

TRADITIONAL MEDICINE, BIOMEDICINE AND CHRISTIANITY IN MODERN ZAMBIA

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'Traditional medicine' refers to 'ways of protecting and restoring health that existed before the arrival of modern medicine', according to the World Health Organization (1996), which started to promote such methods in the 1970s. The promotion has centred largely on 'developing' non-Western countries that have financial difficulty implementing 'modern medicine', namely biomedicine. Positing that most people in those countries are reliant on traditional medicine, WHO suggests that 'traditional healers' be integrated into national systems, and utilized as 'inexpensive providers of primary health care' (Maclean 1987: 7). Being thus considered to be a *de facto* substitute for biomedicine in the developing world, traditional medicine has attracted government intervention, international support and academic investigation. In Africa in particular, a trend towards the integration of traditional healers grew quickly in many countries, although their position in national health care has since remained uncertain (Last 1986). This article explores the situation in Zambia by drawing on my fieldwork in Lusaka at the end of the 1990s, in which I looked at the state-level shaping of traditional medicine in parallel with the activity of traditional healers, locally known as *ng'anga*, in a mostly impoverished township called Kalingalinga.¹

The term *ng'anga* (sing. *sing'anga*) is widely shared among Bantu languages, including Nyanja, the *lingua franca* of Lusaka, to denote 'doctors' in an indigenous sense. In fact, it can be misleading to represent *ng'anga* as traditional healers, because their practice does not entirely conform to the idea of traditional medicine that WHO, the government and health authorities entertain. Indeed, *ng'anga* operate in a system for dealing with affliction that counts as 'traditional', with their practice characterized by the use of 'medicines' that consist mainly

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¹Kalingalinga means 'a person who moves from place to place' in Nyanja, the vernacular of the Eastern Province and the *lingua franca* of Lusaka, which this article employs when referring to indigenous concepts and expressions. The name of the township reflects its original character in the 1960s, when it emerged as an informal settlement of economic migrants in the capital city (Deutsche Gesellschaft für Technische Zusammenarbeit 1987: 4). At the time of my research, which extended from August 1998 to September 1999, the township was densely inhabited by some 20,000 people, mostly low-income earners, and provided a basic infrastructure and social services. The residents come mainly from ethnic groups in the Eastern Province, such as the Nsenga and the Ngoni, followed by other groups in the Northern Province, particularly the Bemba. More details and a full discussion of this research are available from my doctoral thesis (Sugishita 2002).

of botanical substances. However, they are by no means unaffected by 'modern' systems of Western origin, particularly biomedicine and Christianity, which penetrated Africa during the colonial era. Besides, they deal not only with physical problems but also with economic, interpersonal and other kinds of affliction, often claiming to retaliate against such agents as 'witchcraft' and 'spirits'. Thus, by exploring 'occult' domains of human suffering and healing, *ng'anga* transcend the boundaries of medicine, or rather, biomedicine, as a 'scientific' system for health care. In this connection, Christianity has had as much impact on *ng'anga* as biomedicine, adding new dimensions to their practice derived from indigenous, unscientific beliefs. It is worth remembering that 'traditional medicine' is an abstraction imposed on this complex and dynamic system for dealing with affliction which might defy government intervention.

We should also note that anthropology, among other disciplines, has been affected by the WHO initiatives for health care in the developing world. When traditional medicine was emerging as an official, international and interdisciplinary concern, anthropologists were led to re-examine such classic works as Rivers (1924) and Evans-Pritchard (1937), suspecting that they had underplayed scientific aspects of non-Western systems for dealing with affliction (Fortes 1976; Yoder 1982). In fact, anthropologists were and still are inclined to foreground occult aspects of such systems, thereby demonstrating, in effect, their otherness *vis-à-vis* Western biomedical systems, even though they have come to locate the occult in the context of 'modernity', rather than 'tradition' (Comaroff and Comaroff 1993; Geschiere 1997; Moore and Sanders 2001; cf. Englund and Leach 2000). As a counterbalance to this tendency, it might be argued, 'medical' anthropologists should focus on the scientific, positing its universality, as opposed to cultural particularity, with a view to proving the 'sameness' of Western and non-Western systems for dealing with affliction. However, this conforms very neatly to the promotion of traditional medicine as a substitute for biomedicine, and hence serves as a warning against anthropologists' uncritical involvement in the 'development' industry of health care (Pool 1994: 14–17).

With the foregoing points considered, I propose to investigate the shaping of traditional medicine in Zambia as an interaction between biomedicine, Christianity and an indigenous system for dealing with affliction, highlighting the workings of state power that mediate this process in both occult and scientific domains. I dare not seek to deconstruct the distinction that modern rationality draws between the occult and the scientific; instead I explore them equally as alternative domains wherein people deal with their affliction. Such explorations should reveal a complex politics regarding the issue of traditional medicine, wherein *ng'anga* negotiate with scientific, religious and political authorities for their new status as traditional healers.

OFFICIAL RECOGNITION AND REGULATION

In 1964, the British Protectorate of Northern Rhodesia achieved independence as the Republic of Zambia, which brought about a significant change in the relationship between *ng'anga* and the government. *Ng'anga* were little more than an administrative nuisance for the colonial government, frowned upon as encouraging the belief in witchcraft and causing unnecessary social disturbances (Browne 1935; Melland 1935). In contrast, they became recognized as traditional healers under the first republican government led by the United National Independence Party (UNIP), which sought to clear them of the colonial stigma of 'witch doctors' so as to 'revive' traditional medicine in the country (Republic of Zambia 1993: 1, 7–9). The Zambian government thus started to engage with the *ng'anga* as a type of health practitioner who could serve the nation, and thereby be obligated to register with local authorities. Let us look first at how this relationship has since developed.

The first formal occasion for *ng'anga*, government officials and the biomedical professional to discuss the issue of traditional medicine was a five-day workshop held in 1977, organized by the Ministry of Health in conjunction with WHO. The workshop was entitled 'Traditional Medicine and its Role in the Development of Primary Health Care in Zambia', although the real concerns were the preconditions for *ng'anga* to play any role as traditional healers. Addressing such concerns, the following resolutions were taken at the workshop: first, traditional healers should desist from using the title 'doctor'; second, there should be an association of traditional healers and a national council to regulate their practice; third, the council should include representatives from the Medical Council of Zambia and other health authorities, with a chairman nominated by the government; fourth, traditional healers would collaborate with biomedical doctors only in the area of chronic and 'psychosomatic' problems, so long as the effectiveness of the healers depended on 'culture and traditional beliefs'; finally, traditional healers should register to practise, after due training of three years or more, on the recommendation of master healers and community leaders (Republic of Zambia 1977: 42–3). It was thus stipulated that *ng'anga* should be strictly distinguished from biomedical doctors, with their collaboration limited to a grey area where they could possibly complement each other, and, most importantly, that a system should be established for the government and health authorities to regulate the practice of *ng'anga*.

In accordance with the resolutions, an official association of *ng'anga* was founded in 1978, named the Traditional Health Practitioners Association of Zambia (THPAZ). With a brief to work closely with the association, a Traditional Medicine Unit was also set up in the Ministry of Health. A national council, on the other hand, failed to materialize even after a follow-up workshop held in 1987, entitled 'Strengthening the Role of Traditional Medicine in Primary Health

Care in Zambia'. Its establishment was finally proposed in 1997, by which time the Movement for Multi-Party Democracy (MMD) had come into power, replacing UNIP. At the time of my research, however, there had been no formal discussion about the proposal, with an Act of Parliament listed as pending. Meanwhile, THPAZ was busy carrying out registration campaigns and educational projects for *ng'anga*, united under a successful president, Rodwell Vongo, who was elected in 1993 and has held the position ever since.

Vongo is surely an outstanding *ng'anga* with a high educational background and political skills, thanks to which THPAZ has emerged from years of infighting, has gained the trust of the government, and has attracted funding from several European organizations. He has even had a voice in the Central Board of Health, although this barely compensates, in his view, for the absence of the national council. He insists that the pending Act of Parliament should immediately come into effect and the council should be inaugurated, so as to validate traditional medicine as 'our cultural heritage' (THPAZ 1998). He sees such validation as indispensable to *ng'anga* and essential for their collaboration with biomedical doctors, which he feels is unsatisfactory at present: 'We [*ng'anga*] refer [our patients] to hospitals but hospitals don't refer to us,' he complained in an interview with the author (10 November 1998).² THPAZ, therefore, welcomes government intervention, counting on it not so much for regulation but for promotion of *ng'anga* practice, in view of the prospective introduction of traditional medicine into national health care.

To be sure, THPAZ is not the only association of its kind; a splinter group was formed in 1991, namely the Zambia National Council of *Ng'anga*, from which another group (the Zambia Herbalist United Organization) broke away in 1996. A record with the Registrar of Societies shows that the government disapproved of the first split and urged each party, although to little avail, to resolve the situation. At the time of my research, THPAZ had a membership of about 5,200 *ng'anga*, while the other two had 1,500 and 11 members respectively. Importantly, however, my findings in Kalingalinga indicate that many *ng'anga* have no connection with any of these associations; instead they are involved in Christian groups that I term 'healing churches'. They practise quite as legitimately as other *ng'anga*, so long as they are registered with Lusaka City Council, and their churches are recognized by the Registrar of Societies. That being the case, membership of THPAZ is optional rather than mandatory for *Zambian ng'anga*, whose total number is estimated at 40,000 (Republic of Zambia 1993: 2).

²I found no referral system between *ng'anga* and the municipal clinic in Kalingalinga or a national hospital in a nearby township. However, it was not unlikely that *ng'anga* would advise their patients to consult biomedical doctors, and vice versa. For instance, the doctors at the clinic advised a female patient to 'try African medicine' as they could not figure out her problems, which included a consistent headache, sore legs and bad dreams. The woman, therefore, visited a healing church, where she was diagnosed to have a 'strong *mashave* (spirit)', and started to cope with her affliction as such.

Nevertheless, THPAZ is still the largest and the only official association of *ng'anga*, thereby having a monopoly on national and international attention. Accordingly, the government, WHO and the European organizations have worked solely with THPAZ, leaving the splinter groups and healing churches out of their schemes.

While THPAZ serves as a channel of state power to a certain extent, *ng'anga* practice is only slightly under the control of the government and health authorities. The Traditional Medicine Unit has little influence over *ng'anga*, apart from their involvement in routine educational programmes for THPAZ members. The local authorities do not count for much either, even though all *ng'anga* with whatever affiliation are obliged to register with district councils in their respective areas. As regards Lusaka City Council in particular, the registration seems no more than a formality, requiring only a letter of recommendation from the organization to which the applicant belongs, such as THPAZ, its splinter groups and the numerous healing churches. Contrary to the 1977 resolutions, the council seeks no reference from community leaders, entrusting *ng'anga* themselves with the evaluation of applicants. Besides, once registered and issued with a one-year permit to practise, most *ng'anga* do not bother to renew the permit, nor does the council insist they do so. In fact, the council does not intend to supervise *ng'anga* practice, as the clerk in charge of their registration let slip: 'I'm not *ng'anga*. How could I know if *ng'anga* are good or bad?' Hence there is no guarantee that *ng'anga* will keep to their agreement with the authorities, including the ban on the title 'doctor', which is rarely observed in Lusaka; indeed, the president of THPAZ himself is commonly known as 'Dr Vongo'.

The situation illustrated thus far indicates that the regulation of *ng'anga* practice has not lived up to the prospect of their integration into national health care. It is likely that traditional medicine has been reduced to a minor concern in Zambia in the course of economic and political changes since the 1970s, which started with a decline in the mining industry, followed by UNIP one-party rule and the rise of the MMD. Apart from that, I suspect, increasing government reluctance to work with *ng'anga* may be due to a problem recognized from the outset, namely their engagement with 'culture and traditional beliefs'. While WHO suggests that *ng'anga* practice could serve as an economical substitute for biomedicine in the developing world, the former undeniably contrasts, and often conflicts, with the latter because of its cultural peculiarities, specifically its unscientific approach to human suffering and healing. The president of THPAZ feels that such a difference should encourage the collaboration between *ng'anga* and biomedical doctors: 'If they failed [to treat] psychosomatic or psychiatric cases, or the cases where demons are involved, or where witchcraft is involved, they should also refer to us. We know better the background of these cases' (interview, 10 November 1998). In reality, however, *ng'anga* interest in such occult agents as 'demons' and 'witchcraft' is the very reason that discourages biomedical sectors and local authorities alike from collaborating with them. The next

section looks at how the government evades this problem of 'culture and traditional beliefs', highlighting the official stance on the belief in witchcraft and related *ng'anga* practice.

FROM WITCH DOCTOR TO HERBALIST

Ng'anga are characteristically oriented towards witchcraft and spirits, the agents of affliction that constitute a real threat for many people in Zambia today. A survey that I conducted in Kalingalinga shows that 72 out of 100 adults believe in *umfiti*, a Nyanja concept of witchcraft, which refers to any practice aimed at afflicting others by means of *mankwala ya chimuntu*, 'African (black man's) medicines'. It is postulated that such medicines are used not only to heal, as *ng'anga* do, but also to harm, bringing people illness, misfortune and 'evil spirits' (*mizimu zoipa*) known as *vibanda* or *mashave*. If a problem has been caused in this way, my informants invariably argued, only *ng'anga* can deal with it by counteracting the malign effect and even identifying a 'witch' (also termed *umfiti*): most likely a jealous relative, friend, or neighbour. The residents of Kalingalinga typically suspect witchcraft and turn to *ng'anga* if the problem is recurrent, consistent, incurable or paralleled by other misfortunes, although they normally trust biomedical doctors and 'Western (white man's) medicines' (*mankwala ya chizungu*) for physical afflictions.³ Apparently, in their words, 'nobody would consult *ng'anga* for malaria' so long as the problem makes sense as malaria; one of my informants came to suspect witchcraft when what he initially thought was a symptom of malaria had lasted for an unusually long time. Thus, it can be said that indigenous and biomedical systems offer alternative ways to deal with an affliction, allowing people to 'shop around', as it were, in their pursuit of well-being.

Meanwhile, the government and health authorities seek to separate *ng'anga* practice from indigenous beliefs in witchcraft and spirits, so that traditional medicine has nothing to do with the occult, officially at least. They are particularly concerned about a popular English term for *ng'anga*, 'witch doctor', which they think is a 'colonial name meant to embarrass traditional practitioners who enjoyed a lot of respect in the community' (Republic of Zambia 1993: 9). This term indeed represents *ng'anga* negatively, with a connotation that shifted under the colonial situation from 'a doctor to cure witchcraft' to 'a doctor who is also a witch' (Last 1986: 4, 15–16). Some residents of Kalingalinga actually consider *ng'anga* to be witch doctors in the latter sense, suspecting them of being what they call 'greater witches'

³The doctors and nurses at the Kalingalinga clinic were of the opinion that many people would consult *ng'anga* first and come to the clinic only when their condition had worsened. Yet the record of my interviews shows that while 29 out of 46 people with chronic physical problems tried traditional medicine at some point, only eight of them did so before seeking biomedical treatment.

who can harm and heal at will. A local scientist researching *ng'anga* medicines supported this view by saying: 'If you know how to cure certain [diseases caused by] bacteria, you may know how to infect people with the bacteria.' Officially, however, witchcraft is just a superstition that 'respectable' traditional healers would not entertain; hence the government and health authorities dismiss witch doctors in whatever sense, discouraging *ng'anga* from acting as such. In this connection, there is actually a legal constraint on their practice, called the Witchcraft Act, which was originally a British colonial ordinance geared to suppressing the indigenous belief.

The Witchcraft Act has retained its original, colonial features, except for minor amendments made in the post-colonial era. Standing by a basic presupposition that witchcraft is fictitious, this law sees no legitimacy in any action based on the belief in witchcraft. Hence it criminalizes not only people claiming to practise witchcraft but also those accusing others of doing so, including witch doctors and 'witch finders'; they are all counted as guilty for irrationally making a nuisance of themselves. Still, it is very common for *ng'anga* in Kalingalinga to ascribe a client's problem to witchcraft, and this does not usually get them into trouble with the judiciary. However, when it comes to identifying a witch, *ng'anga* and the client are very cautious lest the accused witch bring suit against them. In one case, a young woman consulted *ng'anga* and became convinced that her sickness was caused by an old female neighbour, a 'well-known witch', who was 'jealous of any women living happily with their husband and children'. Nevertheless, the young woman did not take any action against the old woman, nor did anyone in the neighbourhood, because they were all afraid of possible consequences: 'If I talk to her [the old woman] straight, she will sue me.' Indeed, a lawsuit against accusation of witchcraft is not rare in Lusaka, and the accuser, as opposed to the accused, is often punished under the Witchcraft Act. The following newspaper coverage illustrates this point:

A 61-year-old man of Mazyopa Compound in Lusaka who accused a 42-year-old man of causing the ailments of his daughter after consulting a witch doctor was found guilty of defamation and ordered to pay K15,000 in compensation. Mateyo Mwanza failed to bring the witch doctor to the court to testify as his witness in the defamation case brought up by Menye Phiri. . . . Mwanza's daughter, Neria, told the court how her father sought the services of the doctor who prepared a herbal concoction for her to drink. She said the doctor then gave her a mirror in which she saw Menye Phiri in the company of another man and a woman. . . . [T]he doctor revealed that Phiri and his two unnamed companions had put a charm on her fire brazier. . . . [T]he healer also charged that Phiri was having sex with her in her sleep. . . . In making a ruling, justice Ng'andu castigated witch finders whom he called liars and job seekers who are there only to sow seeds of hatred in society. He advised Mwanza that the sickness and pain his daughter was undergoing was natural.⁴

⁴'Witch doctor's evidence thrown out', *Sunday Mail*, 16 May 1999.

It is typical of a court case of this kind that *ng'anga* are disparagingly called 'witch doctors', rather than 'traditional healers', and blamed for confusing people by ascribing 'natural' afflictions to witchcraft. The fairness of such a judgement aside, it is undeniable that *ng'anga* could cause a serious disturbance to local communities by making an issue of witchcraft, especially when they take part in witch-finding campaigns (Yamba 1997). THPAZ, therefore, prohibits its members from naming a witch or playing a role in this kind of campaign. I found that *ng'anga* in Kalingalinga, regardless of affiliation, would usually give only a vague description of a suspected witch (gender, age, etc.), and let the client decide who exactly the witch was; for that matter, it was the client, regarding the court case introduced above, who 'saw' the suspects in the divinatory mirror. Apparently, as one of the township *ng'anga* observed, 'no one comes [to consult me] without any idea [about his/her problem]'. The judicial view is that *ng'anga* deceptively exploit such ideas, specifically the belief in witchcraft that does not really exist. Rodwell Vongo, for his part, disagrees with this view: 'Witchcraft does exist', even though some people 'believe' otherwise, which is 'very difficult to change' (interview, 10 November 1998). He is also emphatic that 'traditional medicine is *not* witchcraft', lamenting that 'some people think all healers are witches, which is not true'. Exacerbating the effect of this misconception, in his view, the Witchcraft Act criminalizes *ng'anga* fighting against 'real' witches; hence Vongo even feels that the law 'impedes the development of traditional medicine', which 'should be redressed' (THPAZ 1998).

Ng'anga thus hold onto their own beliefs, and so does the government, discounting the idea of witchcraft and the occult in general. Nevertheless, the two parties can work together so long as 'the government believes in herbalists', according to the officer in charge of the Traditional Medicine Unit. To explain this point, it should be mentioned first that *ng'anga* as traditional healers are officially classified into three types: 'herbalists', who heal through the use of 'herbs' (medicinal plants); 'spiritualists/diviners', who heal through 'methods of possession, divination and other ritual means'; and 'faith healers', who heal under the influence of Christianity, based in certain churches (Twumasi 1984: 39–45; cf. Republic of Zambia 1987a: 6–9).⁵ To be sure, 'spiritualists/diviners' and 'faith healers' also use 'herbs', as expected of any traditional healers. However, they are differentiated from 'herbalists' since they employ 'ritual means' as well, Christian ones included. It is such a difference, according to the same officer, that makes 'herbalists' favourable to the government: 'They are like [biomedical] doctors. But we don't fully understand how other types of healers operate.'

The government, therefore, considers herbalist-type *ng'anga* to be more suitable than others for taking part in national health care, trusting

⁵ In addition to these three classifications, a fourth, 'traditional birth attendants', applies to female experts in sexual reproduction, although their activities were not confirmed in Kalingalinga (cf. Willis 1999: 12, 20).

that their practice is devoid of occult aspects, and hence is compatible with biomedicine. In reality, however, they are not as scientifically minded as the government presumes, judging from my findings in Kalingalinga. At first glance, their practice seems straightforward, as they do not associate themselves with spiritual agents, from which other types of *ng'anga* claim to draw their ability to divine and heal. 'I don't have a spiritual power', explained a herbalist-type *ng'anga*, 'so I interview patients to understand their problem', like 'Western doctors' normally do. This young, male 'herbalist' (he preferred to be so called) was thus inclined to copy biomedical practice, with his medicines tidily bottled and displayed on a shelf in his 'clinic'; he was even hoping to study pharmacology at college. Importantly, however, he subscribed to the idea of witchcraft and spirits, as did any *ng'anga* in the township, regardless of type. Hence he often reached quite an unscientific diagnosis in his non-divinatory consultation with clients; he once concluded that a man with a swollen foot had walked over a 'traditional landmine', a medicine buried under the pathway he customarily used by someone holding a grudge against him.

Ng'anga thus continue to deal with the occult, notwithstanding the official discouragements, thanks to the prevailing belief in witchcraft and spirits. In fact, the belief is not limited to the residents of a low-income township such as Kalingalinga; it is worth noting that even the officer in charge of the Traditional Medicine Unit was *personally* convinced of the reality of witchcraft. Further, this situation is not peculiar to Zambia, but is shared among many post-colonial nations in Africa and elsewhere. Some governments have actually started to address the indigenous belief in witchcraft, rather than ignoring it, developing a new attitude towards issues involving the occult. In Cameroon, for instance, some state courts are apt to process witchcraft accusations from the accuser's perspective, allowing traditional healers to testify against the accused witch (Geschiere 1997: 169–97). The South African government has also acknowledged the lasting grip of the occult, with a view to taking control of witchcraft-related violence (Ashforth 2004; Niehaus 2001), and has recently made a legislative move to regulate 'traditional health practice' (Thornton 2009). The Zambian government, too, will not be able to ignore the issue for much longer, and might also venture into the dubious field of witchcraft and spirits. In the meantime, however, the occult remains outside the official scope of traditional medicine, and *ng'anga* are expected to work primarily as 'herbalists', staying clear of the old stigma attached to 'witch doctors'.

BIOMEDICAL RATIONALIZATION

As the government and health authorities play down the occult aspects of *ng'anga* practice, traditional medicine is shaping up as what may be termed 'herbalism', the efficacy of which can be scientifically proved or disproved. *Ng'anga* have actually started to cooperate with scientists

in this regard, leaving aside their belief in witchcraft/spirits, which may help bring their practice into line with traditional medicine as officially conceived. However, the authorities do not seem to have much confidence in traditional medicine after all, counting firmly on biomedicine as a modern science that constitutes the universal foundation of national health care. The present section aims to illustrate this point by exploring the struggle of *ng'anga* for an equal relationship between the two types of medicine, starting with their involvement in scientific investigation into plant medicines.

An investigation of this kind often demonstrates, unfortunately, a great deal of mistrust between *ng'anga* and scientists. Such is the case with a project organized by the National Institute for Scientific and Industrial Research, which seems like an exemplary case of *ng'anga*-scientist collaboration; they allegedly established that some plant medicines were effective in treating tuberculosis (Republic of Zambia 1987b: 11–12). In fact, this project almost failed, according to a scientist involved, because *ng'anga* often refused to specify the ingredients of medicines that they had provided for chemical analysis. Apparently, *ng'anga* regarded the scientist as not so much a cooperater as a competitor who might 'steal' their knowledge of medicines. The scientist, for his part, felt that *ng'anga* cared only about personal gain, and were indifferent to the 'national interest and academic progress' that his research could serve.⁶ The same problem hampered another institution, the Tropical Diseases Research Centre, which was devising a project on malaria remedies at the time of my research. It is said that THPAZ declined to collaborate with them on the grounds that scientists might only exploit *ng'anga* to develop a new, marketable drug. Such mistrust is not entirely groundless when *ng'anga* rarely get feedback on projects in which they have participated (Republic of Zambia 1993: 8), and their knowledge of medicinal plants is legally unprotected (THPAZ 1999: 17). It is unlikely, however, that these projects are as commercially oriented as *ng'anga* suspect; their aim is primarily a scientific validation of indigenous medicines, rather than the development of new drugs, as far as the government is concerned.

The National Drug Policy stipulates that the scientific research on *ng'anga* medicines should 'identify the active ingredients' and 'standardize the usage of the identified active ingredients' so as to realize a 'rational and safe use of traditional medicines at all levels of the health care delivery system' (Republic of Zambia 1999: 19). This means that, in the long term, biomedicine and traditional medicine are expected to coexist as 'two disciplines' (so worded in the policy

⁶I also felt that *ng'anga* tend to consider 'research' to be just a personal effort to acquire private knowledge, whoever the researcher is. I gained this impression when I participated in a 'research seminar' held by THPAZ, wherein one of the participants, a male herbalist-type *ng'anga*, gave a presentation on his 'new medicines'. He talked eloquently about their effects and dosage, while providing no information about their formulation and ingredients. He was obviously unwilling to share such information with other *ng'anga*, not to mention scientists, even though he was actually appointed as 'National Research Director' of THPAZ.

statement) in not only primary but also higher levels of the national health care system. The government thus envisages not so much integration as coexistence of the two types of medicine, which might help *ng'anga* and biomedical doctors to practise without clashing with each other. Importantly, however, this policy does not place traditional medicine on an equal footing with biomedicine; the former is not even defined as an autonomous discipline, and hence is subjected to scientific investigation for the sake of biomedical rationalization. THPAZ is not content with such a subordinate status of traditional medicine, and thus strives to convince the authorities of its advantages over biomedicine, although without much success.

THPAZ is keen on propagating the idea that their international sympathizers value traditional medicine for such virtues as its 'community-based nature', 'holistic approach' and, above all, 'cost effectiveness'. Highlighting the economic advantage in particular, THPAZ maintains that Zambia, being a developing country, should not spend its budget on expensive, foreign-made biomedicines while their traditional counterparts are locally available at a less cost. For instance, THPAZ president Vongo called on the government in vain to ban the importation of Viagra, a highly publicized drug for male sexual dysfunction, on the grounds that traditional healers have a stronger, safer and cheaper equivalent (*Sunday Mail*, 8 November 1998). In this connection, some *ng'anga* in Kalingalinga argued that their medicines, including a 'traditional Viagra', would compete favourably with biomedicines if only they had access to the drug market. Yet such arguments do little to jeopardize the existing hierarchy of medicine wherein biomedicine is firmly established as the primary, albeit costly, means of national health care. Hence Vongo dare not deny the primacy of biomedicine, and even urges 'all Third World countries to bury their pride' in promoting traditional medicine (THPAZ 1999: 3), as though he considers it to be the second-best option. Meanwhile, some *ng'anga* seek to prove that their practice should not be seen as just a cheaper option for poorer people, claiming that they can cure diseases that biomedical doctors cannot, most notably AIDS.

There have been sporadic cases of *ng'anga* attracting media attention for their allegedly successful treatment of HIV/AIDS. The government and health authorities are uncompromisingly critical of these *ng'anga*, and tend to dismiss their practice without bothering to conduct a scientific investigation. Indeed, biomedicine has yet to list AIDS as a curable disease, which gives the authorities sufficient grounds to assert that 'no one in the world has found the cure' except for some ignorant *ng'anga* falsely claiming to have it (*Times of Zambia*, 9 January 1999). Playing along with the authorities, THPAZ dissociates itself from such claims, and regularly holds workshops in order to provide its members with 'correct' knowledge about HIV/AIDS. Such efforts have taken effect, according to Vongo, who commented as follows at an international conference: 'When the disease was new in the country some healers thought they could cure AIDS', but 'we have now sensitized our healers' so that 'they do not make these claims any more'

(THPAZ 1999: 4).⁷ THPAZ thus encourages *ng'anga* to accept an official, biomedical view on HIV/AIDS, along with restrictions placed on their practice to prevent them from spreading the virus; without this acceptance, they would be regarded as an obstacle to the national effort to deal with the pandemic.

To be fair, although scientific knowledge can be limiting for *ng'anga*, it can also help to validate their practice, especially their use of plant medicines. A seal of approval from scientists could even boost their 'business', as exemplified by a craze for the so-called 'African potato' at the time of my research. Many *ng'anga* have profited from this tuber plant, thanks to a South African discovery that it contains a stimulus to the human immune system that might benefit HIV carriers.⁸ In fact, the tuber boom heated up to the extent that THPAZ intervened; Vongo sought to have *ng'anga* recognized as 'professional people who know the correct dosage and use of the medicine', as opposed to 'unqualified people', specifically street vendors, who were also dealing in the tuber (THPAZ 1999: 3). Interestingly, however, my informants assured me that Zambian *ng'anga* had hardly known of the African potato until its possible medicinal effect was disseminated through the media. This means that *ng'anga* have appropriated scientific knowledge about this plant that scientists had extracted from indigenous knowledge. That being the case, it seems fair to say that 'traditional medicine' develops under the guidance of modern science, although *ng'anga* would not necessarily follow this line of development if they wish to be 'traditional healers' in their own right.

To quote the president of the Cameroonian equivalent of THPAZ, who joined Vongo at the conference mentioned above, 'there is no way a traditional practitioner will be scientific because we don't subscribe to that [science] as we have our own methods' (*The Post*, 16 September 1999). Indeed, while they increasingly give in to biomedical rationalization, African traditional healers do retain 'their own methods' that seemingly have no scientific accountability. It is possible that Cameroonian healers are relatively free to pursue such methods, given that their expertise in the occult is not always discounted in official contexts, as mentioned in the previous section. Compared with them, Zambian healers are more likely to invite the criticism that they exploit superstitions, risking being labelled as 'witch doctors' whenever they deal with the occult. Nevertheless, traditional medicine is developing in Zambia along unscientific lines as well, albeit unofficially, with not only indigenous beliefs but also Christian faith involved in *ng'anga* practice.

⁷ Vongo was invited to the conference, the Eleventh International Conference on AIDS and STDS (sexually transmitted diseases) in Africa, to chair a forum entitled 'Culture, Norms and Practices'. He made these remarks in response to a question from the floor as to whether or not traditional healers could cure AIDS.

⁸ The most conspicuous propagator of this view was a newspaper advertisement for a diet supplement named *Moducare*, which apparently consisted of the tuber extract that a South African scientist had proved was effective in managing HIV carriers.

CHRISTIAN MORALIZATION

Christianity definitely forms a part of traditional medicine developing in Zambia today, despite being a modern religion originally brought from the West. It has penetrated the indigenous system for dealing with affliction since the colonial era, as demonstrated by the existence of healing churches, where *ng'anga* operate as 'faith healers'. In fact, unlike indigenous beliefs, the Christian faith has been officially recognized in the post-colonial era; both UNIP and MMD regimes have used it to unite the nation and to confer legitimacy on themselves, to such an extent that Zambia is constitutionally declared a 'Christian Nation' (Gifford 1998: 181–244). Nevertheless, the government does not encourage interaction between traditional medicine and Christianity, nurturing the former as herbalism, detached from both indigenous and Christian beliefs. Besides, established churches as well as burgeoning Pentecostal churches are not sympathetic to *ng'anga* practice, let alone their adaptation of Christianity. Still, their activity deserves special attention in studying the development of traditional medicine, as a counterbalance to the biomedical rationalization of *ng'anga* practice.

Each healing church includes a certain number of *ng'anga*, called 'doctors', who claim to practice through the power of 'holy spirits' (*mizimu overa*). Other members, also associated with such spirits, have different roles in the healing ministry, with some specializing in preaching, while others are apprenticed to the doctors. They typically hold a service several times a week, offering divinatory consultations, cleansing rituals and medicines to anyone seeking help; such people may either join or leave the group as the treatment proceeds. Churches of this type in Lusaka often trace their ancestry back to one of two movements that emerged in the 1930s, known as the Mutumwa Nchimi and the Zion Spirit Church.⁹ The former originated in Isoka, Northern Province, led by a man who regarded himself as *mutumwa nchimi*, meaning 'God-sent diviner/witch finder' in Tumbuka (Dillon-Malone 1983; 1988). The latter was founded by a woman in Chipata, Eastern Province, most likely under the influence of the so-called 'Zionist' churches, which were proponents of revelation and healing originating in South Africa (Daneel 1970; Seeley 1987; Sundkler 1961[1948]). Let us look briefly at how Christianity came into the *ng'anga* system and established such a tradition of healing in Zambia.

For a start, healing churches can be seen as an 'institutionalized continuation' of witch-finding movements in the colonial era (Jonker 1992: 214). It is actually known that such movements involved not only

⁹ Of the four healing churches that I found operating in Kalingalinga (there was one more group, according to the Registrar of Societies, which I was unable to locate), two of them were splinter groups of the Zion Spirit Church, while the other two were distantly related to the Mutumwa Nchimi. This article does not differentiate between the descendants of Zion and those of Mutumwa, although it is possible that they represent different traditions of Christian healing in Zambia.

ng'anga but also millenarian 'prophets' who envisaged emancipation from witchcraft as well as colonialism (Cross 1977; de Craemer *et al.* 1976; Willis 1970). Supporting this view, there is an indication that people in the north associate Mutumwa churches with witch finders (Willis 1999: 143), while the same applies to Zion churches in the east (Auslander 1993: 175). Normally, however, these churches are concerned less with exposing witches than with healing people, especially those tormented by witchcraft and spirits. In this regard, they are comparable to another institution, the so-called 'cult of affliction', which is geared to dealing with certain spirits, *mashave* for instance, under the guidance of *ng'anga* who have tamed those spirits and turned them into healing agents (Janzen 1992; Turner 1968; van Dijk *et al.* 2000). An important difference is that while these cults identify afflicting spirits with healing spirits, Mutumwa/Zion churches differentiate them as 'evil' agents of Satan and 'holy' agents of God. That being the case, apart from their relation to witch-finding movements, it is plausible that healing churches emerged as some cults of affliction adopted a Christian morality in organizing themselves, with their leaders, namely *ng'anga*, assuming a prophetic character (cf. van Binsbergen 1981: 159–62). Thus, we can fairly argue that Christianity has partially accommodated the indigenous concern with witchcraft and spirits, thereby allowing *ng'anga* to act in the name of God and holy spirits.

While their emergence was seemingly unrelated to the issue of traditional medicine, healing churches have become involved in the trend towards *ng'anga* integration into national health care. As mentioned earlier, they count as alternatives to THPAZ and other associations of this kind, and hence serve as referees for *ng'anga* to register at district councils. In fact, they have a significant presence in Lusaka, at least in Kalingalinga, where the church-based *ng'anga* clearly outnumber those practising on their own.¹⁰ These churches are relatively free from government intervention and related scientific rationalism, as they attract little attention in official contexts, compared to THPAZ. In effect, they sanctify *ng'anga* to deal with the occult as a legitimate, communal concern, counteracting the official nurturing of traditional medicine as herbalism. This, however, does not mean that healing churches are consciously opposed to the government and health authorities; I found no such inclination among them in Kalingalinga. Rather, many groups distance themselves from THPAZ, the official association of *ng'anga*, on the grounds that it is centred more on 'herbalists' and 'spiritualists/diviners' than 'faith healers', whom they trust and sponsor.¹¹ Indeed, it may be relevant that, as well as the

¹⁰Each of the four healing churches in Kalingalinga had up to ten members who were considered 'doctors' ('faith healers' in the official terminology), while in the same township I found only six *ng'anga*, three 'herbalists' and three 'spiritualists/diviners', working independently of these churches.

¹¹I should add that THPAZ does count 'faith healers' among its members, with some of them holding important positions. Apparently, the Zion Spirit Church, among others,

government's predilection for 'herbalists', Rodwell Vongo is a known 'spiritualist/diviner' – although he is also a Christian, if not a keen churchgoer. The members of healing churches tend to suspect that this type of *ng'anga*, and even 'herbalists', are 'using evil spirits' to heal, while, they argue, 'we are using holy spirits'. Thus, by making a clear distinction between 'our doctors' and the rest of *ng'anga*, healing churches ascribe moral righteousness to their activities, particularly their dealings with the occult, which could otherwise be associated with 'evil' witch doctors.

The extent of the Christian environment in Zambia seems, at first glance, favourable to healing churches; their devotion to Christianity and related conceptions of affliction are by no means out of place. While my informants are drawn from different churches in Kalingalinga, including the Catholic Church, a Pentecostal church and a few healing churches, they do not differ greatly about the issue of witchcraft/spirits, so long as they make sense of such agents in accordance with shared Christian values. In fact, they do not discount witchcraft as pagan, but take it seriously as an absolute evil that violates the basic Christian dictate of loving each other; hence they even compare it to 'Satanism', an enemy-within of Zambia as a Christian nation. Similarly, they tend to generalize indigenous spirits, specifically *vibanda* and *mashave*, as an anonymous manifestation of Satan ('demons' or 'evil spirits'), although they could differentiate these agents as, for instance, the spirits of the dead and those of aliens, depending on their ethnic backgrounds (Colson 1969; Dillon-Malone 1988; Yoshida 1992). Thus, it seems that witchcraft and indigenous spirits have found a niche in the Christian framework of meaning, embedded in the 'evil' side of an unambiguous moral dichotomy, thereby being real, detestable and threatening to many people in Zambia today. Under such circumstances, it should be advantageous for *ng'anga* to affiliate themselves with Christianity, so as to assure the clients that they are on the 'good' side, fighting against Satan alongside God to save people from affliction.

Ironically, however, my informants, except for the members of healing churches, do not particularly appreciate the links between *ng'anga* and Christianity; they do not necessarily hold 'faith healers' in higher regard than others. This is partly because they consider *ng'anga*, first and foremost, as the experts in indigenous medicines, as opposed to biomedicines, seeing little difference among them in general terms. To be sure, people do make different choices as regards which *ng'anga* to consult; some trust 'faith healers' because 'they work through holy spirits', while others prefer 'herbalists' because 'they only use natural things to heal'. Interestingly, however, I found that any client of any type of *ng'anga* would firstly say, 'I just wanted medicine', if I asked

allows their doctors to join THPAZ, while their splinter groups in Kalingalinga do not. In this connection, it is worth considering that whether or not to have their doctors affiliated with THPAZ is of political as well as moral concern for a healing church.

him/her why he/she was consulting *ng'anga*. Correspondingly, many people consider a healing church to be not so much a church as an indigenous kind of 'clinic' where they can consult *ng'anga* and try out their medicines. Such people attend a healing church only temporarily without losing allegiance to their original churches, in the hope of solving a problem that biomedical doctors cannot handle. Conventional Christians are thus inclined to set aside their faith in resorting to *ng'anga* by focusing their attention on 'just medicines'. Still, their conscience is not entirely clear; most denominations, if not all, do not approve of traditional medicine, thereby encouraging the faithful to rely solely upon biomedical doctors, apart from God, in dealing with affliction.

The degree of disapproval varies among denominations, with Pentecostal churches being particularly antagonistic to *ng'anga*. According to the leader of one such group in Kalingalinga, 'born-again Christians' should never resort to traditional medicine since the church itself was a 'place of healing'. Compared to them, older missionary churches take a more tolerant stance; the Catholic Church and the Baptist Church in the township actually had *ng'anga* in the congregation, allowing them to practise on the condition that they did so only as 'herbalists'. Yet no church would tolerate *ng'anga* who invoke spiritual agents, except that healing churches host 'faith healers', which is deemed heretical, even 'satanic', from a conventional Christian perspective (Auslander 1993: 175). Thus, mainline churches effectively side with biomedicine against traditional medicine, denying *ng'anga* the moral support that they need in dealing with the occult. Hence *ng'anga* are barely recognized as 'faith healers', no matter how far they embrace the modern influence of Christianity in their capacity as 'traditional healers'.

CONCLUSION

The WHO-initiated promotion of traditional medicine propounds its cultural legitimacy, scientific rationality and economic potential, in stark contrast to the colonial suppression of indigenous systems for dealing with affliction. Accordingly, the promotion has prevailed in many post-colonial nations, Zambia included, evoking a complex politics that does not necessarily boil down to the issue of health care. In fact, traditional medicine can be seen as the product of a politics that revolves around modern systems of Western origin, particularly biomedicine and its religious ally, Christianity. This, at least, is the case with Zambia, a self-declared Christian nation, as the foregoing discussions have shown.

It is worth remembering that biomedicine and Christianity served in colonial Africa as complementary agents of Western power and meanings, simultaneously spread in the form of 'missionary medicine' that aimed to replace the indigenous systems for dealing with affliction (Vaughan 1991). As for Zambia today, the twin systems have the full backing of the post-colonial establishment, valued highly as

a universal science and a national religion respectively, with their Western origins seemingly overcome. Under such circumstances, the indigenous system does not assume much political value, even though it is positively conceptualized as 'traditional medicine', stopping short of embodying 'Zambian culture', which is worth state patronage. Hence the government has shown little commitment to the promotion of traditional medicine, subordinating it to biomedicine and, by implication, to Christianity, contrary to an official, optimistic view that 'a traditional healer's future is bright' (Republic of Zambia 1993: 11).

Ng'anga, for their part, submit to the primacy of biomedicine in order to establish their position on the periphery of national health care, while increasingly associating themselves with Christianity, the national religion. On the one hand, *ng'anga* elaborate their use of plant medicines into herbalism, which could meet scientific standards and fit into the scope of biomedicine, as the government expects of traditional medicine. On the other hand, *ng'anga* continue to explore the occult realm of witchcraft and spirits, with Christianity serving as a validation for the existence of these agents, while healing churches provide them with moral support as well as an escape from biomedical rationalization. It seems as though the national religion constitutes a refuge for indigenous, unscientific discourses on affliction that biomedicine discounts, functioning as an official domain of the occult wherein the unscientific assumes a 'legitimate' reality. However, the mainline churches would not approve of such a 'heretical' relationship between traditional medicine and Christianity, nor would the government and health authorities; hence *ng'anga* as traditional healers remain marginalized in modern, Christian Zambia.

It may well be the case that *ng'anga* are deliberately prevented from tapping into Christianity, considering that the national religion amounts to an absolute source of meaning and power for the post-colonial establishment. They are officially confined to the status of 'traditional healers' who work primarily as 'herbalists' rather than 'faith healers'. As such, *ng'anga* can have only minor relevance to national health care, let alone national politics and religion, thereby posing no threat to scientific, religious or political authorities. Should they deviate from this status, *ng'anga* would be simply demoted to 'witch doctors', whose practice is dismissed as irrational and immoral, and even counted as illegal. Thus, to conclude, *ng'anga* have a fairly limited potential for exerting influence on contemporary Zambian society, owing to a subtle alliance between the institutions of science, religion and the state, which seems to have been in operation since the colonial era.

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NEWSPAPER ARTICLES

Sunday Mail (8 November 1998) 'Traditional healer nabbed'.

— (16 May 1999) 'Witch doctor's evidence thrown out'.

The Post (6 September 1999) 'Traditional practitioners threaten to go it alone'.

Times of Zambia (9 January 1999) 'Board warns over AIDS cure claims'.

ABSTRACT

The World Health Organization has recognized 'traditional medicine' as a *de facto* and economical substitute for biomedicine in the developing world. Accordingly, the Zambian government aims to integrate 'traditional healers', locally known as *ng'anga*, with their biomedical counterparts in a national health care system. Hence, on the one hand, *ng'anga* elaborate their practice into 'herbalism', which could meet scientific standards and fit into the scope of biomedicine. On the other hand, they continue to deal with affliction by positing the existence of occult agents, such as witchcraft and spirits, at the risk of being criticized for exploiting indigenous beliefs. As a result, many *ng'anga* associate themselves with Christianity, the national religion of Zambia, which serves as an official domain of the occult where they take refuge from biomedical rationalization. However, conventional churches, the government and health authorities do not approve of the link between Christianity and traditional medicine; hence *ng'anga* as traditional healers are marginalized in modern, Christian Zambia. Being thus dissociated from the national religion, *ng'anga* are officially confined to the periphery of national health care, where they submit to the primacy of biomedicine and the workings of state power.

RÉSUMÉ

L'Organisation mondiale de la Santé reconnaît désormais la « médecine traditionnelle » comme un substitut *de facto* et économique à la biomédecine dans les pays en développement. Dans cet esprit, le gouvernement zambien vise à intégrer les « guérisseurs traditionnels », connus localement sous le nom de *ng'anga*, dans un système de santé national aux côtés de leurs homologues biomédicaux. En conséquence, les *ng'anga* travaillent d'une part à l'élaboration de leur pratique d' « herboristerie », qui pourrait répondre aux normes scientifiques et entrer dans le champ d'application de la biomédecine. D'autre part, ils continuent de traiter des afflictions en posant en principe l'existence d'agents occultes tels que sorcellerie et esprits, au risque d'être critiqués pour leur exploitation de croyances indigènes. C'est pourquoi de nombreux *ng'anga* s'associent au christianisme, religion nationale de la Zambie, qui sert de domaine officiel de l'occulte dans lequel ils prennent refuge de la rationalisation biomédicale. Néanmoins, les églises conventionnelles, le gouvernement et les autorités sanitaires désapprouvent le lien entre christianisme et médecine traditionnelle; c'est pourquoi les *ng'anga*, en tant que guérisseurs traditionnels, sont marginalisés dans la Zambie chrétienne contemporaine. Ainsi dissociés de la religion nationale, les *ng'anga* sont officiellement confinés à la périphérie du système de santé national, d'où ils se soumettent à la suprématie de la biomédecine et aux mécanismes du pouvoir étatique.