

## MEDIA RELEASE

### INTEGRATION OF TRADITIONAL HEALERS INTO PRIMARY HEALTH CARE – MEDICAL ANTHOLOGIST

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**Windhoek**, Namibia – A recent study on the use of medicinal plants for the treatment of mental illness by medical Anthropologist, Doctor Michael Shirungu, suggests that traditional medicine and biomedicine should be used in conjunction in order to accommodate and treat mental illness, not only in state facilities, but also in traditional settings.

The findings of the study that emanated from his Ph.D. research, situated against the background of the World Health Organization’s 2005 statement of, “No health without mental health”, was made known at a recently held public lecture, organized by the National Commission on Research, Science and Technology (NCRST), in Windhoek. “The NCRST hosted this public lecture as part of its Indigenous Knowledge System Council’s (IKS) activities, and as such, a yearly event in the field of Indigenous Knowledge Systems is organized” stated Ockert Jansen, Head of Corporate Communication and Marketing at NCRST.

Through his research, Shirungu noted that people draw on both systems to address their mental illness. The inclusion of traditional healing into biomedicine frameworks of treatment can arguably be beneficial to a country like Namibia with few resources. This trend he says, is supported by the World Health Organization (WHO, 2005) and it is estimated that more than 80 % of Africans visit traditional healers, although the frequency fluctuates from one area to another and between rural and urban areas. Nonetheless, due to increased cost, side effects and unavailability of pharmaceuticals, especially in rural areas, people often turn to traditional medicine to manage their health problems and as such traditional medicine is a potential source of safe and affordable alternatives medicine.

The possible causes, diagnosis and treatment of mental illness by tradition healers, versus that of biomedicine, are totally different according to Dr. Shirungu. He noted that traditional healers who make use of traditional medicine are a vital link to supplying the needed services in their communities as populations grow, and health concerns continue to increase in complexity and case numbers. Dr. Shirungu argued that although there is little evidence to support the efficacy of traditional medicine and possible collaboration appears to have failed given the political and critical aspects of dialogue between the two paradigms. There is, however, a need to understand, make sense of and, if possible, appraise ‘traditional’ healing systems, specifically ‘traditional’ herbal or plant remedies to support existing conventional therapies. He further

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emphasized that the biomedical framework assumes that the disease processes operate in a natural sphere, unaffected by cultural influence, however this is not what he found during his research.

Shirungu argues that “traditional medicine by contrast, draws on relativistic or ‘emic’ perspectives in cross-cultural settings and therefore should be viewed as being culturally sensitive”

During the lecture, Dr. Shirungu presented staggering statistics such as that half or as much as 61% of patients who attended a state health facility for a mental illness, also consulted a traditional healer (s).

“It is crucial to spark the debate on how we can integrate tradition healing and tradition medicine in the formal health care system” Shirungu added when dealing with the issue of collaboration. This he says is crucial at this point, especially in terms of understanding the view of traditional healers and how mental illness could be a possible result of social deviance, ancestral wrath or even witchcraft.

The type of research conducted by Dr. Shirungu falls directly in the category of Indigenous Knowledge and as recommendations for further research in the field, Shirungu sees an urgent need to recognise and train traditional healers, as well as speeding up the traditional healer’s bill so that these practitioners would be able to register and be able to be regulated within Namibia.

NOTE: Dr Shirungu’s research was supported by the NCRST and the National Research Foundation (NRF) under the bilateral collaboration between Namibia and South Africa.

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