deity manifests itself through this healer by guiding or directing the healer to what they ought to do to establish healing in those patients that consult the healer with their problems, i.e. this deity imparts wisdom and knowledge to the healer. When *mafela ntabeni* is challenged by absurdities in life either through patients that consult him or in any adverse situation, he climbs the mountain to regain power, strength and wisdom. As aptly put by one African indigenous healer, upon climbing the mountain this healer-*mafela ntabeni* can communicate mouth to mouth with this mountain. As Ngaka Sereto shared with me that in September 2017 *"… you find that all his integral powerful energies are embedded from the mountains. When such a healer has to talk to his ancestor's mouth-to-mouth, he climbs the mountain. Mafela Ntabeni is the god that is in him he died in the bush but it does not mean for each and every thing he must climb the mountain, on his own when he wants to regain power and strength he must go and talk to god of the mountains because he is*

protected with that god, but in helping people, it is that god that must tell him do this or do that". In order to help substantiate and depict that which explains what healing is, who a person is and how a person ought to know the self in order to orchestrate her/his own healing, this participant's narration speaks to a nuance that delineates that when one needs prayers, the participant chooses the mountain or the riverbanks. This partly explains that each person or healer has an ancestral deity or owner that protects him or her, this can be from the rivers or mountain rocks. This is explained further by Tharollo *"I use the mountains or will go to the rivers depending on wherever I feel like going. Every place has its owner hence even your household has its owner there is a female and a male rock, there is one who owns the mountain, caves, rivers … everywhere in the world there is the owner of that particular place and everything on earth is found in pairs of 2, nothing goes in separation".*

In Chapter 5.6.1, Weber-Pillwax (2001:168) asserts that privileging indigenous research methodologies ensures that the research methods are congruent with the African communities that people live in or find themselves in. This is the case with the findings from the people I interacted with in this study. Although health and healing is part of what they need, their ways and methods of who they consult is not congruent with homeopathy.

7.4.3 Can a True Healer Emerge? Let's See Them: Intervention(s) Despised by Participants

Despite the chaos and dysfunctionalities that bemoan people and communities, the participants alluded to the fact that the most relevant and supreme healer and practitioner they turn to when they are confronted with social, economic and other lifestyle challenges is the prophet or spiritual healer. However, many studies including the WHO (2001) report have flaunted African indigenous healers most often without delineating them from spiritual healers or prophets. The indigenous healers I interacted with in this thesis are all not happy with the state of their working environments except for *Matlhasela.* No matter how the participants who shared that they do not trust indigenous healers expressed their views, it is true that the sect and calling that is deemed to be from the ancestors and characterised as being revered, and acting and being seen as counsellors of their communities is not getting into a

trance or *go tshwara ke moya,* i.e. having an out of body experience, as a response to the chaos and dysfunctionalities that are rampant in their communities.

7.4.4 What Kind of Healing are Healers Working with, how do they Deal with People?

The articulation for healing in humanity and in inanimate things should be similar to the principle of *primum non nocere,* first, do no harm. The similarity of this principle is also found in Mme Grace Masuku's description of *ngaka Tshupe* or hornless doctor, as a doctor who is likened to an ox which is devoid of horns. She reiterated further that this implies that this modality's nature of healing and medicines are harmless. This statement signifies that the indigenous healing aspects of *ngaka tshupe* or hornless doctor alongside methodologies of healing that do not cause harm of any kind are not generally detrimental. To add to the guidelines of these methodologies participant and *ngaka tshupe,* Ngaka Msimango added that in ancient times "*our elders used to say rona [batho bantsho] a rena Modimo re na le Badimo, Modimo ke wa makgowa* [we Black people, we don't have a God, we have ancestors, God is for White people]*".* A similar perspective based on what is deemed as parallelisms of variations on a Zulu theme regarding what the then leader of the Shembe had prophesied as the utopian congregation saying that the traces of the defiant oral lore were there. Although the source of the information regarding what the Shembe Church elder said is no longer traceable, however, it is reported that he once said that 'Jesus for the whites, Gandhi for the Indians and Shaka for the Zulus', but 'Shembe is for all'. Transcending these analogies implies that for healing to manifest in the indigenous healing sect entails calling upon one's ancestors to intervene in the healing process. However, there are instances where the healer's methods or chance of being selected to heal remains doubtful for some clients, as we learn from Dipuo's statement below.

Thornton (2017) observed the aspect of magical empiricism where it appears as if healing is happening whereas there is no healing or enough healing. A similar aspect is painted by participants who have replaced the term African indigenous healer with the terms 'prophet', 'spiritual healer' or 'pastor'. They regard the prophet or spiritual pastor as being knowledgeable and versatile in being able to see if you as their patient might need the intervention of Western medicine or even African indigenous healing or if you merely need to receive healing from their church. In other words, these

patients rely on their spiritual healer for overall guidance regardless of whether healing occurs or not. On exploring the market for healing in Mpumalanga, South Africa, Thornton (2010:148) found that people perceived Western conventional medicine to be "little better" than preferences such as indigenous healers. Dipuo expressed this similar nuance even though the indigenous healer had advised her to seek help at the local community clinic for the ailment she had brought to the healer; she preferred the church approach of using water, which is harmless. She says:

> *I won't fault church people because most of the time they use water, so water is water that has been prayed for, with belief you can heal, this water does not contain anything that will dig you internally. So, I'm talking mostly about traditional medicines.*
>
> Tebogo: *You don't consult them yourself traditional healers you prefer those who use water?*
>
> Dipuo: *Yah! I prefer those who use water.*
>
> Tebogo: *Why don't you see them?*
>
> Dipuo: *I don't believe in them; I don't have trust in them. In my life I hate drinking bitter things, they give you full enamel beaker saying it will cure you, problem is it can cure you, but it does not have measurement as by the doctor. They will never say drink a teaspoon it's a beaker when it gets there it makes you worse.*
>
> Tebogo: *So, with traditional healers you have a problem with their medication and not how they consult with people?*
>
> Dipuo: *… I once went there but could not find help, that healer refused me entry as he said I must go to the clinic, my child had fits* [epilepsy].

Participants who were critical of African indigenous healers were supported by evidence and experiences regarding how these healers operate. This is explained in the context of the concept of *botho* or *Ubuntu* as espoused by Ramose (1999:237), that an individual ought to be *motho* or *umuntu* in order to overcome ill-health or any sufferance. Ramose (1999:237) emphasises that *motho* or *umuntu* is unable to realise *botho* or *Ubuntu* when the ancestors are disrespected and disconnected or dismembered from one's ontological reality. Therefore, the participants statements as emanating from healers and everyday ordinary people are supported by Ramose

(2016), that is, participants' *knowledge* and *understanding* of being connected to their conscience of ancestors (as healers) and conscience of overcoming ill health through their ontological 'known' reality guided them regarding what is good and bad for them. Hence, in any community or household the leader and family ought to live in harmony with their respective ancestors. In South Africa many atrocities have occurred; we are a country that suffered and tolerated the past so now there is intergenerational trauma. Therefore, lots of healing is needed, so the number of emerging and already existing African indigenous healers is predictably greater than health practitioners of the Western medical field. Why are the voices of the marginalised still being silenced as if censored? Why are the reverberations of their drums not audible and palpable or making an impact? Is our government or state not respectful to the ancestors and their descendants? The rampant dysfunctionalities and obvious inarticulation and lack of promotion of African indigenous knowledges and modalities of healing affirm that indeed Black nation states are populated with leaders who lack respect for ancestors. In a way that uses African imaginations to articulate and promote indigenous ways of knowing, Nabudere (2011:135) cites Ramose on the point that African indigenous religion, law, culture, ill and good health are instilled with a sane African cosmology. This statement implies that healers and people who are ancestrally guided are able to refer a client to another facility as we learn from the healer who referred Dipuo to the clinic, an action that indicates the healer was acting and being guided from a sane healing cosmogony.

7.4.4.1 The Suffering Dismembered Constitution, State of the Participants, Discipline and Calling

Based on Maria and Palesa's experiences and observations is it not reasonable to say that the proliferation of desperate or destitute people regarding sufferance due to misfortune, no jobs etc. is perhaps an indication that most of the African people are dismembered constitutionally? And that this is a signpost to remember who they are as is shared by the three Hornless doctors or *dingaka Tshupe* in their stories of healing and *bo Ngaka Tshupe*? The hornless doctors were saying that South Africans have neglected their core being and trademark of having a unique identity as people and have instead adopted the cultures of other people.

Busisiwe (26years old) from Soshanguve, when asked about the state of her well-being on March 12th, 2019, said that she has a piece job as a cleaner at an old age home. However, life does tumble down when she goes a long time without taking baths or blessed water and consultations from the indigenous church. She elaborated that *"at home we had an unveiling of a tombstone for my late father, I experienced some pains and cramps, I think it was about two weeks after I was told I was pregnant, my family rushed me to the church where something was burned … I think it was Impepho. I also took a bath, was rubbed with Vaseline that has been prayed for. I don't know but after inhaling the smoke from that, I started feeling better, but the next day we went to the cemetery to cover the tombstone, the pain started again. The unveiling of the tombstone went well. I then went to a GP but I was not better; the same night my mum called an ambulance and I was hospitalised for two weeks. At the hospital I was drugged. After being discharged still not feeling better my mother called my aunt's son who is a traditional healer, he gave me many herbs to bathe in and something to drink with impepho to burn and inhale. After I slept for a long time and I was better."* In all these trajectories of finding what would soothe her, Busisiwe said she still prefers the church because of money; she found that indigenous healing and healers charge expensive amounts that she could not afford. This resonated with what Louw and Devenange (2017:21) found, that it is not true that indigenous healers offer or charge low costs or fees. The causality of Busisiwe's abrupt pain and cramps was deemed to be witchcraft. The church informed her that her father's family were not happy about the unveiling ceremony of their late son. As a result, since she was very early in her pregnancy, she was the one who was more vulnerable and exposed to attract the evil source. Thornton (2017:123) also observed that "healing practices that seek to deal with evil do so by cleansing the body of its evil substance".

With reference to homeopaths and being dismembered through disciplinary challenges, Eyles *et al.* (2011:7) found that two participating homeopaths from their study left practicing the discipline of homeopathy simply because it appeared that the challenges outweighed the "benefits of continued practice". This finding concurs with my research finding in relation to homeopath Dr M who indicated he had considered other options, saying: "*Right now I would say I'm okay, homeopathy aah! I'm giving up on it to be honest; I'm just looking on other alternative ways of making money so that*

I know I don't necessarily depend on it for income. Because you will never know this year you make money next year you don't make money, it's unpredictable".

7.5 Interpretive Injustices and Epistemic Injustice

Asking for a homeopathic term in an indigenous language often results in what this thesis has termed an injustice of interpretation. Participants Dr M and Dr Zi had difficulties interpreting the term 'homeopathy' into their indigenous language, despite giving terms such as "*udoctor we sintu, iXirhaga we sintu"* or "*a doctor in natural medicine*"; *"it doesn't resemble any African indigenous medicine".* These terms were different to another homeopath who also practices as a general practitioner who said: "*indeed homeopathy is more indigenous than it is made or turned out to be clinical".* This is the same homeopath who said he applies homeopathy only in terms of counselling sessions (i.e. homeopathic skills or episteme is beneficial for the homeopath only when counselling patients). The most elaborate description was given by Dr B who said *"in Setswana the way a homeopath works is like saying "pain is rooted out with another pain" because the medicine you apply has done a similar harm, the medicine you are giving for headache has caused a headache, the medicine you are giving for cardiac pain has caused a cardiac pain when it was experimented on".* This appropriately describes the law of similars, which homeopathy is based on. However, linking from what Dr B also suggested which was that to attempt explaining what this discipline is to his patients or laypersons "would be to confuse people" alongside a woman who interprets what Dr B dispenses as herbs; would be Africanizing or indigenising English. Africanizing or indigenising English is what Dr B and Dr M's patients affirmed when they said that what was being dispensed for them was herbs. In this matrix of interpretation for better articulation, it is Mũkoma wa Ngũgĩ (2019:47) who questions if a Western-centric language has ever been able to convey the African experience appropriately, *Indaba*. Mũkoma wa Ngũgĩ asserts that indeed terms emanating from "English could be Africanized". In this thesis particular reference has been made to homeopathy. This is also assented by wa Thiong'o in Decolonising the Mind (1986:7) that targeting the use of "African proverbs and other peculiarities of African speech and folklore" was part of indigenising English since "English could not carry African culture" (Mũkoma wa Ngũgĩ 2019:47,50). In this thesis the proverb that was briefly highlighted is that of *leina lebe ke seromo* meaning "your name follows

you"; if it is a bad name it has tendencies of creating non-existentiality of that entity or discipline.

Therefore, in acknowledgement of the trajectories that gave rise to the injustices of interpretations and the need to embrace contested conceptions and knowledges, this thesis is in agreement with Waldron's (2010:64) statement that

> it is important to point out, that over the past several years, Western medicine, psychiatry and other therapeutic approaches have been increasingly influenced by Eastern and other non-Western philosophies and religions, resulting in a broader range of therapeutic approaches to health and mental health including 'complementary medicine, 'homeopathy, 'holistic medicine', and 'behavioural medicine.

What Waldron is advancing here is that the injustice of interpretation would cease when homeopaths as healthcare professionals "acknowledge and integrate into their practice healing and treatment approaches that combine both approaches of African indigenous and Western" (Waldron 2010:59).

It causes obstacles in an African community when terms used to refer to illness or disease are misinterpreted in a manner that differs from the patient's or homeopath's understanding of the disease. Here reference is made regarding Dr B's sentiments that what homeopathy means when it refers to delusions or sensations that someone is bewitched is that these are just "inclinations". Dr B implies that he is not saying that bewitchment has actually happened, but that this is a phenomenon of thinking based on the feeling the person is feeling. The hindrances that mask as interpretive injustices are coined as such based on their dismembering and failure to elevate how they can embrace contested knowledges that resemble what appears as African experiences.

7.5.1 Concluding Remarks

This subheading excludes homeopaths as it analyses and discusses data from the participants who were everyday ordinary people and indigenous African healers. The indigenous healer participants describe and explain themselves in various ways, but this thesis perceives that their 'calls' are too hidden and not sufficiently penetrative regarding the dysfunctions of the external world and the societies they live within. Therefore, in advancing their wisdom and gifts, Kalumba (2004:279) writes that "it is

reasonable to think, then, that sage philosophy's future lies in the hands of those researchers who will be willing to transcend this concern". The concern here for Kalumba (2004:280) is the interrogation of whether African sage philosophy is still relevant for future purposes. African sage philosophy is narrated here as African thought-patterns from African indigenous healers. Kalumba's (2004) concern was marked by concern for the on-going Euro-modern mannerisms that have flooded Africa with Western-centric indulgence while African indigenous 'sage' healers are declining. My research findings show this decline in the participants who prefer and chose to see a prophet and not necessarily an African indigenous healer. The prophet, spiritual healer and pastor or preacher alongside the African indigenous church reign supreme as the places that people run to when confronted with myriad psychosocial and economical challenges within their existential ontological realities. Palesa described her prophet from an African indigenous church saying it is "*as if he has a signal that guides*", revealing whether Palesa needs to see an African indigenous healer, traditional medicines or get an injection from a Western GP, perhaps revealing the disappearance of the 'sage' African healers Kalumba (2004) relates to. Mutwa corroborates the 'signal' aspect raised by Palesa in terms of attaching it to omens saying:

> the Bantu believe in omens which they interpret as outward warning signals sent by the soul to warn the body. These are countless interpretations and every African is constantly on the look-out for such signals. Europeans call this phenomenon superstition (Mutwa, 1964: 654-657).

Dipuo conveyed that she "*does not like bitter things and medicines that are not measured as given in large enamel beaker*". This statement on its own from Dipuo demonstrates the disappearance of the sect of these healers versus the guild of prophets. Busisiwe weighed in that she also prefers consulting a prophet from an African indigenous church, while Ghanaian migrants preferred the wisdom or 'sage' healing and wisdom from the prophets in their own land of Ghana. Emmanuel was critical of South Africans who "*follow where the crowd is, this pastor sells this water, they [South Africans] go*". In advancing the concern by Kalumba (2004) on the disappearance of African thought-patterns that emanates from indigenous healers, this thesis transcends the sage philosophy from Ngaka Msimango a healer and

hornless doctor who said, *"South Africans no longer walk in their path as South Africans – they do as they please".*

7.6 The Lack of Hegemony for Homeopathy is Internal

This thesis points out that when African people experience challenges or have myriad problems what is supremely recognised as a mode of remedy are the prophet and the African indigenous church. Participants in this study who seek these modes of healing are not aware of homeopathy or complementary medicine except for Maria who was aware. This thesis establishes from participants' stories that the lack of supremacy for homeopathy is due to a lack of articulation within the homeopathic academy itself and those who practice this mode of healing. This posture holds that the external world, i.e. the general public is not accountable for marking the relevance of homeopathy. What is relevant to the people I interacted with is prayer, holy or blessed water, prophet, the African indigenous church, holy oil or anointing oil. Relevance here being synonymous and equivalent to who utilises homeopathy, a healing modality is marked with dominance and relevance regarding its prominence in relation to who uses it more.

7.7 Complexities of Articulation and Promotion

The inability to identify the self is a sign that the individual is not real but non-existent and imaginary, here alluding to inability to identify or articulate what the discipline is, as a sign of rendering the discipline imaginary or non-existing. I argue here that the indigenous healing modality of homeopathy's lack of or resistance to acknowledge the reality of the facts risks and injures many. The facts exist within the construct of prescribing herbs and natural medicines and the failure to acknowledge the theory of knowledge and the ontological basis underlying herbs and natural medicines leads to erroneous patterns of articulation and promotion that are based in a WM education conduct and posture. Patients being injured refers to patients who are pleased to find a doctor who gives herbs but the homeopath her/himself then is upset with the word 'herbs', thereby denouncing or denying what this modality of healing (homeopathy) could achieve if it articulated and promoted itself appropriately. From the transcripts of my study one observes that the difficulty of articulation and promotion is analogous to a deprived ontology and an erroneous epistemology compared to someone who has been instilled with the knowledge that in reality ancestors exist and then who chooses,

from this knowledge, either the route of traditional or indigenous healers or that of the African indigenous church and consults with spiritual pastors or a prophet.

Phindi is an example of someone who is aware of ancestors and knows who she is and what she needs to do in terms of needing help socially, psychologically, spiritually and physically. She said: *"As you know we as Black people we have many beliefs, we believe that there is witchcraft … obviously, ancestors are there, and one grew up being fully aware that these things exist in life. This knowledge is instilled in us as we grow up it's like it goes from generation to generation".*

The homeopaths I interacted with displayed what I perceive to be a dichotomy of a complex nature which accounts for the difficulties they had in articulating and promoting what their method or modality of healing explicitly entails, and the paralysis that affects them when they are trying to explain homeopathy to a patient. This is illustrated by Dr M on 15 August 2017, who said: *"It is basically natural medicine, we don't go into deep details, you see like the laws of homeopathy and all that. It's as … simple and explaining it like that, its natural medicine and mostly Black people when you speak of natural medicine, they'll think of herbs and they start calling you "u doctor wa ma herbs" i.e. "Herbalist". And when they refer friends and family, they'll call you "doctor wa ma herbs" i.e. herbalist".* This illustrates the recognition by the homeopath of the patients' appreciation for the use of herbs as being therapeutic and medicinal, and that when his patients refer their friends and families to him, they do so on the basis of him being a 'herbalist', not a homeopath, his patients resonate and connect with him very well. The Western style medical education the homeopath receives is what is flashed out by these homeopaths rather than what is given by hand as herbs or natural medicine. This raises the question of whether what is given or prescribed is a benchmark of who the homeopath or healer as the actual person is, or whether qualification of education is the benchmark of who the homeopath or healer as the actual person is. This is similar to the varying terrain of traditional or African indigenous healers I interacted with earlier, that it is not the term 'African traditional healers' that defines the role or mode of healing but how these individuals – as homeopaths, traditional healers – perceive themselves that actually defines what they do.

The following statement from a homeopath's perspective on what the Allied Health Professions Council of South Africa a statutory body which guides all allied or

complementary health professions (Allied Health Professions Council of South Africa, 2018) ponders on, substantiates and shows exactly what for example; is similar to what is notably termed African traditional healers as *one word.* Often the phraseology 'African traditional healers' categorises these healers under one umbrella with no explicit roles other than the familiar ones such as *sangomas,* faith healers and herbalists. This practice of lumping them all together under one umbrella with no clear defining roles is similar to deliberately limiting that which should be properly articulated and promoted for what it is. In comparison, WM practitioners are described as being in a variety of roles such as general practitioners, gynaecologists, urologists, endocrinologists, cardiologists etc. The CAM professions in South Africa are also described as being in a variety of roles such as homeopaths, chiropractors, naturopaths, phytotherapists, Ayurveda, acupuncture, aromatherapy etc. Dr M explains the emerging educational model for CAM as the following: "*so now if you are going to do complementary medicine course that is let's say naturopathy … then when you get to 4th year level that's when you branch, you do herbal medicines or phytotherapy or you do homeopathy or you do chiropractic, osteopathy … but it's not yet implemented. So, if we can have one word and all come together, for example, we are called complementary health … There are lots of suggestions … instead of saying you're a homeopath".*

The following statement depicts another internal turmoil and dichotomy that I perceive exists within (African) homeopaths, strongly supporting that the proposition that the difficulties of articulating and promoting homeopathy are more internal than they are external in that this study perceives that homeopathy is more of a traditional or an indigenous way of healing, because it is holistic. Tebogo: *"you look at the dream cycle, you look at the emotions, spirituality of the patient the mental aspects, all those things that a Western doctor doesn't look into and a homeopath does that".*

Another contradiction and a signal of difficulty for articulation was shared by Dr B in Johannesburg on 25 June 2017: *"Western medicine looks at it very superficially, whereas you as a homeopath you look at it more in-depth, you study your materia medica more in-depth, i.e. you study the medicines that you use more in-depth. You're a Western doctor because this is Western medicine, Homeopathy came from Western medicine it's not even Eastern medicine, it came from Germany, and Germany is*

Western medicine. The person who originated homeopathy was a Western trained doctor".

7.8 Stammering in Articulating Western Term into an African Term: Injustices of Interpretation

The terms complementary and alternative medicine or homeopathy are not part of the everyday ordinary people's dialect. This statement further expands on de Sousa Santos's (2007) ecologies of knowledges concept when he says: "whatever is produced as if it is not existing is radically excluded because it lies beyond the realm of what the accepted conception of inclusion considers to be its other". What this thesis is advancing here, based on de Sousa Santos (2007), is that homeopathy appears as irrelevant to African people in their communities. What does appear relevant, and is the accepted conception of African people in communities, is the prophet or the indigenous healer, for those who are looking for healing. The trend does not necessarily define the often-described phenomena which is that medical parallelism and pluralism exist. What does define it is that in the midst of this medicalisation, at the helm of these are prophets who reign supreme as healing entities that people consult with. If the homeopath uses an indigenised dialect that speaks to the dialect of the people, the academy of homeopathy will be able to exist in line with the 'accepted conception' of what resembles therapeutic interventions used by people in the townships. This thesis perceives that the postures of ventilations of being in a discipline that fails to speak in the dialect of the people is an injustice of interpretation that emerges from dismembered disciplines, and this is not what people and what the discipline and calling is meant to achieve. This stammering or difficulty in simply conveying what the discipline is called in an African context also contributes to its lack of dominance, rendering it non-existent. De Sousa Santos (2007) writes that "beyond it, there is only nonexistence, invisibility, non-dialectical absence". This confirms the findings that emerged from this study that homeopathy is non-existent. It remains wholly invisible and ontologically absent.

Being non-existent means the discipline of homeopathy is not being consulted or understood in a manner that allows it to attract the same clientele or same number of African people who consult with prophets or the spiritual mother or father of their home country. However, Dr M's description of how his patients are overjoyed at the fact that

the medicines he dispenses appear as the same as those of a doctor who uses herbs, demonstrates how this mode of healing can formulate familiarisation amongst people in African communities. This can occur as a result of other patients sharing their experiences with other people about their perceived 'Western' doctor who is different because he uses herbs. This is despite Dr M being uncomfortable because he is regarded as "a doctor who uses herbs", "you see traditional doctors are not doctors but I am a doctor, I am qualified, certified and a registered doctor". Dr M articulated that his patients indicate this familiarisation as follows: *"…they do tell friends that hey ... that doctor that is different, gives us herbs, he is very good, you see they say such things. When you get patients sometimes, they will tell you, "You helped "so and so" (referring to someone) that's how I know you, that's why I came".*

All three homeopaths with different spans of service in the field expressed difficulties when they were asked to articulate what they do in comparison to African indigenous medicine. Dr Zi another African homeopath said that a couple who are her patients and are of European descent, had told her during their consultation with her "that being with a homeopath was like being with a white *sangoma".* This is the type of comment that all the homeopaths I interacted with are averse to. For example, Dr Zi elaborated that "*personally and professionally I believe homeopathy doesn't resemble any African indigenous medicine, it is a unique modern form of medicine.* "Is this an example of the dismemberment wa Thiong'o (2009:39) conceptualises when a discipline or people are disconnected from who they are? This thesis asks if a European couple can describe that being a homeopath is like African indigenous healing in a western way, hence the description 'white sangoma', and patients who were mostly described as emerging from a poor educational background expressed zeal and acceptance of a "doctor who uses herbs", what is wrong with the ontological being and expression of the three homeopaths that they are in denialism of what patients perceive and understand them to be? Maria, who was homeopathically assisted to conceive her second born daughter, by a homeopath in Mpumalanga, also expressed that after her consultation she asked herself questions around this healing modality, asking if it was related to African indigenous medicine.

> Maria: *I got this bloody girl* [pointing to the picture of her daughter on the wall]. *When I went back to the doctor, I think I was only 8 weeks pregnant. And even the rejoices on the road! We were playing gospel music only, having even*

> *changed my movement of walking. I was walking like a pregnant person, but it was early. So, by that time I was even asking myself that this homeopathy are they having something with traditional or why are they not like other people. Ke gore ke batla go understanda real meaning wa Homeopathy gore ke eng, ke mang?* [I really wanted to understand the real meaning of Homeopathy as to what it is, who it is?] *and di very rare* [Homeopaths are very rare].

There were commonalities that made patients who consulted homeopaths allude to their healing modality as being synonymous with African indigenous medicine. Some expressions that are narrated by homeopaths who participated in the study and Maria a patient who was helped by homeopathy to conceive a child, speak of homeopathy as of having a commonality with indigenous medicine. These articulations by homeopath's patients resemble the trait of remembering, a sense of African imagination, the ability to use their African context and realities to embrace an epistemology of medicine that is marginalised, namely, African indigenous healing. In Another Knowledge is Possible, de Sousa Santos, Nunes and Meneses (2007) allude to the imperative pedagogical need to embrace the epistemes of the colonised. De Sousa Santos (2016:20) writes that these epistemologies

> ... do not address the idea of what we consider relevant knowledge per se, because they are concerned with things, ways of knowing, that very often do not count as knowledge. They are viewed as superstitious, opinions, subjectivities, common sense. They are not rigorous; they are monumental and therefore they are discounted.

Bringing together Gordon's concept of disciplinary decadence and Mignolo's de-linking and epistemic disobedience, it is clear that the (African) homeopaths are 'disciplined' and used by a discipline that alienates them from their (native) and core healing modalities. These difficulties of articulation by homeopaths point to its internal decay hence its continued lack of hegemony. Corea (2004) articulates this internal decay in its global context in The Goal to be Achieved in Homeopathy, asserting that:

> The decline of our discipline, which we so lament, did not come about because of the Flexner Report, or any legislation, or the FDA, or allopathic takeover of homeopathic hospitals, or any conspiracy of technological medicine … these are results not causes. [decline] It came about because fewer and fewer people

> in the modern world have the human qualities required to practice it properly. It dies from the inside out, not from outside attack.

This is a very critical remark made by Corea, which corroborates the theme that is expressed in this thesis that homeopathy lacks dominance because of the internal structures of homeopaths themselves and their academy, and not because the general public is scrutinising it or is estranged from its title or name as a modality of healing or discipline for that matter. Earlier the element of familiarisation was learned from Dr M's patients who tell other people about Dr M, encouraging these men and women to consider Dr M because of him using "herbs". 'Herbs' used as a term by Dr M, alludes to African healing. However, more fundamentally, this familiarisation cannot be extended phenomenally to supremacy as African homeopaths deny being re-membered with 'herbs' and 'African traditional medicine', 'white *sangomas*'. Agreement is articulated at the equivalence of Western conventional doctors. It is these kinds of skewed postures that negate homeopathic ruptures that will revolutionise this indigenous healing modality. Sasanti (2008:373) notes that the dismemberment of African indigenous ways of knowing is not solely coming from those of Eurocentric culture, but also from the African people themselves.

Remembering is exemplified by the awareness of Dr M's patients who appreciate their doctor who "

uses herbs", and Maria who asks and ponders "*is this homeopathy also traditional medicine?*" These participants are aligned to wa Thiong'o's concept of remembering who they are, where they come from alongside their ancient indigenous medicines. These echoes are supported and are in line with Nabudere (2011:115) and Mutwa's (1964) validation of interpretation and understanding in the context of hermeneutics. According to de Sousa Santos (2016) these postures are what embraces the epistemologies of the South. To apply what Nabudere validates would imply that in order to articulate and promote homeopathy and African indigenous knowledge healing, homeopaths and healers ought to "adopt an approach that can take into account the knowledge-seeking activities of these different actors in the way they understand it themselves through their languages and lived experiences" (Nabudere, 2011:115). To advance this statement in this thesis the "knowledge-seeking activities of these different actors" would appear here as the sources and different ways of

healing modalities that participants or everyday ordinary people prefer and use. Dr Zi elaborated that homeopathy and indigenous medicine are two different entities, as follows: *"homeopaths do not go into a spiritual prophesying journey with the patient".* However, Van Hootegem (2007) argues that homeopathy can learn something from psychoanalysis. Van Hootegem (2007:109) brings a remembering conclusion which homeopaths should take heed of:

> the working alliance: comparing medical alliance with a psychodynamic alliance.; the dream-function: serious somatic disorders can be the result of a blocked dream function, the restoration of the capacity to dream may lead to the disappearance of these disorders, homeopathy can help in this process; and the transgenerational influence: some traumatic, concealed events from the lives of ancestors can influence their descendants.

It is my view that interpretive and epistemic injustices bear fruit and give rise to unfair and fraudulent dismembering services and practices, especially when the western ways of knowing do not privilege the same knowledge that also exist in an African epistemic framework.

7.9 A Homeopath in Indigenous Language – Injustices of Interpretation

The lack of proper dialect that speak to ordinary people in communities regarding what homeopathy is, highlight the aspects of recognition, existentiality and whether it has a social ontology within African communities. What this study has accomplished is to give homeopathy a name, of being similar to a hornless doctor. Therefore, the main question is that of interpretive injustice for these healing modalities, where does it happen – at the level of the state or local communities? In Chapter 2 in questioning the role of a discipline that dialectically is not part of Black people's dialect, the study also learned from participants like Maria who seriously asked "*who is homeopathy, what is it?*". She was asking the question with the epistemic and ontological thought that homeopathy is more like African indigenous medicine. However, the African homeopaths I interacted with in the study showed a posture of not affirming this kind of thinking and remembering of homeopathy as being synonymous with *Ngaka tshotswa* or a hornless doctor. According to the conceptual framework in this study, a posture that can be drawn from *Indaba, Indaba* is one of dismemberment, inability to embrace what de Sousa Santos deems the epistemologies of the marginalised. To

advance this statement I borrow from Mignolo (1999, 2009, 2011b) on the topic of "manipulation of language" when he reminds us that "the new world group wrote in English, but inhabited the memories of the middle passage, of the history of slavery, of runaway slaves and of the plantation economy".

7.10 "Let like be treated by like" which is the Law of Similars

One of the participants and a long serving homeopath, Dr B, argued for and defended, while at the same time negating the fact that the claim that homeopathy is a holistic medicine is something that is embedded in what African indigenous healers have practised since ancient times. These African healing modalities are today still entrenched in healing the whole person. wa Thiong'o (2009:41) resonates precisely with what the homeopath is arguing in defence of what is a hidden truth (a fact this study deems to be denialism and failure to save oneself from their discipline, a theme exposed by Mignolo [2009, 2011a, 2011b] as part of 'epistemic disobedience') that one will seek to find a cleverer truth or analysis to defend that which has been used to reconstruct and hide the social memory of the African. Here the hidden truth being alluded to both healing modalities appreciating healing the whole person holistically and the cleverer truth being associated with demeaning the same principle in African indigenous medicine while privileging that which is closer to western medicine.

7.11 Promoting African People's Worldview – Can we be Truly Us?

Mucina (2008) emphasises that Ntate Credo Mutwa "points out that Bantu (African) people are rendered mute when they lack knowledge about things. Bantu sisters and brothers are mute on the question of indigenous Bantu governance, even though this need not be a permanent state". The past helps us to make sense of our present, our typologies; genealogies have everything to do with our present space. However, it is how one participates in the present space which has a nexus with their genealogy or past. In their occupation African people's world-views relate and magnify what is and appears to be the epistemological logic and influence of how they deal with absurdities in life. The activities and modalities or methods of living of people describe and define their history, identity and their preferred therapeutic interventions.

7.12 Lack of Education as Defining Player to CAM or Homeopathic Knowledge

Using the standard educational outcomes that are reflected in a society or its nation as a yardstick, lack of education can be defined in many ways – lacks of basic or ordinary education, or lack of a higher level of educational status. This depends on what is exponentially the impact of our educational outcomes. If people are not able to write in the new dispensation is this not a sign that most things still remain the same? Critical pedagogy aims to take a gaze at one's world and society or community while working towards lifting that community to one that is of equal standard to affluent communities. Prah (2012:8) writes that for a community or society to develop, an increase in literacy and language are very important. Similarly, when a language is treated as if it is extinct, coherence is often low key or non-existent and this is what has happened to African languages. The extinction of these lexicons complicates articulation and promotion of particular disciplines and professions, with members of those disciplines themselves sidelining their own mother tongue in some instances. In this scenario a lot can be admired regarding the Afrikaans speaking community. This is corroborated by one homeopath who communicated some of the reasons that have affected how he explains what he does or what homeopathy is.

Homeopaths Dr B and Dr Zi mentioned the lack of education and illiteracy as major reasons for not explaining what homeopathy meant to their patients. Dr B said defining it to patients would be *"to confuse people, people don't understand"* while Dr M said *"most of the people I see are illiterate some can't even write"*. What is interesting to note is that the homeopaths regard their patients as the ones that are illiterate and easily confused, whereas according to the concepts of wa Thiong'o (2005, 2009); de Sousa Santos (2007, 2016), Nabudere (2011) and Mutwa (1964) the patients are the ones in tune with who they truly are and it is the homeopaths who are dismembered and therefore confused. Dei (2012) referred to such confusion being present because we have allowed our spirituality to be thrown out of the window. On a similar note Gqola (2010) said that African people do not even know that they are oppressed, describing this as the situation of the 'happy slave'. Are African homeopaths happy with their enslavement and dismembering of themselves from the interrelations and commonalities of homeopathy with African indigenous knowledge healing? Thus far they seem to be contented and not remembering or embracing the similar marginalised knowledge of indigenous healing that is also embedded in homeopathy.

The rate of high unemployment has, in a way, led to sibling rivalry; rivalry involving one sibling taking and wearing the clothes of their other sibling without asking for permission to wear such clothing. This circumstance was mentioned by Busisiwe in our last conversational interview in May 2019.

7.13 Ascertaining that Africans don't like Each Other

Reflecting on the relevant and meaningful healing modalities that people consulted with, alongside how complementary and indigenous knowledge medicine is promoted or articulated, one can see that there were varying, although similar patterns, revealing that African people in general do not like each other. This loathing, which is another aspect of being dismembered from their core existential and ontological selves, was observed from participants irrespective of their educational level, spiritual inclination or whether they espouse the often-generalised motif that African people are imbued with humanity or *Ubuntu.* This elemental loathing indicative of dismemberment is observed from the narratives of Dr B, Dr M, Mme Morobane, Emmanuel, Michael, and Dipuo about the pastors who come to South Africa. Dipuo asked: *"Are there no people where they come from?"*. This reflects how Africans see one another even from the reference point of spiritual healing modalities. Emmanuel, a Ghanaian national living in Soshanguve, sees South African Black people as *"following the crowd where there's this pastor selling this water…"*. Dipuo questions the legalities of foreign pastors who descend on South Africa to sell their healing modalities to South African communities. Some of the statements ascertaining aversion of one another amongst Africans was observed by Dr M when he said that some African homeopaths who are successful in their private practices do not care or show interest of uplifting other African homeopaths, unlike their white counterparts. Dr M said: *"They are not together basically, when you struggle if you come together as people with the same challenge it's easier than if you're by yourself and everyone is for himself. Normally, someone would struggle, and when they make it they want to concentrate on their life they don't give a damn now about the next person who is going to go through the same thing. One African homeopath came up with the idea of assisting homeopaths who are fresh from varsity, for example, with money so that they can start their practices things like that but that never materialised".* For Mme Morobane an indigenous spiritual healer who described herself and her gift as *motho wa matlhomola* said she had deserted her calling and the African indigenous church even though she was a staunch and

long serving member of the church. On Africans hating each other, Mutwa (1964:655,657) attests that as Africans “we either hate or we love; we either agree or we disagree and fight to the death”, pointing out that it is the African who is the “bearer of grudges and the quickest human being in the world to adapt himself to hostile and evil conditions”. Chitando (2004) when speaking about the development of African indigenous people and the continent also concedes that Africans loathe each other. Further, participants highlighted the lack of transformation that exists in medical aid schemes, alluding to the fact that there are certain medical aids that treat Black African homeopaths differently compared to their white counterparts. The concepts of dismembering to remember (wa Thiong’o, 2009: 39; Nabudere, 2011; Wanda, 2013:2), reawakening and “consciousness raising” by African homeopaths and tracing their origins would arise through storytelling. Nabudere (2011) alludes to this being the truth and meaningful beginnings of African epistemology, being, and understanding. In terms of Black Consciousness, Biko (1978:26) simply petitions us and asks us to be truly ourselves, because being truly ourselves is to be acting out the genuine Africanness that participant Ngaka Hlongwane referred to. Not what appears as window dressing talk on paper or innumerable debates in communities, societies and stakeholders about these healing modalities, as it is evident that there are no aspects of remembering, or sense of embracing the knowledges of the marginalised in such talk and posturing. Mbembe (2017:176) writes: “although the facts are often denied, but it is true that exclusion, discrimination, and selection on the basis of race continues to be structuring factors of inequality”. This quotation illustrates what participants Dr M and Dr B alluded to regarding the financial and medical aid disparities they have experienced. The summative analysis of participants expositions emphasise what Mutwa (1964) says:

> It is through these stories that we are able to reconstruct the past of the Bantu of Africa. It is through these stories that intertribal friendship of hatred was kept alive and burning; that the young were told who their ancestors were, who their enemies were and who their friends were.

7.14 Conclusion

It is clear from the narratives of most of the everyday ordinary people I interacted with in this study whether formally or informally, that the terms ‘homeopathy’ or ‘CAM’ are

not part of their dialect. This chapter also showed that these terms conveyed their genuine meaning only when African homeopaths dispensed remedies to their patients, the true meaning being the herbs which are associated with indigenous medicine. The true meaning was also noticed by Maria whose initial consultation with a homeopath caused her to interrogate the concept of homeopathy, asking herself *"what is this, who is this homeopathy, is it traditional medicine*?", affirming that it appeared that this healing modality was a rare find. This rarity was also depicted by indigenous healers who described that hornless doctors or *dingaka Tshupe* are rare healers to be found, alluding to their scarcity because of the emergence and proliferation of *sangomas.* The proposition made in Chapter 2 that a homeopath can be regarding as being similar to a *Ngaka Tshupe* or a hornless doctor in the African conception, was not in congruence with the narratives of the African homeopaths. The African homeopaths the study interacted with do not understand themselves in this view of homeopathy being compatible with indigenous healing or hornless doctors. This disjuncture remained a glaring mark despite stammering and complexities when asked to translate the homeopathic term into their respective indigenous languages. This posture of dismemberment, deficient thinking and lack of foresight in terms of the vast knowledge that exists regarding African indigeneity in religion and spirituality, instead masquerading in constructed academic disciplines, illuminates the reasons why disciplines such as homeopathy decay from within and not through external causes. The difficulties of articulation and promotion highlight the disjuncture that dismemberment causes when (African) homeopaths envy Western conventional medicine. It is this fallacy that hinders the growth and hegemony of this healing modality. Homeopaths in this study do not want or desire to be remembered in terms of the commonality with indigenous healers. The failure of remembering what in African indigenous knowledge healing is similar to and depicted in homeopathy is such that even when their patients notice this aspect with appreciation and acknowledgement, they do not notice it.

The chapter also showed that homeopaths articulated that it was confusing and difficult to explain what their discipline is to their patients especially if they were coming from a poor educational background. This difficulty was also encountered when homeopaths were asked how they would name a homeopath in their indigenous language or in the African indigenous healing tradition. These difficulties in articulation

are the explicit postures of sufferance and tolerance of the education homeopaths receive and through Westernisation and are temperamentally, constitutionally and timeline-wise out of sync with the indigeneity of their discipline and how this indigeneity is articulated in African communities, which is through spiritual and religious seeking activities that regard the prophet or spiritual healer as the supreme agency to consult with. In many instances I could sense that the homeopaths I interacted with in the study viewed me as someone who does not understand homeopathy. This was because of my questioning and re-questioning and re-thinking of a homeopath in an African conception as sharing some commonalities with *Ngaka Tshupe.* Some patients associated what the homeopath dispenses as being similar to a doctor who uses herbal medicine or herbs as they call it. These findings are in congruence with Biko (1978) who espoused: “that a country in Africa in which the majority of the people are Black people, the lifestyle, culture, customs has to be in line with those who are in the majority”. This statement supports what the healers Ngaka Msimango and Ngaka Hlongwane attested to.

CHAPTER 8: CONCLUSION

8.1 Introduction

It is my view that the Alma Ata Declaration on health by the World Health Organization (1978) defined health in a socially cohesive manner so as to include and incorporate health and healing for all people, through encompassing and recognising the marginalised healing professions such as traditional medicine. However, in the last forty years period this declaration has dismembered itself from embracing the epistemologies of these marginalised indigenous healing modalities which are in the mainstay of the healthcare of most African indigenous people. On a global scale indigenous healing modalities are included in the broad description of complementary and alternative medicine (CAM) alongside a hegemonic fallacy that narrates that these healing modalities are well-known and widespread the world over. Often homeopathy is depicted as a well-known holistic medicine that is leading all the CAM therapeutic modalities. In South Africa in 1994, the health policy that the African National Congress formulated included the goal of incorporation and integration of African indigenous healing (Tjale and de Villiers 2004), including homeopathy and CAM therapies as primary health care modalities into the national health care programmes, but only homeopathy has been recognised as a primary health care modality, but is not included in national health care programmes. Therefore, considering this context, this chapter articulates how this study contributes knowledge to the canonical work of various indigenous healing knowledge systems that are often found to be peculiar due to resonating with African paradigmatic ideas.

8.2 Hierarchization of Knowledge Systems of Healing

A complex African epistemic framework and critical social theory was applied to reflect on homeopathy as a discipline that is underutilised particularly in African communities. This was alongside the African indigenous healing sector which, according to participants seems to have lost its meaning regarding why it exists. More significantly, the study acknowledges that AIKM, in the framework of African religiosity and spirituality is what is recognised first prior to homeopathy and other healthcare

systems, reflecting on the dynamics at play in the periodic marginalisation of healing systems that assume an (African) indigenous holistic approach.

The findings of this study reveal the complex intricacies of seeking health and healing. Findings are in a convoluted manner poised as a compendium of the variety of interventions and models of knowing that translate into participants terms or dialect of complementary, alternative and indigenous healing. That is, participants in this study have defined what modes of healing they prefer. This study argues that epistemologies that have been criticised and marginalised are vital in the arena of ecologies of knowledge. This study has engaged epistemologies such as *Indaba*, my children (Mutwa 1964); tracing the origin of terms or words used in order to gain their African indigenous knowledge wisdom (Nabudere 2011), and dismembering and remembering (wa Thiong'o1986, 2009). In doing so it follows the call from de Sousa Santos (2007, 2016) to uphold knowledges that emanate from the South. Additionally, through remembering the source or base of what we are it becomes possible to remember the actual roles that the disciplines that we enter into mean and if they have relevance in our African communities. Thus, remembering and recognising the traits of indigenous healing modalities and the way in which they articulate and promote health and healing, and embracing the various healing networks that ordinary people engage with, is a way to observe indigenous healing modalities for what they truly are.

8.2.1 (African) Homeopaths as Dismembered from Indigenous Healing Knowledge

The African homeopaths that participated in the study are not exceptional in dismembering themselves from recognising indigenous healing modalities and their inherent traits. What dismembers and afflicts their consciousness of this is their lack of a sense of imagining that homeopathy as complementary and alternative healing medicine is compatible and shares similar commonalities with indigenous healing. As a result, this does not only paint these African homeopaths with the brush of dismemberment, but cascades across the entire discipline because the lack of this incremental remembering (remembrance) together with the lack of embracing similar principled indigenous healing modalities which are patronised by many everyday ordinary people, is what also propels homeopathy to be the decadent discipline it has turned out to be. For the discipline to consider itself to be in a different league of

healing does not serve the existential and ontological realities of everyday ordinary people that require its services to be palpable. The study found that everyday ordinary people do not recognise or resonate with the term 'homeopathy', and that for them the pinnacle of health and healing occurs through consulting a prophet from an African indigenous church or of ones' home country. From the Ghanaian migrants I interacted with it can be concluded that the indigenous healing modalities of South Africa are not integrative or socially inclusive of foreign nationals The Alma Ata Declaration (World Health Organization, 1978), and ANC health policy post 1994 purported pursue inclusive health and healing for all people. However, my research findings show that the rules of engagement at health policy level are not congruent with what this health policy promised in terms of integration and recognition of all health care systems. This is reflected in the African spiritual healer as a prophet who reigns supreme and is the preferred model of articulating and promoting people's health, but is not recognised and is marginalised in health policy terms. Palesa described this articulation and promotion being "*as if the prophet has a signal that knows what is needed".* Despite the back lashes that resulted from the media of prophets or spiritual healers that prey on the most marginalised and wealthy, my study takes a compliant stance, what it terms a 'brazen phenomenon' that is demonstrated by each and every day ordinary person the study conversed with. For example, the media reports that circulated when South Africa was drought-stricken, propelled the then Minister of Water Affairs, Ms Nomvula Mokonyane to seek prayers for rain at the church premises of Pastor Paseka Motsoeneng, affectionately known as Mboro in Katlegong, Gauteng (Macupe, 2016). Pondani (2019:108 -109) also attests that commercialization and schemes of creating wealth through healing practices does exist amongst prophets. It is this brazen phenomenon that heralds what our healing paradigms and modalities are within the existential and ontological realities that affect every day ordinary people, healers and healing professionals. As per Nabudere (2011:90) we 'remember' that the wisdom to articulate and promote lies in tracing the original concept of the terms that are used back to their source. In doing so, Nabudere (2011) asserts that meaningful and relevant interactions can happen. As a point of departure for this study, it would appear as if homeopaths do not understand their roles to be holistic and indigenous. The stammering and difficulty of translating the term homeopathy and how it works left the homeopaths I interacted with in denialism, dismembered, tongue tied as the disjuncture and dismembering persists between African indigenous healing and

Westernisation. African indigenous healers interviewed recognised themselves more often in terms of their ancestral names (*maina a badimo*) than the often-constrained generalised types that are used on the South African legislation. If this is not a form of dismemberment that has occurred over 25 years of not embracing the epistemologies, ontologies and existential realities of these disciplines and ancestral callings by the government, the academy, and the statutory bodies who are supposed to represent these entities, then what is it?

This study concludes that African indigenous healing and homeopathy are not incompatible. Given the findings that emerged from the thesis it may be proposed as a suggestion that a homeopath who is initiated and recognised by the community would be a meaningful and relevant tool in these communities. It may appear that as similar to African religious, and Christian faith healing that has often continuously proved to be followed consistently despite the unchanging situation of being marred by sufferance, hence the tolerance to continually pray, use holy water and receiving constant assurances from the spiritual healer or prophet, while in many the journey appears stagnant and unchanging as there is nothing positive that results from constant assurances of healing being received. This begs the to question whether there is any truth in thinking that the more it is acclaimed that things are changing (i.e. treating people holistically) the more they may remain the same. This study concludes with a question and key tasks that makes one to ponder and ask can you smell health and healing or the skunk. Can you see holistically healed people around you? In their narrative expositions, every day ordinary people shared what health strategies they use to improve their well-being; this is not in line with homeopathy or African indigenous healing. What this study illuminated is that people seek prayers, use blessed water, and prefer to consult with prophets who are seen as having a signal to pin-point where the aid or solutions of their challenges will come from. The everyday ordinary people in the study are thinking from their African sense of imagination as they embrace these indigenous religious and spiritual healing ideas. De Sousa Santos (2016:27) states that “epistemologies of the South call for new ontologies”. New ontologies and new ways of being and their existential realities I deem to herald postures that create health seeking through embracing various healing modes that are often frowned upon. And developing new concepts and categories is when research deliberates on what could be the relevant questions that need to be asked and probed.

This thesis interrogated the types and categories that have been used for a long period of time. Through asking healers how they understand themselves, new themes and meanings of healers emerged and offered a granulated cluster of the varying terrain of indigenous healers.

By way of conclusion, considering this age of chaos and dysfunctionalities, homeopathy and indigenous healers ought to ask themselves what plants or animal or mineral medicines the world or societies and the participants I interacted with, are in need of. Participants who were all everyday ordinary people seeking the help of the prophets hailed, blessed water, used oil, as an indication that those who see or consult prophets are in need of being cleansed and washed, or to be lit for visibility as in to be seen, favoured or chosen, remembered or selected for employment. The study showed that if homeopaths are serious, they have a lot to offer the world, but a lot of work to do. Theirs is innate healing ingrained through their knowledge *ba bontshiwa*; like *dingaka tshupe*, they can also act like political analysts or analysts in the general sense of the word, and speak to any issue that arises, as with indigenous healers.

Those who use blessed water spiritual healers despite many setbacks in their lives such as unemployment do not protest but remain 'tolerant' to their lived and daily circumstances and usage of African spiritual healing.

Emmanuel a Ghanaian migrant described South Africans that *"always follow where the crowd is"*. The marginalisation of the African people provokes this irrational parallelism of seeking health at the Western healer and at the African indigenous healer or spiritual healers. The African person's core of health and healing, according to participants, is based on the prophet, spiritual healer and African indigenous churches, however, the marginalisation of African people makes them doubt their core healing when they are Westernised and rigidly disciplined into their disciplines. As Walter Mignolo (2011b) said regarding epistemic disobedience, "save yourself from your discipline, do not allow it to use you". The indigenous research methodology proposed in this thesis, *Indaba,* attunes and sets Africa and Africans in alignment with who they are who they were and embraces knowledge of indigenous healing to be embraced. It encapsulates the often-quoted adage of African solutions for African problems. Of what use is homeopathy if patients associate it with herbs or indigenous

medicine but homeopathic healers in their Westernisation reject or dismember this commonality?

Chapter 2 asked what would the questioning and re-questioning of the constructed names, disciplines and categories that were given to us become if we employed our African thought patterns and ontological realities. The question is: are Africans lazy to do the work? The study re-iterates Gyekye's position that it is not appropriate to reject Eurocentric knowledge to ask: what is the use of that knowledge if it does not serve the ontologies and epistemic realities of the African people? That homeopathy is not flourishing as a discipline cannot be blamed on its construction only but also on the fact that the gods that speak to it as embedded in indigenous African healing are or may be rebelling until homeopathy is accentuated by its own creators. Corea (2004) wrote that this discipline is dying from the inside, not from the external aspects. My study has also shown that it is not the external world or the general public but those who practice homeopathy who make it what it is.

This thesis focused on the disciplinarity of homeopathy, emphasising disciplinarity as a construction and role that may be in a zone of disciplinary decadence if the actual role of a discipline or calling in healing is not fulfilled. This thesis also learns that the Alma Ata declaration of 1978 is dismembered from traditional medicine and indigenous healing modalities even though it recognises the role of indigenous healing but the utility for this type of healing remains to be dismembered in primary health care. (Priya *et al.* 2019; Mokgobi, 2014).

8.3 A different Voice – A Voice of Dissidence (Rooted in Basic African Ideas and not Euro-Christian Ideas e.g. *boTshupe*)

One of the recommendations is to begin writing this knowledge as a compendium of case-histories that represent all people's existential and ontological realities in disciplines to non-disciplinarity and ancestral callings. The postures and contours in these epistemologies have been neglected because of the hegemony of their contestations, hence the knowledge is not taught in universities. This dissident voice is a constant reminder that a discipline needs to be indigenised to speak to the existing realities. It is also propelled by, amongst other things, the word 'homeopathy' – walking past a sign with this word on community grandmothers and others question or ask what 'homeopathy' is, even finding it difficult to pronounce the name. The name lacks

the ability to induce a desire to visit or consult. However, those who are knowledgeable or are inquisitive to try a different healing modality are in awe at the nature and level of the case or history-taking during the consultation.

8.4 From a Dissident's Voice to a Decolonial Voice of Love

Despite this thesis not focusing extensively on different ailments, only those that may arise as part of this project, a dissident voice emerged that interrogates the constant pattern of older African grandmothers' susceptibility to be offered crutches or the third leg as I often call this. Barthes' (1977) voice as a critic to what was outplaying as distorting the truth uses the term 'disassociation' which is similar to wa Thiong'o's (2009: 39) 'dismemberment to remembering who one is' which is to remember what the discipline is at its core. This is similar to Mignolo's (2011b) forewarning to not allow your discipline to use you, but to save yourself from the discipline. Consents to differential consciousness by Barthes also termed as a result of prophetic love are analogous to this thesis which has a differential diagnosis of homeopathy as being similar to the diminishing healing modality of *Ngaka Tshupe* or a hornless doctor. This is just one of the terms that show that indeed, they are rarely remembered because they have been dismembered from their sense of imagination, indigenous context, geo-political knowledge and epistemology.

Regarding repression, Gordon (2010: 197) alludes to the assertion that reveals self-reflective issues. These self-reflective issues refer to the individual self-reflection n their discipline. This repressive mode is different from the usual reflexivity in relation to oneself and one's discipline. Reflexivity denotes one's experiences of the discipline or the subjected matter. Reflexivity dismembers to remember which, in teleological matters, transcends reflexivity as such. Reflexivity is in a teleological manner consuming and in contrast to what debunking and decolonising measures in the form of dismemberment, remembering and embracing of epistemologies of the marginalised are doing. Gordon (2010:197) cites Sigmund Freud's psychoanalysis on the self when Freud argues that "*to know the self is to go through acts of uncovering"*. This applies to disciplines such as homeopathy as well; in undressing it one may discover what is concealed and what may appear as similarities to ancient African indigenous healing modalities such as a hornless doctor or *Ngaka Tshopya.*

Interrogation of how these healing modalities have been regulated and continue to be regulated in relation to what people do when they need healing seems to be at loggerheads and contradiction with regulatory frameworks or health policies. It is indeed a brazen phenomenon, which calls for democratic or governmental institutions or those who contest what they deem abnormal or dehumanising to have the brazen attitude of accepting and normalising the current postures people utilise in dealing with what confronts them. This requires re-regulation and merging with the health and healing of the communities. This requires scholarly work to engage and facilitate transmutation of curriculum or academia.

A charter for the humanities and social sciences would encourage this venture (Charter for Humanities and social Sciences, 2011:32,41). Such a charter would emphasises how curricular transformation and disciplinary wisdom can be achieved and who would evaluate these changes to ascertain if they were legitimate and proper. In this thesis it is the participants who ascertain if the information is genuinely disciplinarily and methodologically decadent.

8.5 Exploration on Everyday Activities

These sources in their variations ought to be acted upon in actionable acts to create spaces that are liveable. Our conferences do not open and close in prayers, cleansing and thanksgiving. Those who do these exercises, like Lewis Gordon, who address an audience barefoot saying that this is in respect of our ancestors, are in sync with what Biko, Mutwa (1964) and others urge. What could be the problem with our thinking? Are we afraid to reveal who we are in the open? The other plateau to this theme of praying and using or bathing in holy waters (what are we cleansing ourselves from that is persistently more like a taint or contagious disease?) is that humanity is fragmented and is failing to transcend the need to privilege healing practices that are preferred by participants. The ever-changing technological world finds it necessary and relevant to impose the world of robotics in the name of artificial intelligence (AI). This world of AI has noticed or established that human beings are inadequate in helping each other or one another, therefore proposed that robotics or technology can best answer our disturbances and concerns through the touch of a screen. Because humanity has lost its rhythm, sense of imagination, and communion with nature, it has disconnected from reality and embraces alien ways of knowing that are detrimental to

humanity. These themes also suggest transcendentally that “we are not truly us”. When the researchers voice is non-existent it sorts of projects her or him to expand research knowledge, this is similar to what bracketing has done in the methods that are often subscribed to.

8.6 Dismemberment Periodically Creates Injustices of Interpretation

From the participants narratives it was evident that any form of disconnection or dismemberment with the original source of that which makes a human being healthy caused them to consult a doctor or healer – who they chose to consult is instructive. The study has repeatedly cited Nabudere (2011:90) regarding the importance of tracing the origin of the source in order to cultivate African indigenous wisdom and articulation. The excepts from the everyday ordinary participants and from the *diNgaka tse tshotswa/tshupe* are evidence of people who are not dismembered from the source of origin of their African indigenous healing modalities. On writing this thesis the country was experiencing a wave of media stories claiming that the churches and their prophets are profiting from the most vulnerable. For example, kau kauru voices (2016) writes that there exist “pastors that preach prosperity, and encourage their followers to pray and ask for money, cars, fame, business and clothes, which contradicts the bible verse”. Such stories arise from people who consult these churches with the hope that their livelihood will change for the better. However, what has been captured is that on most occasions the everyday ordinary people who visit or consult with the pastors or prophets in these churches are blamed, ridiculed and mocked for following their hearts. What this study sought to do was to find out what was out there in terms of who people consulted, if healers were *diNgaka tshupe* or indigenous healers or homeopaths, how did they understand themselves in terms of healing their patients? The findings were that my participants were not dismembered from their African ancient healing systems despite the fact that in most instances they chose healing epistemologies that were mocked or unfairly classed with stories of the vulnerable being preyed, which is often the case with ways and modes of healing arising from African religiosity or spirituality.

What the learning is regarding these injustices is that language plays a central role in synonymising a homeopath to *Ngaka tshupe* and similarly using terms of reference used by healers like Ngaka Msimango and Ngaka Hlongwane such as saying *tshupe*

or a hornless doctor *ke motho wa tlhogo,* that is, a hornless doctor is a head person Kalumba (2004:293). This indicates that language has a way of making an impact in terms of “contributing to the knowledge canon and human development”.

8.7 Limitations of the Study

The interaction with the homeopathic participants has been the most challenging and testing one. In most instances the conceptions of homeopathy as a discipline upheld by this study created distance or more dismemberment as silent postures from the actual homeopaths. There were inferences and exclamations or interjections of thinking from these homeopaths that what I was advancing was mere misunderstanding from my side. However, the silences were in actual fact imparting the impending nexus of indigenous healing modalities and the unfathomable basis that demonstrated that homeopathy is not incompatible to African indigenous healing. My recommendation is that there should be a promulgation for homeopaths to advance their healing modalities with those of spiritual healers, prophets and indigenous healers for the hegemony of the discipline and its beingness, in order for this aspect to be actualised in African communities. My research findings suggest it may be a good thing to have a homeopath who is also initiated as an indigenous or spiritual healer because Dr M and Dr B both alluded to their patients thinking of them as if they dispense herbs or sell herbs.

Dismembered constitution, temperament and timeline allowed this study to write about various discomforts. Writing about some of the discomforts would be about how to win participants who could not carry on with the study. The interviews that took place through email and seeking clarity further on the same mode of communication. The question of doctors of colour or the racial divides at certain medical aids surfaced in 2017 when I first interviewed one of the homeopathic doctors. However, it was not fully explored here as the study focused more on conceptualising homeopathy as a discipline in an African conception and sought to find out how every day ordinary people sought help when they needed healing.

Therefore, what is posturing as a limitation to the discipline of homeopathy for its articulation and promotion is that my research findings depict that homeopaths need to embrace the holistic indigeneity of their discipline. When patients refer to them as herbalists or as of those who appear as doctors who have undergone the guild of

African indigenous healing, the discipline ought to member that as a principle for it to be well-articulated and promoted. Homeopaths should not frown upon being linked to or being likened to African indigenous healing. They ought to embrace such elements and utterances as the golden key for the discipline to shine.

8.8 Contribution to the Body of Knowledge

This thesis has been written during the time of talks and hype about the fourth industrial revolution (4ir) which in itself breeds and divides the rich and the poor as it creates further inequality and marginality. The diagnostic machines that participant Maria cited as being used by her homeopath versus what homeopaths such as Sankaran and De Schepper propound, denotes and demonstrates the annihilation and misrepresentation of the intelligence embedded within indigenous holistic healing modalities such as homeopathy and African indigenous religious healing – how it is repressed and ignored and subdued.

The contribution to knowledge of this thesis is that, despite the fact that disciplines are colonial constructs and form the basis for establishing universities, it is evident that indigenous healers are examples of how people are able to lead a profitable life and be of sound cognition without having attended an institution of higher learning. We may have any number of graduates who are unemployed who end up being led and futuristically directed and guided by an unqualified person. This leads to disciplines that are constructed to be studied although unemployment is due to lack of experience as the main obstacle. However, the construct of the discipline is not interrogated if it serves the constitution, timeline, temperament of the society, race, place or not. This thesis judges homeopathy to be decadent as a discipline and is representative of many other studies that produce graduates but do not bring any revenue to people, life or society at large. This thesis has in transition epistemologically, ontologically and methodologically engaged and applied what has been transcended as the imperative need for intellectual decolonisation, ‘epistemic disobedience’, the fallibility of disciplinarity on [many] disciplines, how through memory or remembering, roles and names can be traced to the origins and repackaged in dialects that that genuinely speak to the existential and ontological realities of real everyday ordinary people (see Mignolo 2009, 2011b; Mamdani 1998:73; Mamdani, 2016; wa Thiong’o 2005:100, 2009:130; Nabudere 2011; Mutwa 1964; Gordon 2014,2016).

In the theme of “let likes be cured by likes” it may ordinarily sound normal to deem that African indigenous healing can cure homeopathy as a discipline.

Also, as part of the findings of this study, the question that was asked in Chapter 6 arises again here: where are the true healers, can they emerge? The thesis is asking, epistemologically and ontologically: why is the individual healer’s spirit not taking over? From all the dysfunctionalities happening, why are their spirits allowing all this dysfunctionality to happen? Are they made to dismember from their callings? On the 22nd of July 2019, a new television channel 405 showcased the celebration of Ntate Credo Mutwa’s 98th birthday. The groups of indigenous healers represented by the Sainusi’s healer’s daughter Nozipho Mutwa pledged that Mutwa’s teachings of African philosophy will form part of the pedagogy within institutions of learning. This vision is implemented in Chapter 5 in the form of *Indaba* as a form of African indigenous research methodology that transcends methodologies that are prescribed in scholarly work. Dismemberment is aligned with one of the findings that depict and ascertain that Africans don’t like each other – they loathe one another. This depiction of dismemberment reflects the detached temperamental postures that Africans people in their disciplines or as everyday ordinary people are in their constitutional body and psyche. This portrayal is reflected given the purview of the current timelines, the timelines that anticipate the development of pedagogies that meaningfully reflect the existential and ontological realities of the people, disciplines and ancestral callings – *Indaba.*

The thesis concludes that the model to articulate and promote homeopathy and African indigenous knowledge healing is in remembering the definitions and interpretation as used and understood by those who use these modalities today. Also, that health and healing is more profound and meaningful when people consult with a prophet or have a connection with an (African) indigenous power force in a church. Despite the commonalities existent in homeopathy with the holistic healing within African indigenous knowledge healing, it is the complexities and hesitancy of defining the term in an African context or participants’ indigenous language that has dismembered these African homeopaths from their distinct African indigenous knowledge systems of healing. The discipline has been dismembered by being placed ontologically as a Western model of healing, whereas epistemologically and methodologically it is closer to indigenous models of healing; this is what has

established a dichotomy and decadence. It is the superiority or hierarchization of Western models of healing that establishes this dismemberment. As Dr M said, he sees himself as a homeopath, and later in his indigenous language (isiXhosa) he said homeopath is synonymous with *"Igqirha"* i.e. an indigenous healer or doctor. Constitutionally this dichotomy signifies the nature of disciplinary dismembering traits with similar African indigenous healing modalities. Therefore, the model for articulation and promotion dwells on the metaphysical and philosophical paradigms of placing indigenous healing spirituality at the centre more than anything else. The bad side of this is that the African homeopaths whose disciplines espouse the vital force as a healing force amongst other things, is dismembered from this epistemological paradigm in praxis. My research findings support Nabudere's (2011:7) statement that Eurocentric modes of knowing "cannot be understood outside the African originality of knowledge". This statement highlights that it is dismembering to conceptualise, articulate and promote a discipline or a 'calling' outside the African way of thinking. With the above said, my research findings contributes to scholarly work in this area which has been under-researched and even frowned upon in the past rather than being embraced.

8.9 Conclusion

In conclusion, this thesis calls for political will; it calls for government and the academy to respect and honour the existential and ontological realities of its people and the locus of enunciating disciplines. What if the discipline is in a zone of non-being or mode of disciplinary decadence through failure to align with existential and ontological realities that are every day occurrences? In combative mannerisms, this thesis has shown that the reverberating sounds of the existential ontologies of the real people I interacted with in the course of this study – qualified homeopaths, asylum seekers, healers in African healing or prophetic sects – all reported experiences that are undemocratic, unconstitutional, temperamentally morose or in denial with the current time-lines often espoused as "together growing South Africa". The notion of together growing South Africa is often used by the African National Congress (ANC). However, there is a lack of experience of "together growing" from all the people I interacted with formally and informally, especially when using the current timeline or era which is deemed to be liberating and promoting a better life for all. This depicts the dismembered-ness, intellectual disengagement, and rife aspects of decontextualised

institutions that are out of sync with the existential and ontological realities of the people and the spaces of disciplinarity. This study challenges disciplinarity and the sect of ancestral callings in the general sense that to remain meaningful and relevant, that is, articulated and promoted, it is fundamental to embrace what Nabudere (2011:90) refers to as “tracing back the origin of meanings of things and worldviews”. The contribution to an indigenous research methodology (Chapter 5) is through having psychically traced the deep knowledge that is embedded in the term ‘*Indaba,* my children’. This term is fitting as a conceptual tool and can reveal hidden knowledge when used as a research methodology. Nyoka (2012) cites Mafeje who shares similar realities that learnership from “African societies themselves as opposed to extracting facts” is the way to articulate and promote the hidden knowledge emerging as part of curricula. This is similar to what Husserl (1970) describes as phenomenology or study of lived experiences, and Marton (1986) describes as phenomenography or variety of how people conceptualise something. In Indaba, my Children, Mutwa (1964) reveals that imparting of knowledge is through narratively knowing what is dismembering, remembering, mental, physical, emotional and spiritual or holistic. Furthermore, my research findings arising from conversational interviews depict a space of non-disciplinarity which is non-existent in academia across scholarly traditions. It is a matter of principle to recognise the various indigenous African values that are embedded in the experiences and modes of participants’ expositions as found in this thesis, and for them to be the basis for a solid African intellectual framework for healing.

REFERENCES

A regional map of Gauteng province. https://www.sa-venues.com/maps/gauteng_atlas.htm

Abdullahi, A.A. (2011). Trends and challenges of traditional medicine in Africa. *African Journal of Traditional, Complementary and Alternative Medicine*, 8(S): 115-123.

Absolon, K. and Willet, C. (2004). Aboriginal research: berry picking and hunting in the 21st century. *First Peoples Child & Family Review,* 1(1): 5-17.

Adesina, J. (2008). Archie Mafeje and the pursuit of endogeneity: against alterity and extroversion. *Africa Development*, 33(4): 133-152.

Agrawal, A. (1995). Indigenous and scientific knowledge: some critical comments. *Indigenous Knowledge and Development Monitor*, 3(3): 3-6.

Alexiviech, S. (2015). *On the battle lost*. Nobel Lecture. The Nobel Foundation. https://www.nobelprize.org/prizes/literature/2015/alexievich/25408-nobel-lecture-2015/

Allied Health Professions Council of South Africa. (2018). www.ahpcsa.co.za

Anderson, A. (2003). African initiated churches of the spirit and pneumatology. *Word and World,* 23(2): 178-186).

Ashforth, A. (2005). *Muthi, medicine and witchcraft: Regulating "African science" in post-apartheid South Africa?* Social Dynamics, 31:2, 211-242.

Babaletakis, F. N. (2006). A retrospective survey of postgraduate-career paths of Durban Institute of Technology (DIT – Formerly Technikon Natal) Homoeopathic graduates from 1994 to 2004. Master's dissertation. http://ir.dut.ac.za/handle/10321/45

Baillie, L. (2015). Promoting and evaluating scientific rigour in qualitative research. *Nursing Standard.* Vol.29. Issue, 46. DOI:10.7748/ns.29.46.36.e8830

Bastian, M.L. (1997). Married in the water: spirit kin and other afflictions of modernity in southeastern Nigeria. *Journal of Religion in Africa,* 27(2): 116-134. https://www.jstor.org/stable/1581682

Battiste, M.B. (2002). *Indigenous knowledge and pedagogy in first nations education a literature review with recommendations*. Ottawa, ON: Apamuwek Institute. http://www.afn.ca/uploads/files/education/24._2002_oct_marie_battiste_indigenousknowledgeandpedagogy_lit_review_for_min_working_group.pdf

Baer., H.A., and Coulter, I. (2008). Taking stock of integrative medicine: Broadening biomedicine or co-option of complementary and alternative medicine? *Health Sociology Review*, 17:4, 331-341, DOI: 10.5172/hesr.451.17.4.331

Beers, M.H., Porter, R.S., Jones, T.V., Kaplan, J.L. and Berkwits, M. (2006). *The Merck manual of diagnosis and therapy.* 18th ed. Whitehouse Station, NJ: Merck Research Laboratories.

Benjamin, C. (2015). Mining a threat to holy caves. *Mail & Guardian*, 27 February. https://mg.co.za/article/2015-02-27-mining-a-threat-to-holy-caves/

Berchie, D. and Baidoo, E. (2017). A reading of “oil” (James 5:14) in the Ghanaian Christian ministry. *Ilorin Journal of Religious Studies,* 7(1): 37-50.

Biko, S. (1978). *I write what I like.* London: Bowerdean Press.

Boericke, W. (2005). *Pocket manual of homeopathic materia medica and repertory.* New Delhi: B. Jain.

Bolten, C. (1998). Healing Knowledge and Cultural Practices in a Modern Tswana Village. Williams College.

Borlescu, A.M. (2011). Being a homeopath. Learning and practice in a homeopathic community. *Journal of Comparative Research in Anthropology and Sociology*, 2(2): 11-31. http://compaso.eu/wp-content/uploads/2011/12/Compaso2011-22-Borlescu.pdf [Accessed 18 January 2018].

Bower H (1998) Double standards exist in judging traditional and alternative medicine BMJ 316:1694.3 doi: 10.1136/bmj.316.7146.1694b

Boven, K. and Morohashi, J. (eds). (2002). *Best practices using indigenous knowledge.* The Hague: Nuffic; Paris: UNESCO/MOST. http://www.ecdip.org/docs/pdf/bestpractices.pdf [Accessed 26 April 2016].

Brighthope, I. (2012). The forces against health in Australia. *Orthomolecular Medicine News Service.* http://orthomolecular.org/resources/omns/v08n23.shtml

Brown, L. (2008). *An investigation of clinical methods, treatment procedures and treatment outcomes of homoeopathic practitioners in South Africa.* Master's dissertation. University of Johannesburg. http://hdl.handle.net/10210/976

Burch, A., Dibb, B. and Brien, S.B. (2008). Understanding homeopathic decision-making: a qualitative study. *Complementary Medicine Research*, 15(4): 218-225. https://doi.org/10.1159/000138511

Butehorn, L. (2007). *Homeopathy, Shamanism and Rajan Sankaran's Quest for Vital Sensation.* Homeopathic Links, Summer: Vol. 20:100-103.

Cakata, Z. (2015). In search of the absent voice: The status of indigenous languages in post-apartheid South Africa. Doctoral dissertation. Pretoria: University of South Africa. http://hdl.handle.net/10500/20147

Charter for the Humanities and Social Sciences. (2011). Report commissioned by the Minister of Higher Education & Training for the Charter for the Humanities and Social sciences. https://www.dhet.gov.za/Humanities

Chitando, E. (2004). African Instituted Churches in Southern Africa: Paragons of Regional Integration? *African Journal of International Affairs*. Vol. 7, Nos. 1&2, pp. 117-132.

Chilisa, B. and Tsheko, G.N. (2014). Mixed methods in indigenous research: building relationships for sustainable intervention outcomes. *Journal of Mixed Methods Research,* 8(3): 222-233. https://doi.org/10.1177/1558689814527878

Chitindingu, E., George, G. and Gow, J. (2014). A review of the integration of traditional, complementary and alternative medicine into the curriculum of South African medical schools. *BMC Medical Education*, 14: 40. doi: 10.1186/1472-6920-14-40

Chivaura, V. G. (2006). African indigenous worldviews and ancient wisdom: A conceptual framework for development in Southern Africa. In Kunnie, J. E. J. E., Goduka, N. I. (Eds.), Indigenous peoples' wisdom and power: Affirming our knowledge through narratives (pp. 213-224). Aldershot, UK: Ashgate.

Choudhary, M., Patil, J.D. and Jadhav, A.B. (2018). Importance of rubric "dreams" from complete repertory with its utility in clinical cases. *International Journal of Research and Analytical Reviews*, 5(4): 176-180. http://www.ijrar.org/papers/IJRAR1904424.pdf

Concise Oxford English Dictionary (2011). *Definition of semiology*. Oxford: Oxford University Press.

Corea, C.V.S. (2004). The goal to be achieved in homoeopathy. *Homoeopathic Heritage*, May.

Creswell, J.W. (2002). *Educational research: planning, conducting and evaluating quantitative and qualitative research*. Upper Saddle River, NJ: Pearson Education.

Da-Silva-Esclana, N. (2012). The homeopathic market: profiling the use of homeopathic remedies at early childhood development centres in the Pretoria East region. Master's dissertation. Pretoria: University of South Africa.

De Schepper, L. (2004). *Homeopathy and dreams: functions or purposes of the dream. American Journal of Homeopathic Medicine*, 97(4): 264-269.

De Schepper, L. (2006). *Hahnemannian textbook of classical homoeopathy for the professional.* New Delhi: B. Jain.

De Sousa Santos, B. (2007). Beyond abyssal thinking: from global lines to ecologies of knowledges. *Review (Fernand Braudel Center)*, 30(1): 45-89. https://www.jstor.org/stable/40241677

De Sousa Santos, B. (2016). Epistemologies of the South and the future. *From the European South: a Transdisciplinary Journal of Postcolonial Humanities*, 1: 17-29.

De Sousa Santos, B., Nunes, J.A. and Meneses, M.P. (2007. Introduction: Another knowledge is possible: opening up the canon of knowledge and recognition of

difference. In: de Sousa Santos, B. (ed.). *Another knowledge is possible: beyond northern epistemologies*. London: Verso.

De Witte, M. (2011). Touched by the spirit: converting the senses in a Ghanaian charismatic church. *Ethnos: Journal of Anthropology,* 76(4): 489-509. https://doi.org/10.1080/00141844.2011.620711

Dean, M.E. (2001). Homeopathy and "the progress of science". *History of Science,* 39(3): 255-283. doi:10.1177/007327530103900301

Degele, N. (2005). On the margins of everything: doing, performing, and staging science in homeopathy. *Science, Technology, & Human Values.* 30, No.1. pp. 111-136. Sage Publications.

Dei, G.S. (2012). Indigenous anti-colonial knowledge as 'heritage knowledge' for promoting Black/African education in diasporic contexts*. Decolonization: Indigeneity, Education and Society*, 1(1): 102-119.

Dhlomo, H.I.E. (1929). Herbet Isaac Ernest Dhlomo. *South African History Online.* https://www.sahistory.org.za/people/herbert-isaac-ernest-dhlomo

Emeagwali, G. and Dei, G.J.S. (eds). (2014). *African indigenous knowledge and the disciplines.* Rotterdam: Sense.

Espost, C. (2015). Duiwelsdorp: a sangoma's story of South Africa. Master's dissertation. University of Cape Town.

Eyles, C., Leydon, G.M., Lewith, G.T. and Brien, S. (2011). A grounded theory study of homeopathic practitioners' perceptions and experiences of the homeopathic consultation. *Evidence-Based Complementary and Alternative Medicine*, 957506. doi: 10.1155/2011/957506

Fanon, F. (1963). *The wretched of the earth*. New York: Grove Press.

Feyerabend, P. (1978). *Science in a free society*. London: NLB.

Flatt, J. (2013). Critical discourse analysis of rhetoric against complementary medicine. *Creative Approaches to Research*, 6(2): 57-70. https://www.researchgate.net/publication/255972120 [Accessed 30 December 2016].

Fook, J. and Gardner, F. (2007). *Practicing critical reflection: a resource handbook.* Maidenhead, UK: Open University Press.

Fournier, J. (2013). Integration, conversion or conflict? A critical ontology of the integration of “CAM” into biomedical education. Master’s thesis. Halifax, Nova Scotia: Dalhousie University. http://hdl.handle.net/10222/42702

Galhardi, W.M.P. and de Barros, N.F. (2008). The teaching of homeopathy and its practice in the Brazilian Public Health System (SUS). *Interface: Comunicação, Saúde, Educação,* 12(25): 247-266.

Gavriilidis, G. and Ostergren, P. (2012). Evaluating a traditional medicine policy in South Africa: phase 1 development of a policy assessment tool. *Global Health Action*, 5: 17271. https://dx.doi.org/10.3402/gha.v5i0.17271

George, A., Blaauw, D., Thompson, J. and Green-Thompson, L. (2019). Doctor retention and distribution in post-apartheid South Africa: Tracking medical graduates (2007-2011) from one university. *Human Resources for Health.* https://doi.org/10.1186/s12960-019-0439-4

Gibran, K. (1983). The prophet. Jonathan Ball Publishers.

Gordon, L. (2000). *Existentia Africana: understanding Africana existential thought*. New York: Routledge.Gordon, L. R. (2010). Theory in black: Teleological suspensions in philosophy of culture. *Qui Parle: Critical Humanities and Social Sciences*, *18*(2) (Spring/Summer), 193–214. doi: 10.5250/quiparle.18.2.193

Gordon, L. (2010). Theory in black: Black teleological suspensions in philosophy of culture. Qui Parle, Vol. 18, No. 2. pp. 193-214. https://www.jstor.org/stable/10.5250/quiparle.18.2.193

Gordon, L. (2014). Disciplinary decadence and the decolonisation of knowledge. *Africa Development,* 39(1): 81–92.

Gordon, L. (2016). Disciplining as human science. *Quaderna*, 3. https://quaderna.org/disciplining-as-a-human-science/

Gqaleni, N., Moodley, I., Kruger, H., Ntuli, A. and Mcleod, H. (2007). Traditional and complementary medicine. *South African Health Review*, 1: 175-188. https://hdl.handle.net/10520/EJC35483 [Accessed 17 March 2015].

Gqola, P. (2010). What is slavery to me? Postcolonial/ slave memory in post-apartheid South Africa. With University Press.

Green, L.J.F. (2012). Beyond South Africa's "indigenous knowledge - science" wars. *South African Journal of Science*, 108(7/8): 631. http://dx.doi.org/10.4102/sajsv108i7/8.631.

Griaule, M. (1965). *Conversations with Ogotemmeli: an introduction to Dogon religious ideas*. London: Oxford University Press.

Gyekye, K. (1995). *An essay on African Philosophical thought: the Akan conceptual scheme.* Philadelphia, PA: Temple University Press.

Hahnemann, S. (2003). *Organon of medicine.* 6th ed. New Delhi: B. Jain.

Hart, M.A. (2010). Indigenous worldviews, knowledge, and research: the development of an indigenous research paradigm. *Journal of Indigenous Voices in Social Work,* 1(1): 1-16. http://hdl.handle.net/10125/12527

Harvey, E. (2015). We need brave intellectuals*. City Press*, 10 May.

Holmberg, C., Brinkhaus, B. and Witt, C. (2012). Experts' opinions on terminology for complementary and integrative medicine: a qualitative study with leading experts. *BMC Complementary and Alternative Medicine*, 12: 218*.* http://www.biomedcentral.com1472-6882/12/218 [Accessed 23 May 2015].

Homoeopathic Association of South Africa (HSA). (2008). *Homoeopathy*. www.hsa.org.za

Horsthemke, K. (2004). 'Indigenous knowledge' – Conceptions and misconceptions. *Journal of Education.* No32. Pp32-48.

Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology: an introduction to phenomenological philosophy*. Evanston, IL: Northwestern University Press.

Jimoh, S.L. (2017). A comparative discourse on Yoruba concept of spirit-husband and Muslim exorcists' belief in intermarriage between *jinn* and man. *Ilorin Journal of Religious Studies*, 7(1): 51-66.

Jimoh, A. and Thomas, J. (2015). An African epistemological approach to epistemic certitude and scepticism*. Research on Humanities and Social Sciences,* 5(11): 54-61. https://www.iiste.org/Journals/index.php/RHSS/article/viewFile/23426/24142

Johannes, C.K. and van der Zee, H. (eds). (2010). *Homoeopathy and mental health care: integrative practice, principles and research.* Haren, Netherlands: Homeolinks.

Kalumba, K.M. (2004). Sage philosophy: its methodology, results, significance, and future. In: Kwasi Wiredu (ed). *A companion to African philosophy.* Malden, MA: Blackwell, pp. 274-281.

Karim, S.S.A., Ziqubu-Page, T.T. & Arendse, R. (1994). *Bridging the Gap: Potential for a health care partnership between African traditional healers and biomedical personnel in South Africa.* Medical Association of South Africa.

Kau Kauru Voices, (2020). Prophets for profit. *The Journalist.* https://www.thejournalist.org.za/kau-kauru/prophets-for-profit/

Kendall, L. (1979). Caught between ancestors and spirits: Field report of a Korean Mansin's healing kut. *Korea Journal.* ekoreajournal.net

Keshet, Y. (2009). *The untenable boundaries of biomedical knowledge: epistemologies and rhetoric strategies in the debate over evaluating complementary and alternative medicine.* Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine. DOI:10.1177/1363459308099681 Vol. 13(2):131-155 [Accessed 26 January 2016]

Keshet, Y. (2013). *Dual embedded agency: Physicians implement integrative medicine in health-care organizations.*sagepub.co.uk/journalsPermissions.nav DOI:10.1177/1363459312472084 hea.sagepub.com Health 17(6) 605-621 [Accessed 16 January 2017]

Keshet, Y. Simchai, D. (2014). The "gender puzzle" in alternative medicine: A literature review.

Kgope, T.V. (2012). A phenomenological study on the experiences of black people consulting African traditional healers in Tshwane. Master's dissertation. University of Johannesburg. http://hdl.handle.net/10210/7862

Kgoroeadira, K.O. (1993). The praise poetry of the Bafokeng of Phokeng. Master's dissertation. Johannesburg: Rand Afrikaans University. http://hdl.handle.net/10210/9749

Khumalo, P.S.G. (2015). Patients' experiences of homoeopathic care rendered at a primary healthcare facility in the eThekwini District. Master's dissertation. Durban University of Technology. https://openscholar.dut.ac.za/handle/10321/1406

Khupe, C. and Keane, M. (2017). Towards an African education research methodology: decolonising new knowledge. *Educational Research for Social Change,* 6(1): 25-37. http://dx.doi.org/10.17159/2221-4070/2017/v6i1a3

Kofi-Tsekpo, M. (2004). Institutionalization of African traditional medicine in health care systems in Africa. *African Journal of Health Sciences,* 11(1/2): i-ii. doi: 10.4314/ajhs.v11i1.30772

Kohnert, D. (2001). Witchcraft and democratization of South Africa. *African Legal Studies,* 2: 177-182.

Kovach, M., Carriere, J., Barrett, M.J., Montgomerry, H., and Gillies, C. (2013). Stories of Diverse Identity Locations in Indigenous Research. *International Review of Qualitative Research.* Vol. 6, No. 4, pp. 487–509.

Kovach, M. (2010). Conversational method in indigenous research. *First Peoples Child & Family Review,* 5(1): 40-48.

Kovach, M. (2019). Conversational method in indigenous research. *First Peoples Child & Family Review,* 14(1): 123-135.

Kuper, J. (2015). Sangomas' power challenges the state. *Mail & Guardian*, 19-25 June.

Laenui, P. (2000). Processes of decolonization. In: Marie Battiste (ed). *Reclaiming indigenous voice and vision*. Vancouver: UBC Press, pp. 150-159.

Laplante, J. (2014). On knowing and not knowing “life” in molecular biology and Xhosa healing: ontologies in the preclinical trial of a South African indigenous medicine (muthi). *Anthropology of Consciousness*, 25(1): 1-31. https://doi.org/10.1111/anoc.12018

Laverty, S.M. (2003). Hermeneutic phenomenology and phenomenology: a comparison of historical and methodological considerations. *International Journal of Qualitative Methods,* 2(3): 1-29.

Lebakeng, J.T., Phalane, M.M. and Dalindjebo, N. (2010). Epistemicide, institutional cultures and the imperative for the Africanisation of universities in South Africa. *Alternation*, 13(1): 70-87. https://hdl.handle.net/10520/AJA10231757_547

Leonard, K.L. (2000). African traditional healers and outcomes: contingent contracts in health care. *Colombia University, Department of Economics, Discussion Paper Series*, No. 9900-02. https://academiccommons.columbia.edu/doi/10.7916/D8WH325G/download

Levy, D., Ajjawi, R. and Roberts, C. (2010). How do homeopaths reason and make decisions? Integrating theory, practice, and education. *The Journal of Alternative and Complementary Medicine,* 16(12): 1321-1327.

Levy, D.G. and Gadd, B. (2012). Homeopathy and the ethics of homoeopathy: a response to Freckelton. *Journal of Law and Medicine*, 19(4): 699-704.

Lorius, C. (2001). *Homeopathy for the soul: ways to emotional healing*. London: Thorsons.

Loudon, I. (2006). A brief history of homeopathy. *Journal of the Royal Society of Medicine,* 99(12): 607-610.

Louis, R.L. (2007). Can you hear us now? Voices from the margins: using indigenous methodologies in geographic research. *Geographical Research*, 45(2): 130-139. https://doi.org/10.1111/j.1745-5871.2007.00443.x

Louw, G. and Duvenhage, A. (2017). Are the fees that the traditional health practitioner charges generally lower than that of the medical practitioner? *Australasian Medical Journal,* 10(1): 18-23. http://www.amj.net.au/index.php/AMJ/article/view/2732

Lu, D. (2018). “Homoeopathy flourishes in the far East”: a forgotten history of homeopathy in late nineteenth-century China. *Notes and Records, the Royal Society Journal of the History of Science,* 73(3): 329-351. https://doi.org/10.1098/rsnr.2018.0041

Luckett, K., and Naicker, V. (2019). Responding to misrecognition from a (post)/ colonial university. *Critical Studies in Education.* 60:2, 187-204. https://doi.org/10.1080/17508487.2016.1234495

Maart, R. (2017). When black consciousness walks arm-in-arm with critical race theory to meet racism and white consciousness in the humanities. *Alternation,* 21(2): 54-82.

Macupe, B. (2016). Nomvula Mokonyane joins Mboro in rain prayer. The Sowetan Newspaper. https://www.sowetanlive.co.za/news/2016-11-07-nomvula-mokonyane-joins-mboro-in-rain-prayer/

Magesa, L. (1997). *African religion: the moral traditions of abundant life.* Maryknoll, NY: Orbis.

Magoro, M.D. (2008). Traditional health practitioners’ practices and the sustainability of extinction-prone traditional medicinal plants. Master’s dissertation. University of South Africa, Pretoria.

Majola, S.F. (2015). The perceptions of homoeopathic doctors practicing in KwaZulu-Natal on their role in the public healthcare system in South Africa. Master’s dissertation. Durban University of Technology. http://hdl.handle.net/10321/1417

Maluleka, J.R. and Ngulube, P. (2017). The preservation of knowledge of traditional healing in the Limpopo province of South Africa. *Information Development,* 34(5): 515-525. https://doi.org/10.1177/0266666917723956

Mamdani, M. (1998). Is African studies to be turned into a new home for Bantu education at UCT? doi/abs/10.1080/02533959808458649

Mamdani, M. (2016). Between the public intellectual and the scholar: decolonization and some post-independence initiatives in African higher education. *Inter-Asia Cultural Studies,* 71 17:1, 68-83, DOI: 10.1080/14649373.2016.1140260

Manganyi, N.C. (2019). *Being–black–in–the–world*. Johannesburg: Wits University Press.

Marton, F. (1986). Phenomenography: a research approach to investigating different understandings of reality. *Journal of Thought,* 21(3): 28-49. https://www.jstor.org/stable/42589189

Masoga, A.M. (2002). Contesting space and time: intellectual property rights and indigenous knowledge systems research in South African universities. *African universities in the 21st century: academic labour market and constraints*. Conference organized by CODESRIA and University of Illinois, Centre for African Studies, 25th-27th April 2002, Dakar, Senegal.

Masoga, M. (2002). The role of African intellectuals in the reconstruction of the African social fabric (The quest for nation building). *Alternation,* 9(2): 300-315

Metz, T. (2014). Engaging with the philosophy of Dismas A. Masolo. *Quest: An African Journal of Philosophy,* 15(1-2): 7-15.

Masondo, S.T. (2005). The history of African indigenous churches in scholarship. *The Journal for the Study of Religion,* 18(2): 89-103. https://www.jstor.org/stable/24764358

Masondo, S.T. (2014). The African indigenous churches' spiritual resources for democracy and social cohesion. *Verbum et Ecclesia,* 35(3): 1341. http://dx.doi.org/10.4102/ve.v35i3.1341

Massey, A. and Kirk, R. (2015). Bridging indigenous and western sciences: research methodology for traditional, complementary, and alternative medicine systems. *Sage Open*, 5(3): 1-15. https://doi.org/10.1177/2158244015597726 .

Masuku, G. (2016). Personal interview. 15 September 2016. North-West Cultural Expert and Indigenous Knowledge Holder.

Matsena, D. (2018). Research wants to change the biased way we see sangomas. *Noweto Record,* 16 November, pp. 3.

Mazzochi, F. (2006). Western science and traditional knowledge. *EMBO Reports,* 7(5): 463-466. https://doi.org/10.1038/sj.embor.7400693

Mbatha, N., Street, R.A., Ngcobo, M. and Gqaleni, N. (2012). Sick certificates issued by South African traditional health practitioners: current legislation, challenges and the way forward. *South African Medical Journal*, 102: 129-131.

Mbembe, A. (2002). African modes of self-writing. *Public Culture,* 14(1): 239-273.

Mbembe, A. (2017). *Critique of black reason*. Johannesburg: Wits University Press.

Mboti, N. (2018). A plea for Apartheid Studies. 20th Annual Society for Phenomenology and Media (SPM), Akureyri, Iceland. University of the Free State.

McCall, J.C. (1995). Rethinking ancestors in Africa. *Africa: Journal of the International African Institute,* 65(2): 256-270.

McIntosh, C.D.D., Ogunbanjo, G.A., (2008). *Why do patients choose to consult homeopaths? An exploratory study.* South African Family Practice. SA Fam Prac 50:3 69-69c Available at: http://dx.doi.org/10.1080/20786204.2008.10873724

Mignolo, W.D. (1999). I am where I think: epistemology and the colonial difference. *Journal of Latin American Cultural Studies: Travesia,* 8(2): 235-245. https://doi.org/10.1080/13569329909361962

Mignolo, W.D. (2009). Epistemic disobedience, independent thought and de-colonial freedom. *Theory, Culture & Society,* 26(7-8): 1-23. https://doi.org/10.1177/0263276409349275

Mignolo, W.D. (2011a). Geopolitics of sensing and knowing on (de)coloniality, border thinking, and epistemic disobedience. *Postcolonial Studies*, 14(3): 273-283. https://doi.org/10.1080/13688790.2011.613105

Mignolo, W.D. (2011b). Epistemic disobedience and the decolonial option: a manifesto. *Transmodernity: Journal of Peripheral Cultural Production of the Luso-Hispanic World,* 1(2). https://escholarship.org/uc/item/62j3w283

Mitchell, M.K. (2006). *The Haudenosauneo Code of Behaviour for Traditional Medicine Healers.* National Aboriginal Health Organization.

Mndawe, M. (2017). A critique of Africanised curricula in higher education: Possibilities for the African renaissance in Vuyisile Msila, *Decolonising knowledge for Africa's renewal: Examining African perspectives and Philosophies*. KR Publishing, 201-222

Mndende, N. (2013). Law and religion in South Africa: an African perspective. *Nederduitse Gereformeerde Teologiese Tydskrif*, 54(Supplement 4): 74-82. https://doi.org/10.5952/54-0-292

Moagi, L. (2009). *Transformation of the South African Health Care System with regard to African Traditional Healers: The Social Effects of Inclusion and Regulation*. Rhodes University. International NGO Journal Vol.4 (4) Available on http://www.academicjournals.org/INGOJ [Accessed 26 May 2015]

Mokgobi, M.G. (2012). View on traditional healing: implications for integration of healing and western medicine in South Africa. Doctoral dissertation. University of South Africa. http://uir.unisa.ac.za/bitstream/handle/10500/9045/ [Accessed 26 January 2017].

More, M.P. (2008). Biko: Africana existentialist philosopher. In: Andile Mngxitama, Amanda Alexander and Nigel C. Gibson (eds). *Biko lives! Contesting the legacies of Steve Biko*. New York: Palgrave Macmillan, pp. 45-68.

Mothwa, M.M. (2011). Teachers' experiences of incorporating indigenous knowledge in the life sciences classroom. Master's dissertation. University of Johannesburg.

Moyo, H. (2013). Religion and African indigenous knowledge systems: healing and communal reconstruction in African communities. *Alternation,* 11: 207-236.

Mucina, D.D. (2008). Revitalizing memory in honour of Maseko Ngoni's indigenous Bantu governance. *AlterNative: An International Journal of Indigenous Peoples,* 4(2): 40-58. https://doi.org/10.1177/117718010800400204

Mũkoma wa Ngũgĩ. (2019). *The rise of the African novel: politics of language, identity, and ownership.* Pietermaritzburg: University of KwaZulu-Natal Press.

Munyaradzi, M. (2011). Ethical quandaries in spiritual and herbal medicine: a critical analysis of the morality of traditional medicine advertising in Southern African urban societies. *Pan African Medical Journal*, 10(6). doi: 10.4314/pamj.v10i0.72212

Murphy, R. (1996). *Homeopathic medical repertory: a modern alphabetical repertory*. 2nd ed. New Delhi: B. Jain.

Mutwa, C. (1964). *Indaba, my children: African folk tales*. Johannesburg: Blue Crane.

Mutwa, C. (2003). *Zulu shaman: dreams, prophesies, and mysteries*. Rochester, VT: Destiny Books.

Nabudere, D.W. (2011). *Afrikology, philosophy and wholeness: an epistemology*. Pretoria: Africa Institute of South Africa.

Nakashima, D.J. and Roue, M. (2002). Indigenous knowledge, peoples and sustainable practice. In: P. Timmerman (ed). *Encyclopedia of global environmental change, vol 5: social and economic dimensions of global environmental change.* Chichester: Wiley, pp.314-324.

Ndlovu, M. (2014). Why indigenous knowledges in the 21st century? A decolonial turn. *Yesterday and Today,* 11: 84-98.

Ndlovu-Gatsheni, S.J. (2017). The emergence and trajectories of struggle for an 'African university': the case of unfinished business of African epistemic decolonisation. *Kronos*, 43(1): 51-77. http://dx.doi.org/10.17159/2309-9585/2017/v43a4

Nemutandani, S.M; Hendricks, S.J., Mulaudzi, M.F., (2016). *Perceptions and Experiences of Allopathic Health Practitioners on Collaboration with Traditional Health Practitioners in Post-Apartheid South Africa.* Afr J Prm Health Care Fam Med. 2016; 8(2, a1007).http://dx.doi.org/10.4102/phcfm.v8i2.1007 [Accessed 1January 2017]

Netshandama, V.O. (2010). Quality partnerships: the community stakeholders' view. *Gateways: International Journal of Community Research and Engagement*, 3: 70-87. https://doi.org/10.5130/ijcre.v3i0.1541

Ngũgĩ wa Thiong'o. (1986). *Decolonising the mind: the politics of language in African literature.* London: James Currey.

Ngũgĩ wa Thiong'o. (2009). *Something torn and new: an African renaissance.* New York: Basic Civitas Books.

Ngulube, P., Mathipa, E.R. and Gumbo, M.T. (2015). Theoretical and conceptual frameworks in the social and management sciences. In: E.R. Mathipa and M.T. Gumbo (eds). *Addressing research challenges: making headway in developing researchers*. Noordwyk, Johannesburg: Mosala-Masedi Publishers, pp. 43-66.

Nicolson, G. (2014). Long journey home: 74 Nigerian church collapse victims returned for burial – but will there be justice? *Daily Maverick.*

Nkondo, (2016). *Indigenous knowledge systems theories, epistemologies and research methodologies: Postgraduate Workshop.* DST-NRF Centre in Indigenous Knowledge Systems. University of KwaZulu-Natal. 22-23 August 2016.

Nsamenang, A.B. (2006). Human ontogenesis: an indigenous African view on development and intelligence. *International Journal of Psychology,* 41(4): 293-297. doi:10.1080/00207590544000077

Nxumalo, N., Alabab, O., Harrisa, B., Chersicha, M., and Goudge, J. (2011). Utilization of traditional healers in South Africa and costs to patients: Findings from a national household survey. *Journal of Public Health Policy*. Vol. 32, S1, S124–S136

Nyoka, B. (2012). Mafeje and 'authentic interlocutors': an appraisal of his epistemology. *African Sociological Review*, 16(1): 2-16.

Nyoka, N. (2019). Abuse taints traditional healing. *Mail & Guardian. https://mg.co.za/article/2019-09-27-00-abuse-taints-traditional-healing/*

Ojanuga, D.N. (1981). What doctors think of traditional healers and vice versa? *World Health Forum*, 2(3): 407-410.

Owusu-Ansah, F. E. & Mji, G (2013). *African Indigenous Knowledge and Research.* African Journal of Disability 2 (1), Art. #30 5pages. http://dx.doi.org/10.4102/ajod.v2i130

Peltzer, K., Mngqundaniso, N., (2008). *Patient consulting traditional health practitioners in the context of HIV/AIDS in urban areas in Kwazulu-Natal*. South Africa.

Pinkoane, M.G, Greef, M. & Koen, M.P. (2012). A model for the incorporation of the traditional healers into the national health care delivery system of South Africa. *Afr J Tradit Complement Altern Med. (2012) 9(3S): 12-18*

Polanyi, M. (1974). *Personal knowledge: towards a post-critical philosophy.* Chicago: University of Chicago Press.

Pondani, S. (2019). Prophets of doom: the phenomenon of healing and power dynamics in New Pentecostal African Churches. Stellenbosch University.

Prah, K.K. (2012). The language of development and the development of language in contemporary Africa. *Applied Linguistics Review.* Vol. 3 (2). DOI: 10.1515/applirev-2012-0014

Priya, R., Gaitonde, R., Gandhi, M.P., Sarkar, A., Das, S. and Ghodajkar, P. (2019). The Alma Ata Declaration and Elements for a PHC 2.0. *Medico Friend Circle Bulletin,* 380. http://www.mfcindia.org/mfcpdfs/MFC380.pdf#page=82

Ramose, M.B. (1999). *African philosophy through Ubuntu*. Harare, Zimbabwe: Mond Books.

Ramose, M.B. (2016). But the man does not throw bones. *Alternation,* 18: 60-71. https://journals.ukzn.ac.za/index.php/soa/article/view/1354

Rautenbach, C. (2007). Review on a new legislative framework for traditional healers in South Africa. *Obiter*, 28(3): 518-536. https://hdl.handle.net/10520/EJC85244

Remmington, J., Willan, B. and Peterson, B. (2016). *Sol Plaatje's native life in South Africa.* Johannesburg: Wits University Press.

Robbins, J.A. and Dewar, J. (2011). Traditional indigenous approaches to healing and the modern science of traditional knowledge, spirituality and lands: a critical reflection on practices and policies taken from the Canadian indigenous example. *The International Indigenous Policy Journal*, 2(4): 2. doi:10.18584/iipj.2011.2.4.2

Romm, N.R.A. (2015). Reviewing the transformation paradigm: a critical systemic and relation (indigenous) lens. *Systemic Practice and Action Research,* 28(5): 411-427. https://doi.org/10/1007/s11213-015-9344-5

Ross, A. (2011). An appraisal of homoeopathic proving methodology as a bridge between the indigenous and rationalist-scientific understandings of medicinal plants: the case of Strychnos henningsii. Doctoral dissertation. Durban University of Technology. http://hdl.handle.net/10321/626

Sandoval, C. (2000). *Methodology of the oppressed*. Minneapolis, MN: University of Minnesota Press.

Sankaran, R. (2007). The evolution of my practice*. Homeopathic Links*, 20(1): 11-14. doi: 10.1055/s-2007-964830

Sartre, J.P. (1943). *Being and nothingness: an essay on phenomenological ontology*. Paris: Gallimard.

Selli, T. (2003). Attitudes of medical practitioners regarding complementary medicine in South Africa. Master's dissertation. Johannesburg: Technikon Witwatersrand.

Sesanti, S. (2008). The media and the Zuma/Zulu culture: An Afrocentric perspective. *Power, Politics and Identity in South African Media: Selected Seminar Papers.* Human Sciences Research Council Press.

Shaikh, B.T. and Hatcher, J. (2005). *Complementary and alternative medicine in Pakistan: prospects and limitations. Evidence-based Complementary and Alternative Medicine,* 2(2): 139-142.

Shai-Mahoko, S.N. (1996). Indigenous healers in the North West Province: a survey of their clinical activities in health care in the rural areas*. Curationis*, 19(4): 31-34.

Shizha, E., Charema, J., (2011). *Health and wellness in Southern Africa: Incorporating indigenous and western healing practices.* International Journal of Psychology and Counselling Vol. 3(9), pp.167-175. DOI:10.5897/IJPC10.030 Available at: http://www.academicjournals.org/IJPC

Shroff, F.M. (2011). Power politics and the takeover of holistic health in North America: an explorative analysis*. Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 9(1): 129-152.

Simmons, J. (2019). Homeopathy as a form of practical magic*. International Journal of Cultic Studies*. Vol.10. pp 32-40.

Sithole, T. (2014). Achille Mbembe: subject, subjection, and subjectivity. Doctoral dissertation. Pretoria: University of South Africa. http://hdl.handle.net/10500/14323

Smit, J.A., Chetty, D. and Vencatsamy, B. (2013). Research in religion and society. *Alternation,* 11: 1-9.

Smith, L.T. (1999). *Decolonizing methodologies: research and indigenous peoples*. London: Zed Books.

Sobiecki, J.F. (2003). Culture, health and illness. *South African Journal of Natural Medicine,* 11: 12-14.

Sobiecki, J.F. (2014). The intersection of culture and science in South African traditional medicine. *The Indo-Pacific Journal of Phenomenology*, 14(1): 1-11.

Solomon, E.M. (2014). The development of a model to facilitate success when establishing a homoeopathic private practice in South Africa. Doctoral dissertation. University of Johannesburg. http://hdl.handle.net/10210/9928

South Africa. Department of Health. (2008). *Draft policy on African traditional medicine for South Africa.* Government Gazette (No. 31265).

South Africa. Department of Science and Technology. (2004). *Indigenous knowledge systems policy*. Pretoria: Government Printer. https://www.dst.gov.za/images/pdfs/IKS_Policy%20PDF.pdf

Staugard, F. (1985). *Traditional medicine in Botswana*. Gaborone, Botswana: Ipelegeng Publishers**.**

Summerton, J.V. (2006). Western health practitioners' view about African traditional health practitioners' treatment and care of people living with HIV/AIDS. *Curationis*, 29(3):15-23. doi: 10.4102/curationis.v29i3.1089

Tella, O. (2018). Agenda 2063 and its implications for Africa's soft power. *Journal of Black Studies*, 49(7): 714-730.

Tempels, P. (1959). *Bantu philosophy*. Paris: Présence africaine.

Thomas, L.E. (1994). African indigenous churches as a source of socio-political transformation in South Africa. *Africa Today*, 41(1): 39-56.

Thornton, R. (1988). Culture. In: Emile Boonzaier and John Sharp (eds). *South African keywords: the uses and abuses of political concepts*. Cape Town: David Philip, pp.17-28.

Thornton, R. (2009). The transmission of knowledge in South African traditional healing. *Africa: Journal of the International African Institute,* 79(1): 17-34. https://doi.org/10.3366/E0001972008000582

Thornton, R. (2017). *Healing the exposed being: the Ngoma healing tradition in South Africa.* Johannesburg: Wits University Press.

Tjale, A. and de Villiers, L. (2004). *Cultural issues in health and healthcare.* Cape Town: Juta.

Truter, I. (2007). African traditional healers: Cultural and religious beliefs intertwined in a holistic way. *South African Pharmaceutical Journal:* 56-60.

Van de Kamp, L. (2011). Converting the spirit spouse: the violent transformation of the Pentecostal female body in Maputo, Mozambique. *Ethnos,* 76(4): 510-533. doi: 10.1080/00141844.2011.609939

Van Hootegem, H. (2007). Can homeopathy learn something from psychoanalysis? *Homeopathy,* 96(2): 108-112. doi:10.1016/j.homp.2006.11.013

Van Rooyen, D., Pretorius, B., Tembani, N.M. and Ten Ham, W. (2015). Allopathic and traditional health practitioners' collaboration. *Curationis,* 38(2): 1495. http://dx.doi.org/10.4102/curationis.v38i2.1495

Velthuizen, A. (2017). Engaging with the African ground: towards a new research paradigm for conflict studies in Africa. In: V. Msila (ed.). *Decolonising knowledge for Africa's renewal: examining African perspectives and philosophies.* Randburg: KR Publishing, pp. 73-86.

Vigano, D., Nannei, P., and Bellavite, P. (2015). Homeopathy: from tradition to science? *Journal of Medicine and the Person.* 13:7–17. DOI 10.1007/s12682-014-0197-y

Von Bardeleben, C.L. (2009). A survey of the perception of homoeopathy amongst parents of children aged 3 to 7 years old at pre-primary schools in the Pinetown

District. Master's dissertation. Durban University of Technology. https://openscholar.dut.ac.za/bitstream/10321/533/1/VonBardeleben_2009.pdf

Walach, H. (2013). Can you kill your enemy by giving homeopathy? Lack of rigour and lack of logic in the systematic review by Edzard Ernst and colleagues on adverse effects of homeopathy. *The International Journal of Clinical Practice*, 67(4): 385-386. doi: 10.1111/ijcp.12156

Walach, H. and Loughlin, M. (2018). Patients and agents – or why we need a different narrative: a philosophical analysis. *Philosophy Ethics and Humanities in Medicine,* 13(13). https://doi.org/10.1186/s13010-018-0068-x

Waldron, I. (2010). The marginalization of African indigenous healing traditions within western medicine: reconciling ideological tensions and contradictions along the epistemological terrain. *Women's Health and Urban Life,* 9(1): 50-71.

Wanda, R.E. (2013). Afrikology and community: restorative cultural practices in East Africa. *The Journal of Pan African Studies,* 6(6): 1-26. http://www.jpanafrican.org/docs/vol6no6/6.6-Wanda.pdf

Weber-Pillwax, C. (2001). What is indigenous research? *Canadian Journal Native Education,* 25(2): 166-174.

Wheeler, S.L. (2018). Autoethnographic onomastics: transdisciplinary scholarship of personal names and 'our stories'. *Methodological Innovation*, 11(1). https://doi.org/10.1177/2059799118769818

Wilson, S. (2001). What is an indigenous research methodology? *Canadian Journal of Native Education,* 25(2): 175-178.

Wiredu, K (1992) moral foundations of an African culture. In: Wiredu K & K Gyekye (eds) Person and community: Ghanaian philosophical studies, 1. Washington DC: The Council for Research in Values and Philosophy

Wolf, N. (2000). A phenomenological approach to black patients and their experiences receiving treatment from a homoeopathic practice in Gauteng. Master's dissertation. Johannesburg: Technikon Witwatersrand.

World Health Organization (1978). *'Declaration of Alma Ata', International Conference on Primary Health Care, Alma-Ata,* USSR, 6-12 September.

World Health Organization. (2001). Legal status of traditional medicine and complementary/ alternative medicine: a worldview review. Available: https://apps.who.int/iris/handle/10665/42452

World Health Organization. (2013). WHO Traditional Medicine Strategy 2014-2023. Geneva: World Health Organization. https://www.who.int/medicines/publications/traditional/trm_strategy14_23/en/

Zinnbauer, B.J., Pargament, K.I. and Scott, A.B. (1999). The emerging meanings of religiousness and spirituality: problems and prospects. *Journal of Personality,* 67(6): 889-919. https://doi.org/10.1111/1467-6494.00077

Zuma, T., Wight, D., Rochat, T. and Moshabela, M. (2016). The role of traditional health practitioners in rural KwaZulu-Natal, South Africa: generic or mode specific? *BMC Complementary and Alternative Medicine,* 16(1): 304. doi: 10.1186/s12906-016-1293-8

APPENDICES

Appendix A: Participant Consent Form

PARTICIPANT CONSENT FORM

DOCTORATE RESEARCH TOPIC

A CRITICAL REFLECTION ON COMPLEMENTARY, ALTERNATIVE AND INDIGENOUS KNOWLEDGE MEDICINE IN THE GAUTENG PROVINCE: A MODEL FOR ARTICULATION AND PROMOTION.

I**……..,** fully understand the procedures that will be followed in the aforementioned research study as stipulated in the research information form and that if at any time I may have questions about the study, they will be answered. In signing this consent form, I agree to the procedures of the study which will be audio taped and I understand that I may withdraw my consent at any time.

Participant's Name: ……

Signed at (Place): ……on…… (Date)

Participant's signature: …….

Appendix B: Participant Information Sheet (Homeopathic Doctor)

PARTICIPANT INFORMATION SHEET (HOMEOPATHIC DOCTOR)

Dear Doctor,

My name is Tebogo Kgope; I am a Homeopathic practitioner in private practice in Tshwane, Pretoria and am currently doing my PhD research study in African studies under the title:

A CRITICAL REFLECTION ON COMPLEMENTARY, ALTERNATIVE AND INDIGENOUS KNOWLEDGE MEDICINE IN THE GAUTENG PROVINCE: A MODEL FOR ARTICULATION AND PROMOTION.

The South African government officially recognises Homeopathy as CAM and as a legitimate form of treatment for a great range of diseases. The government also recognises the role that complementary and indigenous medicines play in the delivery of social and health care to the nation.

In the epoch of redressing the plight that came as a result of the suppressed and marginalised Indigenous Knowledge systems, in this context CAM practitioners (Homeopaths) and IKM practitioners (Traditional healers), it is critical to indicate the relevance of the importance to include Homeopaths in the discourse that will include their knowledge and services to be articulated and promoted on a broader scale for health care delivery in South Africa. A similar stance is also observed with IKM practitioners as attempts to institute legislative and policy frameworks that seek to articulate and promote this healing modality is always problematic.

Being cognizant of the clinical and classical (Traditional/Indigenous) aspects of Homeopathy and having a close link with those of African indigenous ways of knowing, the study will probe on the articulation and promotion of the two modalities and describe ways of knowing that could be shared in the scope of healthcare delivery in South Africa and promoting this unique knowledge at the apex of the national Ministry of Health to mandatory include these modalities in the national health programmes, acknowledging them for their uniqueness and for their unique aspects so that they can be equivalently acknowledged and promoted.

You are kindly invited to participate in the study if you meet all the following inclusion criteria:

- Homeopathic practitioner registered with the Allied Health Professions Council of South Africa (AHPCSA).
- Practicing Clinical and / Classical Homeopathy.
- In private practice for more than 5 years.
- Eager to contribute your scope of practice within the national health and social care programmes.

The study will take the form of contextual, descriptive conversational narrative in-depth interviews on your experiences and knowledge on how as homeopathy you understand yourself and articulate or promote what you do. It is requested that the interview take place at your designated area of work at your convenient time. With your permission I will audio tape record our interview to help me remember all the aspects explored. I envisage the entire interview procedure to take about 3 hours and should there be any further reflections that may arise after the interview they can be sent to my email as attachments at: kitsobophelo@gmail.com

You are reassured of your right to privacy and protection from harm of any kind. All the information you give including your name will be kept confidential as I will assign code numbers to the individual recordings. All the audio recordings will be kept under lock and key for a period of 2 years and it will only be myself the researcher and my promoters who will have access to them. After the publication of the study, usually 2 years the audio recordings will be destroyed.

Due to the nature of the study I will need to contact you again to ascertain that the information transcribed truly reflects your purpose and meanings. Towards the end of the study after I have ascertained and classified main concepts and themes that will be used to generate a framework that the National Ministry of Health can use to appropriately represent and promote Homeopathy as a part of CAM. Therefore, you are welcome to participate in the focus group or decline to take part in it.

It is the persistent suppression of other knowledge(s) or methods of knowing and doing that propelled my interest for this topic, Homeopathy as CAM is also part of “other”

knowledge in the epoch of claiming the assertion of Indigenous Knowledge methods of knowing as its often inferiorised and marginalised.

This is a solemn request that you impart the knowledge that you have for this noble profession for it to claim its rightful position in the social and health care delivery.

My research promoters are Prof M.A. Makgopa at the University of Venda (UNIVEN) and Prof R.J. Thornton at the University of the Witwatersrand. UNIVEN is one of the five (5) academic institutions that have been selected as part of the initiative in Indigenous Knowledge Systems (IKS). The study promoters are all detached from Homeopathy/ CAM and IKM, with the exception of Professor Robert J. Thornton who is knowledgeable about African indigenous practitioners and healing, making the dependability results for this study highly credible, Prof. Makgopa is knowledgeable in the fraternity of African indigenous linguistics and as far as the study has concerning issues regarding its dialect his extensive knowledge is valuable to this study as it also entails folklore, making the contribution to the dialects and central role that the *Setswana* indigenous language and terms played in this study to be very meaningful and relevant.

RESEARCHER: **Tebogo Kgope**

CONTACT NUMBER: 079 422 2337

SIGNATURE:

……DATE…….

PROMOTER: **Prof. M.A. Makgopa**

CONTACT NUMBER: (015) 962 8309

CO-PROMOTER: **Prof. R.J. Thornton**

CONTACT NUMBER: (011) 717 4410

Appendix C: Participant Information Sheet (Indigenous Healer & or *Ngaka Tshupe*)

PARTICIPANT'S INFORMATION SHEET (INDIGENOUS HEALER & OR *NGAKA TSHUPE*)

Dear Indigenous Knowledge Medicine Practitioner,

My name is Tebogo Kgope, I am a Homeopathic practitioner in private practice in Tshwane, Pretoria and am currently doing my PhD research study in African studies under the title:

A CRITICAL REFLECTION ON COMPLEMENTARY, ALTERNATIVE AND INDIGENOUS KNOWLEDGE MEDICINE IN THE GAUTENG PROVINCE: A MODEL FOR ARTICULATION AND PROMOTION.

Despite being supported by over 80% of the African population, the implementation of IKM policies is hampered mainly by lack of enough information available on your healing methods and other ways of knowing. The similar stance is also observed with IKM practitioners as attempts to institute legislative and policy frameworks that seek to articulate and promote this healing modality is always problematic.

You are kindly invited to participate in the study if you meet all of the following inclusion criteria:

- IKM practitioner or African traditional healers
- Practicing from home for more than 5 years
- Being known in your community (part of snowball sampling),
- Registered with an eligible organisational body of concern.

The study will take the form of contextual, descriptive conversational narrative in-depth interviews on your experiences and knowledge on how as an indigenous healer you understand yourself and articulate or promote what you do. It is requested that the interview take place at your designated area of work at your convenient time. With your permission I will audio tape record our interview to help me remember all the aspects explored. I envisage the entire interview procedure to take about 3 hours and

request that should there be any further reflections that may arise after the interview they can be sent to my email as attachments at: kitsobophelo@gmail.com

You are reassured of your right to privacy and protection from harm of any kind. All the information you give including your name will be kept confidential as I will assign code numbers to the individual recordings. All the audio recordings will be kept under lock and key for a period of 2 years and it will only be myself as the researcher and my promoters who will have access to them. After the publication of the study, usually 2 years the audio recordings will be destroyed.

Due to the nature of the study I will need to contact you again to ascertain that the information transcribed truly reflects your purpose and meanings. Towards the end of the study after I have ascertained and classified main concepts and themes that will be used to generate a framework that the National Ministry of Health can use to appropriately represent and promote IKM. It is the persistent suppression and lack of promotion of other knowledge(s) or methods of knowing and doing that propelled my interest for this topic, IKM is also part of “other” knowledge in the epoch of claiming the assertion of Indigenous Knowledge methods of knowing as its often inferiorised, benighted and marginalised.

This is a solemn request that you impart the knowledge that you have for this healing profession which one does not choose to do or study BUT that one is “called” to answer, so that its articulation and promotion to claim its rightful position in the social and health care delivery can be manifested.

My research promoters are Prof M.A. Makgopa at the University of Venda (UNIVEN) and Prof R.J. Thornton at the University of the Witwatersrand. UNIVEN is one of the 5 academic institutions that have been selected as part of the initiative in Indigenous Knowledge Systems (IKS). The study promoters are all detached from Homeopathy/ CAM and IKM, with the exception of Professor Robert J. Thornton who is knowledgeable about African indigenous practitioners and healing, making the dependability results for this study highly credible, Prof. Makgopa is knowledgeable in the fraternity of African indigenous linguistics and has contributed extensively in research that entails folklore, making the contribution to the dialects and central role that the *Setswana* indigenous language and terms played in this study very meaningful and relevant

RESEARCHER: **Tebogo Kgope**

CONTACT NUMBER: 079 422 2337

SIGNATURE:

……DATE……..

PROMOTER: **Prof. M.A. Makgopa**

CONTACT NUMBER: (015) 962 8309

CO-PROMOTER: **Prof. R.J. Thornton**

CONTACT NUMBER: (011) 717 4410

Appendix D: Research Questions Directed at Homeopaths

RESEARCH QUESTIONS DIRECTED AT HOMEOPATHS

1. From what perspective do you understand yourself in pursuing Homeopathy as a discipline/ basically as a homeopath how do you understand yourself?
2. What were the reasons you grappled with in leaving the discipline and deciding to forge ahead with it anyway regardless (of financial constraints experienced in the profession)? If still practicing homeopathy, why and how do you deal with or work with patients?
3. In the African context of indigenous healing what does the discipline of homeopathy resemble with/ seem/ look like for you?
4. Do you think homeopathy is relevant in South Africa?
5. At its core or innately is homeopathy more classical/ i.e. indigenous or clinical?
6. In terms of suffering ill-health, pain, misfortune or challenges, who do you, consult/ what do you use?

QUESTIONS ALSO ASKED INTERCHANGEABLY AS BELOW:

3. How do homeopaths and AIKM healers understand themselves?
4. How do you work or deal with people as a homeopath or an AIKM healer?
5. Who do people consult when things go wrong physically, emotionally and spiritually (holistically)?

Appendix E: Editing Certificate

DR RICHARD STEELE
BA, HDE, MTech(Hom)
HOMEOPATH
Registration No. A07309 HM
Practice No. 0807524
Freelance academic editor
Associate member: Professional Editors' Guild, South Africa

110 Cato Road
Bulwer (Glenwood), Durban 4001

031-201-6508/082-928-6208

Email: rsteele@vodamail.co.za

EDITING CERTIFICATE

Re: **Tebogo Victoria Kgope**
Doctoral thesis: **A Critical Reflection on Complementary, Alternative and Indigenous Knowledge Medicine in Gauteng Province: A Model for Articulation and Promotion**

I confirm that I have edited this thesis and the references for clarity, language and layout. I returned the document to the author with track changes so correct implementation of the changes and clarifications requested in the text and references is the responsibility of the author. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I obtained a distinction for my M.Tech. dissertation in the Department of Homoeopathy at Technikon Natal in 1999 (now the Durban University of Technology). I was a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology for 13 years.

Dr Richard Steele
10 August 2020
per email