AN AFRICAN THEOLOGY OF HEALING AND ITS IMPACT ON HIV 
AND AIDS

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Abstract

HIV and AIDS, like all other illnesses in Africa, is a 'wake up' call for Africans to reconsider their traditional ways of healing and their ties with the natural environment as resources that can help HIV and AIDS victims. The use of traditional medicine may serve as an affordable, lasting source of hope for people living with HIV and AIDS-related illnesses. Furthermore, in African traditional healing, the role of God in the Bible and the role of the ancestors are at the core of healing particularly among the AICs. The need for another appraisal of African traditional healing becomes apparent when one rakes into consideration the fact that these healing practices fulfil certain functions not met by modern medicine. The Bible interpreted through African eyes and experience is a source of hope for the development of African Indigenous Christianity and its ability to sustain, heal and care for people.

1 INTRODUCTION

This article seeks to foreground African resources of healing that can help to heal people. It is also a search of an African Christian response to people living with HIV and AIDS. The concept of healing in Africa enhances people’s quality of life. The methodology employed is what Bediako (in Fyfe and Walls 58:1990) describes as a hermeneutic of identity. Bediako concurs that:
... Western value-setting for Christian faith in the missionary era had entailed also a far-reaching underestimation of African knowledge and sense of God; the unavoidable element of Africa’s continuing Primal Religions, not as the remnants of outworn ‘primitive mentality’, but in terms of their world view, as living realities in the experience of vast numbers of African Christians in all churches, and not only in the so-called AICs; and the intellectual struggle for, and ‘feeling after’ a theological method in a field of enquiry which had hitherto been charted largely by Western anthropological scholarship, and in terminology relating to Africa which would often be unacceptable to Africans.

African theology takes its standpoint from Bediako’s sentiments, especially as far as HIV and AIDS are concerned. According to Setiloane (2000:49), African theology based on biblical faith speaks to Africans. On the same note Maboea (2002), in his doctoral thesis, emphasises the role of the Holy Spirit among Africans as a life-giving power. This life-giving power sustains the entire known universe. Maboea’s (2002) title ‘The influence of the life-giving power in African traditional religion and the Zionists churches’ is an extremely interesting piece of research and one that relates to the theme of this article. I will use his experience and other sources to explain healing in the African context.

2 AFRICAN VIEW OF HIV AND AIDS AND THE ROLE OF HEALING

The huge problems caused by HIV and AIDS and HIV related illnesses means that healing is more crucial in Africa today than ever before. Waruta and Kinoti (2000:82) point out that healing is not only sought for physical and mental illness but also for broken relationships, sicknesses, witchcraft, sorcery, problems in the workplace, joblessness, and financial problems - any problem, in fact, that denies people the ability to live in peace, realise their hopes, ambitions and fulfil their potential. An African understanding of
theology and healing also encourages people not to lose hope in the biblical God, who is the source of all life. He is a God who can bring healing for HIV and AIDS as well.

According to Waruta and Kinoti (2000:164) HIV and AIDS require more effort if they are to be eradicates or at least reduced to manageable proportions. We have to enquire whether Africans know what HIV and AIDS are all about and how they can be tackled. In Africa sickness has to be clearly identified and categorised for diagnostic reasons. To show that AIDS is known, Africans have attempted to give the disease names of their own. For example, in townships and villages HIV and AIDS are known as phamokate (the disease that grabs and enters through a hole), inqculase, isifo ugawulayo (the sickness that consumes the body etc). In some areas in Botswana, HIV and AIDS are known as radio sicknesses (because of the media attention given to the disease) etcetera. There are various myths relating to sexual intercourse and it is believed that this area is where the devil and demons possess people. And illnesses resulting from sexual practices are difficult to heal.

Since God has created this world surely the solution to HIV and AIDS is available in this very creation and healing can be found through God’s grace. Africans maintain that nature is what they know best. And it is through nature that African healers will claim healing powers from the ancestors. This behaviour is not conventional, but is a gift from the ancestors and predecessors. In Africa, everything that is happening on earth cannot go beyond the Creator’s powers and the ancestors, who are closer to God than the humans who live on the earth. The knowledge of a healer is derived from what Andrew Grey (in United Nations Environmental Programme (UNEP) (1999:63)) has identified as the encyclopaedia of collective knowledge of certain animals, plants and spirits known to humankind. The diagnosis for HIV and AIDS should be based on this encyclopaedic knowledge through the work of traditional and medical experts, irrespective of gender. Healing in Africa is derived from people’s relationship with other species in the natural environment and Africa’s practical knowledge of how to use nature to help heal the people.

2.1 Knowledge of traditional healers
The power of African healers is not determined by the number of efficacious herbs he or she knows, but the magnitude of his or her understanding of natural laws, and his or her ability to utilise these laws for the benefit of the patient and the whole community (Bodeker in UNEP 1999:283). He or she should be knowledgeable of taboos and totems, without which the entire community will disintegrate. Bodeker discovered two cognitive levels of intellect that are also used in healing in African traditional medicine. The first one is the normative, practical or active intellect. This part of the intellect controls cleverness, tactfulness, slyness and learning. The second level is what Bodeker calls residual intellect, which concerns ‘habitual intelligence’ or wisdom, that is, active knowledge. Active intelligence does not by any means guarantee intellect. Both types of cognition must meaningfully complement each other, especially when dealing with HIV and AIDS. The traditional way of relating to health must be applied to help ensure sustainable health among the people of Africa.

Rural Africans, for example, though unable to read and write, consider their urban brothers, sisters and their Western neighbours as disarmingly naive; and as having no intelligence. This view is based on rural Africans’ knowledge of the nature of the world and the laws governing the relationship between things in that world. The point here is that rural Africans have survived, through their own traditional methods of healing since time immemorial. There is a way of overcoming whatever disease afflicts them. We mentioned African theological scholars because these people will be able to encourage others to raise their voice against unexpected illnesses that may affect their society.

2.2 Some contributors to African indigenous knowledge

African traditional information including healing was initially recorded and written by anthropologists. However, many of the material available, is from westerners and, in South Africa, many writers are white. The information gathered by whites in South Africa, makes African people feel they have been betrayed (Maluleke 1996:29-43). This state of affairs does not mean that African theology has no sources and data of its own. Unfortunately, most African traditional
information is oral and often does not meet the requirements of western scholarship and publishers.

African theology embraces traditions, cultures and the Bible itself. Several African writers are already adding to this mix. There are prominent African theologians such as Mbiti (1969), Bujo (1992), Bediako (1990,1992), Mugambi (1989 & 2001), Mugambi & Magesa (1998), Kinoti (2002), Mugambi & Mika Vahakangas (2001), Ketui, Mwikamba, Getau (2000), Wasike & Waratu (2000), Maluleke(1996), Setiloane (2000), Speckman (2001) and others. All these writers have enhanced African indigenous knowledge. Although, most of them have not ventured into the area of healing, they have created an opportunity for others to explore the endless research opportunities in the whole subject of African traditional healing. HIV and AIDS are actually the ‘wake-up call’ for Africans to be prepared for similar crises in the future.

African theologians and scholars may help to raise awareness for African traditional medicine systems and the worldviews on which these systems are based. They may also encourage experts to evaluate the success of existing programmes in integrating African traditional medicine into western health-care delivery systems, particularly in the case of HIV and AIDS, malaria, tuberculosis and other infectious and chronic diseases. They may also encourage collaboration between biomedical personnel and African traditional care providers in the research, prevention, and care and support of those suffering from a variety of diseases. They will also encourage a review of current research on African medicinal plants, remedies and other alternative and complementary therapies. Comparing and sharing traditional health knowledge may hasten the discovery of cures for pandemics such as HIV and AIDS. Shared cultural experiences are also important here.

3 UNIVERSALITY OF CULTURES AND HIV AND AIDS AFRICA’S ‘WAKE-UP CALL’
Cultures are universal, although their distinctiveness can be inferred from customs and traditions. In every culture there is an element of indigeneity that determines diversity. On the one hand, cultural diversity (UNEP 1999:61) is territorial and draws from people’s social and natural worlds together. In order to achieve its status of spirituality, African healing will have to operate from African traditional experience. To operate from the sphere of African tradition will increase people’s hope of finding a cheaper means of dealing with HIV and AIDS and other diseases. Traditional healing will also gain a ‘thrust’ from this effort and be assured of its contribution to indigenous knowledge.

African healing arose in the midst of a religious, social and cultural setting which predetermined the type of audience who would be the subject of study. The domination of first world theories in culture and healing gives Africans little opportunity to investigate matters that affect them daily. Finance is the most serious obstacle here. Global funds are directed through NGOs and, if and when local communities shout for help, it will take time before funds reach them. African theologians will have to take the initiative in revisiting the use of indigenous knowledge and the Bible in seeking to empower traditional healing. African healing thus becomes not only the champion, but also the spiritual consciousness, of the people on whose lives it will have a positive impact.

People will have to be responsible for the problems that affect them and their communities directly. The use of indigenous healing methods, combined with examples of healing in the Bible,\(^7\) is an image of healing that can be used to promote general health.

The inherent ethnic and elitism of late twentieth century western science have made it difficult for scientists to accept that traditional families have any knowledge worth knowing (Slikkerveer in UNEP1999:183). This view is reinforced by the perceptions that traditional peoples often adopted wasteful, even delinquent, patterns of resources extraction, as classically exemplified in the literature on shifting cultivation; and when subsistence practices were evidently damaging, it was a matter of preference rather than an outcome of poverty and other crisis.
3.1 Medicine and methods of healing

Medicines for both protection and healing are applied in various ways. Some are taken orally, whereas others are applied to the afflicted parts of the patient’s body. They may be taken orally or by inhaling vapour and smoke. Some are smoked in a pipe. Some are applied to the eyes or ears. Very often medicine is also rubbed into incisions made in the body (Moila 2002:24). Medicines are also used for the treatment or protection of livestock. Without exception all treatment is associated with a certain ritual. This ritual is carried out in order to maintain the unity between God and humankind. African traditional doctors are closely related to the priest owing to their powers of healing. In original African healing behaviour, the emphasis is on the doctor-patient relationship. The healer and the patient believe that healing can take place only if the bridge of faith has been established (Moila 2002:25). The patient needs to have confidence and faith if he or she is to be healed.

3.2 Sickness and health

The African view of sickness includes the suffering of the sick person and the disruption of the relationships with God. The African medical system maintains that a failure to approach the ancestors causes sickness and indicates that the relationship of the sick person, the living and the ancestors has been broken. The Bible also maintains that a sick person is a suffering person and in this way is in full agreement with African traditional medicine. African traditional medicine also emphasises that the relationship between the sick and the ancestors has been broken. In the African view, all sickness indicates wickedness in the individual and the community.

For both the African medical system and the Bible, health means both the individual and the community being free of sickness. In both cases health is not only about physical pain, but about the mental and spiritual pain of the whole group to which the sick person belongs. In both African and the biblical terms, sickness has specific causes. Sickness is caused by evil forces, and, in the African tradition, some sickness is caused by the ancestors. There are also
sicknesses which are mainly caused by sins against God. In some biblical passages, these deceases are incurable, just as AIDS, and cancer are incurable (Moila 2002:28-9). These are some of the areas of dialogue between the African medical system and the Bible, and may help to encourage debate. African medicine needs to be properly dispensed for the purposes of standardisation and manageability.
4 NEED FOR PROPER FACILITIES TO DISPENSE AFRICAN TRADITIONAL MEDICINE

Modern drugs and the high cost of facilities have made people once again turn to the plant kingdom and this time they do so openly. People are selling herbs on street pavements, and nobody knows whether these herbs are safe or not. This, of course, is hazardous. Mwaura (in Waruta & Kinoti 2000:96) warns that some traditional practices require particular counselling approaches. One of these is the ritual cleansing of widows and widowers, which is done through ritual sexual intercourse. Another problematic case is the inheritance of widows, required by custom in some communities. The danger here is that these practices will spread HIV and AIDS. Herbalists need to be closely investigated, since they may well be prescribing wrong drugs.

Furthermore, those who are selling these drugs may be doing so simply to make money. Unlike modern doctors, most traditional herbalists are not concerned with the complexities of botany or the intricate details of medical science. Like their ancestors, they largely depend on two factors: (a) the necessity of the herbalist having an accurate knowledge of the herbs that cure any given disease; (b) knowing how to administer the dose. These are the two principles that should guide every herbalist and healer.

However, to date there have been few who have questioned the type of ingredients that are found in these plants. Some herbalists, however, have started working closely with hospitals in order to impart their knowledge and have that assessed. These herbalists are also prepared to learn more about the way to dispense prescriptions. To these ends, they are prepared to send some samples to be tested by laboratories. Some traditional healers have boasted that they possess herbs that can cure HIV and AIDS. The most outspoken herbalists are those who are prepared to treat AIDS-related diseases such as sexually transmitted diseases (STDs), chronic sores, and infertility. Africa has various types of healers, including traditional healers, herbalists, medicine women and medicine men.
4.1 Traditional healers and typologies

Healing is central to the teaching and practice of African Indigenous Churches, because it is central to the teaching and practices of Jesus Christ himself. Indeed, African traditional healing becomes particularly interesting when it actively seeks to relate itself to Christian healing. Many people have joined specifically AICs for healing purposes (Ngada 2001:32). Before colonialism and the introduction of Christianity to the continent people's health was in the care of a wide range of health workers, including traditional healers, herbalists and specialists. It should be noted that not only qualified and known health workers practised healing; ordinary people who had the gift of healing were free to practise healing. Healing was also centralised. The most famous health workers of the time were qualified traditional doctors erroneously referred to as ‘witchdoctors’. Ngada maintains that it is witches who cast spells and who kill, while doctors heal. Healing among Africans was intended to restore health to people, and this was possible through the power of the ancestors and God himself.

There are different kinds of traditional healers: there are those who diagnose through the ancestral powers and those who use bones (Ngada 2001:34). Remedies include roots, leaves, the bark of trees, animal skins, fat and various minerals. The causes of illnesses also differ - some are natural and others are caused by evil spirits. Spirit-related illnesses are usually cured by the performance of certain rituals. Such illnesses are not easily diagnosed and require the assistance of specialists, who are guided by certain powers made known to them by the ancestors. African cultural diseases include sorcery, hysterical psychosis, poisoning and pollution (Maboea 2002:67-68). They all need to be controlled.

Most herbalists are church members and bring their knowledge with them to the church. They can prescribe certain traditional medication for healing, much as the church can attend to its sick members and counsel them. In some churches, herbalists visit the sick and actively enquire about the cause of sickness. African churches counsel and visit the sick and follow the remedies prescribed by herbalists. Herbal prescriptions are not associated with any form of evil if they are
properly prescribed. Healers are not sophisticated when it comes to diagnosing illness. A patient goes or takes a child to the herbalist and explains to the herbalist what the ailment is and the patient is then given the relevant medicine to take.

4.2 Medicine women and men

The majority of medicine practitioners are elderly women who rely on their traditional knowledge of herbs; these women are trusted in the community. Usually, these women know the type of roots or leaves to use for washing newly born babies and these women are available and affordable. They tend to treat women and illnesses specifically associated with women. This is an important group of people in South Africa’s health system; these women could be used as community health workers. As far as powers of healing are concerned most traditional healers in the first category claimed that they had visions from their ancestors who gave them such powers and who still guide them. Some experience spirits entering them and after undergoing certain rituals and with the help of elderly traditional healers, these people become healers. A few of these people used to be the assistants of well-known healers and learnt the trade by being sent out to collect roots and shrubs. A few claimed that the knowledge had been passed on to them by their ancestors.

Herbalists had their knowledge passed on to them either by aunts, grandmothers or great-grandmothers. It is interesting that, in this group, knowledge is passed down matrilineally. Herbalists charge a fee for diagnosis and for their prescribed medicines. Some medicines are more expensive than others. In fact, some require payment before giving any information, because this information is accompanied by the offering of samples to the patient. Other herbalists charge a fee for going into the bush to collect the herbs; this is usually a very small fee. There are still those who offer almost a free service; here it is up to the patient to pay some kind of token fee after he or she has been cured.
5  HERBS PRESCRIBED BY AFRICAN HERBALISTS

In some parts of Africa, western colonialists banned traditional medical practices. In South Africa, traditional healing is a private affair. A well-known Kenyan herbalist Kibinge wa Muitso believes that the recognition of traditional healers will help to ensure the survival of certain medical plants. Some doctors have dismissed herbalists, saying that traditional medical practitioners should be open to scrutiny.

Throughout Africa, health sectors have been hit by a serious lack of capital in the face of HIV the expensive ‘cocktail’ drugs used to alleviate HIV. Despite increased funding, African governments still cannot cope with the large numbers of people needing treatment. John Kamau (Daily Dispatch, April 2, 2002) tells a story of Tabitha Ngunjiri, a twenty-four-year old college student who is HIV and AIDS positive. Ngunjira said in an interview with the newspaper that she usually used herbs when she had boils and a cough. She said she cannot afford conventional drugs and find herbs less expensive and effective.

People with HIV and AIDS are susceptible to infections such as tuberculosis, pneumonia and meningitis which, in turn, increase the burden on the health services. There has been a tendency in western medical journals, to play down the expertise of African healers and to emphasise the risks associated with traditional therapies, says Dr Wyclif Ouma, a Kenyan medical doctor (Daily Dispatch, April 2, 2000). Ouma and others say that people should focus on the best examples of African healing. These include ‘neem trees’ that are used to treat ulcers, gout, diabetes, pneumonia and malaria, a wild marigold that treats tetanus, bacterial infections and headaches and ‘pawpaw seeds’ for diarrhoea.

6  RELATIONSHIPS AND INTERPERSONAL BEHAVIOURS

We are operating in a culture which is Europeanised and make some people uncomfortably lack in lives. This trend is supported by many
governments, including ours, under the guise of economic empowerment. Many of the things that are taking place as a result of Europeanisation trend are unquestionably welcomed and accepted as part of life. Every person is born in the cradle of a certain culture which has produced extraordinary moral and leadership qualities (Chipenda 1999:64). In South Africa during apartheid times attempts were made to discredit African culture; however, in the new South Africa, African culture is protected by the Constitution itself. The establishment of urbanised areas brought about the moral degeneration and breakdown of the African family. This resulted in the birth of an interim culture that was very different from African indigenous culture. HIV and AIDS are the result of serious moral decay.

Culturally, most Africans know that they are not to engage in sexual activity randomly or they will contract some form of sexual disease. The Plenary General Assembly on AIDS (27 June 2001), referred to protecting people from the irresponsible behaviour of others. What is regrettable is that irresponsible, unsafe and risky behaviour was not adequately discussed in the elaboration of the General Assembly’s Declaration. The only safe method, according to the Declaration of prevention, was sexual abstinence before marriage, and mutual fidelity within marriage. This view is not new in African circles.12

7 AFRICAN/BIBLICAL VIEW OF MEDICINE AND HEALING - IMPLICATION FOR HIV AND AIDS

Some people claim that, in the Bible, God discourages the use of medicine. I think this view limits the greatness of God and creates competition between God and humankind. For instance, in the Bible we read:

In the thirty-ninth year of his reign Asa was afflicted with a disease in his feet. Though his decease was severe, even in his illness he did not seek help from the Lord, but only
from physicians. Then in the forty-first year of his reign Asa died and rested with his father (2 Chronicles 16:12-13).

Asa was not healed, possibly because he consulted idol worshippers who did not depend on God. Some will argue that, in the past, medical science was very primitive. Physicians in the past did more harm than good owing to their lack of theory and dearth of technology (Cheung 2003:42). Medical science today still falls short of the ideal. Thousands of patients are made worse or even killed every year because of misdiagnosis. Although many of these cases have been documented, the general public is not sufficiently aware of the limitations and incompetence that plague still hampers medical knowledge. If Christians still adhere to healing and prayer alone, why do they continue to consult doctors? This question is not answered in this article. I would simply like to raise the issue of those who believe only in the laying of hands or prayer as being the sole appropriate way of Christian healing.

This is why Ngada feels that the AICs have a prominent role to play in healing in the church. Among the AICs spiritual healing includes medical health and is unquestionably accepted as such (Ngada 2001:37). Taylor (2001:xvii) indicated that HIV and AIDS are most prevalent in areas where missionary-sponsored Christianity is most firmly established. He even appeals for a form of African Christianity which takes traditional African moral norms and values positively and constructively, and uses them as a strong foundation for authentically African Christian ethics. Mugambi (2000:159) maintains that African moral education would have to be provided as an alternative in its own right, since it is this ‘alternative’ that the majority of people follow today.

In their traditional cultural setting, African churches experience God’s divinity as a reality in their everyday lives. HIV and AIDS will be cured if the will of God is not compromised among African Christian descendants of those who do not separate God’s activity from the natural environment. Mugambi (1988) regards this as Africa’s God-given heritage. The church, according to Mwaura (2000:85), ought to function as an insider working from within the systems and not as a ‘voice crying in the wilderness’. Perhaps the positive part of this story
is that most of the mainline churches understand that information relating to conventional healing can be developed to include traditional systems of healing. But this should be through a meaningful dialogue, bearing in mind that most African theologians do not understand fully the essence of African healing themselves.

7.1 The methods of healing mentioned in the Bible

Moila (2002:27) have correctly identified several texts that prove the need for healing. In the Old Testament for instance, either the sick ask God (in prayer) to be healed or the prophet asks (also in prayer) that the sick person be healed. The method God uses to heal those who ask him is not explained. Apparently, though, He heals by responding positively to the prayers of the sick. In the case of Namaan and the boy who was raised from death by the prophet Elisha, a specific method was followed (see 2 Kings 5:1 and 2 Kg 4:18-19). Jesus used a variety of methods to heal the sick. He healed with power or authority (Lk 6:17). He healed by the touch of his hand (Mk 1:41). He healed by faith (Mk 5:34; Mk 7:29; Matt 8:10). He healed a paralytic man by forgiveness of sins (Mk 2:2). He healed a blind man by using clay and spittle (Jn 9:6). He healed in public (Mk 1:32) and he healed in complete privacy (Mk 8:23).

According to Moila (2002: 29), the healing ministry includes all methods of healing, medical and non-medical, physical and spiritual. The purpose of healing in the church included the restoration of a person’s physical health, the restoration of a person’s relationship with God, the making of a human being whole in every part of his or her being - body, soul and spirit (Matt 10:5-8; Lk 10:9).

7.2 The church’s healing ministry

There are number of the texts in the Bible that give an African interpretation of sickness. For example ‘... because the king had taken Sarai, the Lord sent a terrible disease on him and on the people of his palace’ (Gen 12:17). ‘I will bring disaster on you and incurable diseases and fevers that will make you blind and cause your life to waste away’ (Lev 26:16). ‘The Lord caused the child that Uriah’s wife had born to David to become very ill’ (2Sam 12:15). ‘So
Satan went forth from the presence of the Lord, and afflicted Job with loathsome sores from the sole of the foot to the crown of his head' (Job 2:7). Other examples are (Dan 5:6): 'where the king's colour changed and his thoughts alarmed him, his limbs gave way and his knees knocked together'. In Dan 8:27 'he was overcome and lay sick ...' This similarity between the African understanding of sickness and the biblical understanding of sickness create a platform for meaningful debate about the whole subject of healing.

8 CONCLUSION

Muzenda the elder from the Association of African Earthkeeping Churches (AAEC) in Zimbabwe (in Daneel1999:129) has remarked: 'It is pointless to sit around and wait for a saviour to come and liberate and change things for us ... we must stand on our own.' In African theology, Muzenda's words indicate that Africans must rise up and do something about HIV and AIDS. Traditional medicine can still be a useful tool in healing people with HIV and AIDS. The cheap variety of medicine available for African traditional healers brings hope to those infected with HIV. People's courage and determination to find alternative medication to curb this pandemic is also a source of hope. People with HIV and AIDS need to be constantly supported because this illness does not choose its victims; anybody may contract AIDS. African theology recognises life in its wholeness, including plants and grasses which not only sustain animals, but also humans. No part of life is separate from the healing power of God, and nature constantly provides and maintains itself, including human beings.

WORKS CONSULTED


www.org.za/publications/global dialogue/africa/HIV.AIDS.hmt

ENDNOTES
In general Africans are aware of a variety of ailments which are due to ecological or somatic factors. Colds and flu are considered to be winter ailments caused by the cold and a change in climate. Headaches occur mostly in summer (Maboea 2005:65), but they also aware of sexually transmitted deceases and HIV and AIDS still definitely fall within the group of sexually related sicknesses.

We should also not disregard the conventional healers input. They have identified that AIDS is not itself a single disease, but a group of symptoms caused mainly by infections or cancers that develop in the absence of proper immune-system (Goldstone, A et al 1993. Infection with the Human Immunodeficiency Virus Type 2. www.annals.org).

See Clark’s (in UNEP 1999:99-102) ‘Thinking through nature ...’ in Cultural and spiritual values in biodiversity.

Perhaps the African theologians with their knowledge could foster a debate and engage African medical scientists. This will also safeguard the intellectual property rights which will create a space to include the indigenous knowledge to cover traditional healers and other contributors to benefit from their inherited knowledge. See also Martin Hill 2003 in works consulted.

Although these scholars are not traditional healers, their concerns about African culture and traditional inputs cannot be left unattended. The reason for this is that preservation, restoration and enhancement of health necessarily involves the whole human community, the living dead spirits and gods, the natural environment and God (Bodeker in UNEP1999:283).

Attempts were already made, for example “Special Report (Johannesburg and Botswana 2001) on methods of integrating HIV/AIDS in theological programmes”. A number of African theologians and scholars have dealt with different sections including theology, Bible, theories and methods of analysis.

Also in Psalms 104:14 – “The Lord God causes the grass to grow for the cattle, and the herb for the service of man.” In Genesis 1:29 – “And God said, Behold, I have given you every herb bearing seed, which is upon the face of all the earth, and every tree, in which is the fruit of a tree yielding seed; to you it shall be for meat.”

Heal the sick, cleanse the lepers, raises the dead, cast out devils: freely ye have received, freely give. Matthew 10:8

Earth Care Africa (1995:41) indicated that during the colonial era, herbal medicines were prevalent until about twenty to thirty years ago. The use of herbal medicine decreased and the rumours were that it would soon disappear. People were suspicious of those who went to ‘witch doctors’ as they were called because witchcraft was rife. In fact, many people confused herbalists and traditional healers with witches.

Maboea (2002:64) refers to them for diagnosing African cultural illnesses.

Traditionally it is believed that sleeping with many partners increases the risk of contracting various sexual diseases; the culprit could also easily be bewitched. For example, a spell could be made to force the person to marry someone they did not love or to wipe out members of the next of kin. This pattern encourages evil spirits, sorcerers and angry ancestors. African theologians are forced to reflect on the resources that came from African traditional religion.

Ngada (2001:36) view AICs prophets as traditional healers and Maboea (2002:50) sees western culture as a stumbling block that restrict God’s power (as far as Africans are concerned).