

WORLD

Zeitschrift für Medizinethnologie • Journal of Medical Anthropology

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- JOHN M. JANZEN: Towards a Historical Perspective on African Medicine and Health (Reprint 1983)
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Zeitschrift für Medizinethnologie Journal of Medical Anthropology



Herausgeber im Auftrag der / Editor-in-chief on behalf of:

Arbeitsgemeinschaft Ethnomedizin e.V. – AGEM
Ekkehard Schröder (auch V.i.S.d.P.) mit

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IMPRESSUM 34(2011)3

Verlag und Vertrieb / Publishing House:

VWB – Verlag für Wissenschaft und Bildung, Amand Aglaster
Postfach 11 03 68 • 10833 Berlin, Germany
Tel. +49-[0]30-251 04 15 • Fax: +49-[0]30-251 11 36
e-mail: info@vwb-verlag.com
<http://www.vwb-verlag.com>

Bezug / Supply:

Der Bezug der *Curare* ist im Mitgliedsbeitrag der Arbeitsgemeinschaft Ethnomedizin (AGEM) enthalten. Einzelne Hefte können beim VWB-Verlag bezogen werden // *Curare* is included in a regular membership of AGEM. Single copies can be ordered at VWB-Verlag.

Abonnementspreis / Subscription Rate:

Die jeweils gültigen Abonnementspreise finden Sie im Internet unter // Valid subscription rates you can find at the internet under: www.vwb-verlag.com/reihen/Periodika/curare.html

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ISSN 0344-8622

ISBN 978-3-86135-764-3

Die Artikel dieser Zeitschrift wurden einem Gutachterverfahren unterzogen // This journal is peer reviewed.



Zeitschrift für Medizinethnologie
Journal of Medical Anthropology



hrsg. von/ed. by Arbeitsgemeinschaft Ethnomedizin (AGEM)

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Zum Titelbild U2

Impressum U2

Hinweise für Autoren/Instructions to Authors U3

Endredaktion: EKKEHARD SCHRÖDER, EHLER VOSS, SONJA SCHÖPFEL

Redaktionsschluss: **28.07.2011**

Die Artikel in diesem Heft wurden einem Reviewprozess unterzogen / The articles of this issue are peer-reviewed.

REPRINT from *Ethnomedizin/Ethnomedicine* IV(1976/77)1+2: 167–170

Traditional Medicine now Seen as National Resource in Zaire and Other African Countries*

JOHN M. JANZEN

Abstract Renewed official attention is being given traditional African medicine as a potential resource to be researched, developed, and incorporated into national health schemes. Consideration of traditional healers as health manpower has come at a time when the unique modalities of African therapy are becoming better understood, and institutional cosmopolitan medicine is growing prohibitively expensive for many countries. Interested in long-range implications of these trends, the World Health Organization has sponsored conferences on the subject. Here in this article, Zaire's department of traditional medicine and a recently-begun survey of traditional medicine offer examples of the movement.

In the pre-colonial era of the nineteenth century, Central Africa "medicine" consisted of a variety of healing and/or social regulation practices, a number of religio-political cults, and a strong sense of therapeutic concern amongst kinsmen. This medicine was thus tightly integrated with Central African ideas of human order and destiny on the one hand, and with a close identification to the natural world on the other. During the colonial era all features of African healing were criticized and fought by European colonial masters, missionaries, and medical personnel. The corporate orders of healers disintegrated, and standards of practice often disappeared. Western cosmopolitan medicine was implanted in the thinking and practice of the people. As these two medical traditions—the Western/European and the African—come together at the popular level, what occurred to the surprise of some, was not the disappearance of African medicine before Western cosmopolitan medicine, but the acceptance of cosmopolitan medicine, for what it had to offer, alongside continuing use of African healing modes which were undergoing change too.

In the recent post-colonial era several factors have contributed to the official public reconsidera-

tion of African medicine as a valid form of therapy. (1) Institutionalized cosmopolitan medicine has proven to be very expensive, more expensive than many African countries can possibly afford if they want to provide one physician per 1000 inhabitants, surgical attention for all needs, clinics and general curative care. (2) A popular comparison of cosmopolitan scientific medicine with African medicine has led to the understanding that cosmopolitan medicine cannot handle many afflictions of continuing concern to Africans, especially those of a unique local character, psycho-social and cultural in nature. (3) In cosmopolitan medical circles an awareness has grown of the nature of „pluralistic medicine"—e.g. in China and India—such that diverging healing traditions and therapies are to be seen as less competitive than complementary, in need of common coordination by governmental bureaucracy. (4) With the support of policies of cultural nationalism, medicine having been practiced by the national peoples in the past is seen as a prime example authentic culture. Finally, (5) the World Health Organization has in the past two years come to the conclusion that research and study must be carried out on traditional therapies in view of considering them to be

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resources available in the creation of national health bodies, to be understood, regulated, and developed much like cosmopolitan medicine. A series of “expert regional consultations” have been held, or are planned, for Africa and Asia.

In Zaire, where I have carried out field research in ethnology and comparative medicine, all this has occurred within the past eight years. As late as 1970 little official interest was manifested in traditional medicine. At the popular level in Lower Zaire, among the Bakongo, however, my collaborator and I found a pluralistic medical system consisting of Western cosmopolitan medicine, the art of the banganga, purificatory and initiatory orders and therapies, as well as a strong practice of kinship meetings and evaluations (divination). Under the impetus of General MOBUTU and the National Revolutionary Party during the „cultural authenticity“ campaign of the early seventies, NGUETE-KIKHELA, a M.D. with a strong interest in African medicine, became National Commissioner of Health. Under his direction a Department of Traditional Healers was created. One of the most significant acts of this new department was to launch an extensive survey of healing and healers in Zaire. With partial financial assistance from the Canadian International Research and Development Corporation, a five year project was launched in 1976, the first year being a pilot project in which methods and concepts were tested. Five regions were selected for concentrated attention, representing the culturally diffuse territory of the Republic of Zaire. Under the direction of Commissioner Kikhela, Canadian ethnologist GILLES BIBEAU, and Swiss psychologist ELLEN CORIN, two dozen assistants are presently at work studying healers in Zaire society, their methods and *materia medica* (especially plants), and the popular perception of illness and health. A methodology has been devised permitting the use of computerized files to facilitate analysis and comparison. Several lengthy films have been made of representative subjects such as traditional African hospital in the Kisangani region and of Zebola, an urban women’s therapeutic and ceremonial society of Kinshasa.

The Zaire project’s aims are first of all to assess traditional African medicine from a scientific viewpoint. If it is to become a usable national resource alongside the institutions of cosmopolitan medicine, standards of practice will have to be established. As examples of licensing and regulation elsewhere in

the world have shown, the most effective control has come about as practitioners have themselves organized to create ethical and practice standards which are then backed by the government. A dozen or so associations of healers have already appeared in Zaire, of varying range of membership and focus. It is too early, however, to tell just what will be the relationship between them and the ministry of health and governmental regulatory agencies. But obviously the interaction between traditional medicine and official policy is an important subject for ethnology and medicine alike.

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