

SCRIPT: *SANGOMA*

(NOTE: ST = subtitle. If necessary, even heavily accented English will be subtitled.  
Interviews are partly on camera, partly voice over.  
Words in italics denote visuals.)

*View of hills and valleys*

NARR: The province of kwaZulu-Natal is the homeland of the Zulu people.  
In its hills and valleys live thousands of traditional healers.

*Sangomas dancing*

At the end of the opening dance sequence comes the TITLE:

*sangoma*  
traditional healers in a changing South Africa

*Threatening witch-doctor from "King Solomon's Mines"*

NARR: The figure of the evil witch-doctor is familiar in tales of 'darkest Africa'.  
So-called 'witch-doctor' practices were equated with black magic and superstition.  
There was little attempt to understand them or to relate them to their culture.

*Sangoma Koloko divining*

NARR: Until recently, the medical profession, inside and outside South Africa, has been heavily biased against alternative medicine.

SANGOMA KOLOKO: Western people, the whites, they used to call us witch-doctors, because we are doing things which are invisible, which somebody cannot know, cannot see.

*Sangoma Koloko divining*

DR. FRIEDMAN: The prejudice against traditional healers - one needs to see this against the background and history of Western medicine itself, which emerged out of a system of traditional healing which is not very dissimilar from traditional African societies.

DR. FRIEDMAN: There is a tendency to discard everything that is traditional, that has any kind of links with so-called superstitious traditional practices, when one throws the whole system out, instead of recognizing that there are elements to the system which are very valuable and vital to form a cohesive society. And I think it's that kind of short-term intolerance which really prevents Western medicine from learning what is of value in traditional healing.

*Hospital scenes*

NARR: In South Africa, the white government tried to suppress traditional methods of healing, offering Western scientific medicine in its place.

But it also introduced the human inequities of apartheid.

DR. FRIEDMAN: Perhaps let's look at apartheid as a system of discrimination and oppression that denied people access to conventional health-care. The loss of self-esteem that people suffered through apartheid was deeply damaging to health-care, because we understand the most important influence on people's health is the social setting in which they live, their income, the conditions they live in, water supply, sanitation, housing, their schooling, so apartheid was the most devastating and destructive possible thing for health-care that the country could possibly have had.

*Sangoma Koloko throws bones*

DR. FRIEDMAN: Because of apartheid, because of the inequality of the health-care system, that kept alive the importance of traditional healing, because traditional healers were available to people through the time, and accessible, convenient, and could be trusted by people.

*Sangoma Koloko examines bones*

ZULU TEACHER: Well, in Zulu tradition, we do use cultural medicine. We don't believe much in Western medicine. We do feel that there are those illnesses which Western medicines fail to heal, and our Zulu cultural medicine is able to heal those illnesses.

*Sangoma Koloko with patient*

VOX POP: Traditional healers are people who blacks, especially Africans, can't be without. They have been around for ages, they have been around as much as blacks have been around. They believe in them, whatever they give them, whatever small or big it is, it works for them.

INYANGA MHLONGO: Traditional medicine, or the traditional people, were in existence about 4,000 years ago. And Western medicine was in existence for only 1,500 years ago. Now, if you compare, there is a very big difference. It means that the people have been with traditional healers in South Africa for a longer period than the Western doctors. That is why you get 80% of the people going to traditional healers.

INYANGA MHLONGO: Now, I use this stick- when a person is sick, sometimes he has got evil spirits that are troubling him or her. And this stick, when I am hitting a person with it, the evil spirits will jump away, and the person will be healed even before I apply my herbs on that person. For instance, like this one, when I do this, and that - and that - and this, this, this - the person will be healed, will get up very well, and there will be no problem any more.

DR. FRIEDMAN: Traditional healers obviously deal a lot with the psychological beliefs of their patients, and their patients believe, I mean the power of belief is an incredibly important tool, which they use with masterly skill.

*Inyanga Cele examines baby*

INYANGA CELE: There's a bird inside her, and she has grown up with it inside...her chest is good, but she has a tendency to vomit...the dirt comes from the chest, when she's asleep, she gets scared...

DR. FRIEDMAN: All people, in addition to their rational views of why they are ill, bring their belief systems into it. And I really don't like to discriminate between African and European societies, because I think it's true of all people.

*Inyanga Cele pours medicine*

NARR: In Zululand, there are two kinds of traditional healers: *inyangas*, who heal mainly with plant and herbal remedies -

*Sangoma talking to ancestors*

NARR: and *sangomas*, who rely mainly on divination, but who may use herbs also. Both *sangomas* and *inyangas* are chosen by their dead ancestors, and draw guidance from them in their healing.  
To become a healer, one must go through a long period of sickness.

*Sangoma Bhengu talking with friend*

TEXT: BECOMING A SANGOMA: ALVINAH BHENGU

(ST)SANGOMA BHENGU: To be a sangoma, I started by having health problems, always sick, and I would go to the doctors, and they could not cure me, so I finally went to the sangomas. The sangomas told me my ancestors were visiting me through dreams.

*Slomo, sangoma with incense*

(ST)SANGOMA BHENGU: I had these dreams with snakes wrapped around me, and talking to me, and dreams about sangomas too. That's when I realized I had the sickness in order to become a sangoma.

*Slomo, dancing sangomas*

(ST)SANGOMA BHENGU: That's how I got cured, by going through the training to be a sangoma, although I never wanted to.

*Slomo, sangoma and apprentice*

(ST)SANGOMA BHENGU: In truth, all I do here on earth is with the knowledge that I can never do everything alone, God is there, as the dream told me, even if I am a sangoma, I am still God's child. That's why, even when I give someone medication, I pray to God to help me cure my patient. I have faith in the Creator of the herbs.

*Ritual of goat sacrifice*

NARR: Central to *sangoma* belief is appeasement of the ancestors, which involves blood sacrifice.

*High school*

TEXT: BECOMING AN INYANGA:: SAZI MHLONGO

*School choir sings  
Principal Mhlongo addresses school*

(ST)INYANGA MHLONGO: When a person lives in this world...

*Inyanga Mhlongo in his kraal*

INYANGA MHLONGO: I'm a teacher by profession. Out of a family of 8 brothers, the ancestors decided to choose me as a traditional healer. The reason for doing that is the respect I had for the ancestors, that's why they gave me this wonderful job to do.

*Principal Mhlongo addresses school*

INYANGA MHLONGO: Our Father...  
Good morning, boys and girls.

SCHOOL: Good morning, teacher.

*Inyanga Mhlongo in his kraal*

INYANGA MHLONGO: When I was young, I used to dream at night seeing my grandfather, who I don't even know - my grandfather died when my father was 12 years old. So I used to dream at night, seeing a picture on the wall, and that person would say, I'm your grandfather, I've come to tell you that you are sick, suffering from stomach-ache, sometimes you've got head-ache, and he said, The things that can help you is this, and this and this. Then I would get up and write, so I don't forget what he told me. Sometimes my father would be looking for a certain herb. I would go with my father looking for that herb, and we would not get it. Now, when I'm asleep, my grandfather comes at night, and says, The herb you have been looking, you will get it in such and such a place. I'd get up very early in the morning, go to that place, get the herb, and give it to my father, and my father would say, Ooh, that's the herb we have been looking for.

I believe, as a traditional healer, I don't have to buy herbs, I've got to collect the herbs myself. The herbs that people buy for other people are not the correct herbs, because sometimes we just buy because we know the name, whereas you must know the leaf, the bark, and the root. You must also feel the smell and the taste before you can say, This is the right thing.

*Misty mountains*

TEXT: GATHERING FROM NATURE

*Sangomas collect plants in the bush*

NARR: To become a healer, one must know the properties of hundreds of plants.  
Inyangas and sangomas never stop learning.  
They increase their knowledge by exchanging information.

SANGOMA I

SANGOMA II

(ST)SANGOMA I: Watch out, there's thorns there.

NARR: It is important not to ring-bark a tree. A responsible gatherer replaces the bark taken with mud, so that the tree heals.

(ST)SANGOMA I: When there are enemies or lightning, you sprinkle it around.

(ST)SANGOMA II: When you see a baby with a white tongue, and it is constipated, with mix this with milk, and perform an enema.

(ST)SANGOMA I: Pick up this bark.

(ST)SANGOMA II: I'll use this plant tomorrow.

(ST)SANGOMA II: When I have a problem, I will come to you for help.

*Views of Umlazi*

TEXT: UMLAZI

NARR: Umlazi is a satellite township of Durban. It is home to half a million people.

*Exteriors of Cele's shop*

NARR: This is a muti, or medicine, shop owned by the *inyanga* Cele. *Inyangas* hold the secrets of nature in the palm of their hands

*Interior of Cele's muti shop, with customers*

NARR: Umlazi has a hospital that is free, but Africans often prefer to pay for *inyanga* Cele's remedies.

The muti shop is filled seven days a week with people seeking medicines and consultations.

*Inyanga Cele shows his medicines*

INYANGA CELE: This one is for the kidneys. It remains there and solves the problem of the kidneys. This one is for venereal disease. This one is for pregnant people, to clean the baby, take out all unnecessary waters. This is for the sharp pains. This is for sugar pressure, people that have got fits, those who have got stroke - we use the same mixture.

*Mixing and crushing herbs, customers swallowing medicines*

NARR: Herbs and plants are crushed and mixed according to *inyanga* Cele's recipes.

VOX POP: I think that Western doctors use stethoscopes to check people, they use medicines they receive from pharmacists, that goes through apparatus, and a lot of cooking, and all that, but when coming to traditional leaders, they are using indigenous plants to catch what is needs direct from the plant itself, and go through labs and so on. They work with something that is raw from the natural earth that we have.

*Montage of urban traffic and rare plants*

*View of Silver Glen*

TEXT: TRADITIONAL HEALERS AND CONSERVATION

NARR: Silver Glen is a nature reserve dedicated to plant conservation against great pressures.

*City in distance*

TEXT: DURBAN

*Housing*

NICHOLS: There are lots of problems, and population is the biggest one. Within our own city, we've got something like 30 square kilometres of land within the city of Durban, 95% of that land is now under houses, roads, it's been affected in some way, the natural systems do not function in that 95%. So we've got 5% left. And of that 5%, only 1% is functional from an ecological point of view.

*Planting and bagging of rare plants*

NICHOLS: Plants are a major issue. And that's what this nursery is all about, it's having the live material here, and a number of the rare plants are here, ready to be grown.

*Plants*

NICHOLS: It's the plants for the next generation, that's what I'm really worried about, is the conservation of these things, and it's not just the individual species, it's the conservation of the habitats around us.

*Muti market scenes*

TEXT: UMLAZI MUTI MARKET

NARR: Umlazi's muti market is the biggest in the region.

It is serviced by 120 gatherers, who collect plants over an area of hundreds of square miles.

None of the gatherers are inyangas. They know nothing of the plants they collect beyond name and appearance.

Each week, these gatherers collect over 150,000 plant items for the market. Much of this material goes unsold, or deteriorates very rapidly.

NICHOLS: In about mid-1984, after I met Mr. Cele, it's the usual story, black man, white man being slightly suspicious of each other, it's always an interesting relationship.

INYANGA CELE: He told me too many plants are going away. They overuse it. In the near future, we'll be out of it. I told him that we have a big shortage already.

NICHOLS: And Cele started to talk to us, he started giving us plants of rare things, things that he couldn't find commonly or easily any more. And that's where our Natal Ginger came in, that's what really got it going.

INYANGA CELE: I think you have seen this one at Silver Glen, Natal Ginger.

*Natal Ginger*

INYANGA CELE: Good for coughing, sharp pains. I gave them some plants, when we started the Silver Glen. I have started the Silver Glen with Geoff Nichols. I have supplied him with plants, and he went further to get more plants, then Geoff started to increase.

*Plants at Silver Glen*

NICHOLS: So we've got these different clones, sitting here, waiting to be grown, and that's what we're trying to do, is work through that list of the top twenty plants that were disappearing, saying, Right, here are the plants - let's see how we can propagate them.

NICHOLS: If we can grow thousands upon thousands of tomatoes and cabbages for the market and supermarket trade, for human consumption, there's no reason why we can't grow medicinal plants.

INYANGA CELE: All this was planted, I have planted - it's my work. When I look at it, I think to myself, Why I can't do it, I've got land. I know the plants, I'd better start. Then I started it.

NICHOLS: We realized that we had to work together, and we also realized that without each other, we would both be up the creek without a paddle. Since then, many of the plants we would like to use, we collect seed from the wild and make seedlings available to him for his farm. That's really the simplest way of putting it, that position of trust has been built there, and it's quite difficult to break in the future.

*Minibus, exteriors and interiors*

TEXT: PATIENCE KOLOKO & SANGOMAS

SANGOMA KOLOKO: We are on the way, going to Silver Glen, where we usually go and train our traditional healers for planting medicinal plants, and for how to reap them, and how to collect seeds, and at Silver Glen, they usually teach us many types of growing medicinal plants and the way of cultivating them.

*Sangomas visiting Silver Glen*

NICHOLS: Traditional healers, like Dr. Koloko, she comes here with her groups as well. And they were brought here by us, they arrived here looking for solutions, looking for ideas of what they could do. They were concerned about the plants, especially the plants that were disappearing.

Traditional healers in the rural areas wanted to know how to grow things. These people are losing many of their plants due to urban people going into the rural areas to collect the plants.

NICHOLS: We supply the resource, we supply the expertise of growing the plants and teaching people how to grow, to propagate plants. Silver Glen is now becoming the propagation hub, and the teaching hub for these people.

*Sangomas watch slideshow*

SLIDESHOW: Our indigenous vegetation is being removed at a greater rate than Nature can cope with.

It is therefore inevitable that there will come a time when the veld will become denuded of medicinal plants, and all the trees used for medicinal purposes will be stripped.

For the *inyanga*, it will mean financial ruin, as he will have no more raw materials with which to pursue his profession.

Medicinal plants should be cultivated commercially, by *inyangas*, gatherers, and farmers.

By doing this, the supply of raw materials for traditional medicine will increase, and this will reduce the increasing pressures on our present natural resources.

Medicinal plant gatherers and herbalists today must become more conservation conscious.

*Sangoma Koloko and Judith visit AIDS office*

TEXT: SANGOMAS AND PRIMARY HEALTH CARE

MATHEW (intercom): Hello?

SANGOMA KOLOKO: Patience, Debbie.

SANGOMA KOLOKO: So, Debbie, these people are interested...

NARR: It has been estimated that about 16% of the population of kwaZulu-Natal is HIV Positive.

MATHEW: This booklet here is going to be translated into Zulu. It deals with What is HIV and AIDS? Feeling about HIV and AIDS. Living positively and caring for yourself. Special issues for women. How to work with your health-care worker or clinic.

SANGOMA KOLOKO: It would be nice if it could be in Zulu.

MATHEW: Zulu ones are presently being translated, they should be available soon. this booklet, one of the things, it uses sangomas, here's a reference to traditional medicine. Do you want this booklet?

SANGOMA KOLOKO: Yes, I'll read it.

MATHEW: I'll get some more.

MATHEW: In South Africa, the government started off in the AIDS field by setting up a number of AIDS training and information centres, which are located at the various local authorities throughout the country. Those AIDS training and information centres provide AIDS counselling and training of AIDS counsellors. And what they've done in some instances, they've trained traditional healers.

*Sangoma Koloko arrives at gathering of students*

MATHEW: Patience has been on a course, and then she in turn has trained a number of people in her community, and a number of traditional healers.

NARR: Patience Koloko regularly does AIDS workshops. Today, she is appearing at a rally for high school students in Umlazi.

*Students sing AIDS song*

*Sangoma Koloko addresses assembly of students*



(ST)SANGOMA KOLOKO: Eh! Listen now! My children, we are in a difficult time here in Natal, because when you look at our population, the rate of AIDS-infected people is rising. That means people who are HIV Positive in the population rate is very high, and it affects you, children, mostly. And the infection starts with children as little as 13 years old. Did you know that? I want you to behave yourselves well, and when a boy says he likes you, that doesn't mean that you go to bed with him. Do you hear me, my children? I want you to concentrate on your education first - do you agree? I want you to wait until you get married, then you can start your sexual activity - do you hear me?

KIDS: Yes!

SANGOMA KOLOKO: You promise me you will do that?

KIDS: Yes!

DR. FRIEDMAN: From fairly early on, it was becoming apparent that people were not merely accepting the information about AIDS that was being put to them from the media. In other words, the idea was being put to people that AIDS could be prevented using condoms.

*Sangoma Koloko with patient*

DR. FRIEDMAN: Now, there still is an enormous amount of resistance to that idea from people, because in my view it runs contrary to normal sexual practice. And it was felt that traditional healers might through their influence be able to change those kind of practices.

*Sangoma Koloko shows and explains condoms to patient*

DR. FRIEDMAN: The fact that traditional practitioners are prepared to talk about AIDS, prepared to openly discuss sexual issues, which in African society were previously taboo subjects, is a very important step in moving the society to one which can begin to encounter the need for profound sexual transformation.

*Views of University of Zululand*

TEXT: UNIVERSITY OF ZULULAND

*Hutchings and Maseko in laboratory*

HUTCHINGS: I'm compiling an inventory of traditional Zulu medicinal plants. There are one thousand and thirty-eight named species, and some unnamed species.

The primary health-care manual is a collaborative piece of work.

MASEKO: Traditional healers have shown a great interest in the establishment or the start of a primary health-care manual.

HUTCHINGS: They will use it in their training of other healers, and as a record. And I shall do drawings of the plants so that they're recognizable. And there will be a section on self-help, because we believe very much that preventative medicine has a very strong role to play here. And healers can help enormously in this field too.

MASEKO: About 80% of the people still go to traditional healers, which put much emphasis that really the traditional healers are playing an essential role in the primary health-care system.

HUTCHINGS: I'm concerned here and now with the recognition of a resource that shouldn't be wasted, and that resource involves the plants, but the people who use them.

*Inyangas and sangomas in lecture hall of university*

NARR: Anne Hutchings' department has sponsored a meeting of traditional healers from the province.

(ST)INYANGA MHLONGO: I'll start by saying that the meeting we are holding here is of the Inyangas National Association.

NARR: Throughout South Africa, traditional healers are trying to organize at a national level, to gain recognition from the government, and acceptance of their methods.

(ST)HUTCHINGS: We have a great respect for traditional healing, and we want to see it properly recognized by the state health-care system. It is sad and wrong that all those who have an interest in healing, in making people better, have not worked together. We hope that in the new South Africa, this refusal to speak together will change. It is time to share our knowledge so that we can all grow.

(ST)INYANGA MTETWA: When somebody is being cured these days, we see that the old methods are not being used. People are cured through the strength of the medicine, which comes from earth and from heaven.

I know the plants very well, all I ask is the power to use them.

We *inyangas* and *sangomas* have to sit down and study our medicines harder. That is how we will gain the power to overcome sickness.

*Views of the Valley of a Thousand Hills*

TEXT: VALLEY OF A THOUSAND HILLS

NARR: The Valley of a Thousand Hills is home to a peasant population of 100,000. The people have always been badly underserved by the government in health-care.

But the Valley is the site of an experiment in primary health-care that takes a holistic approach.

It links health, education, nutrition, and agriculture. It emphasizes self-reliance. It is a model for a country like South Africa that is desperately short of money and trained personnel.

*People*

DR. PITT: The Valley Trust has been involved here in this valley for the last 40 years, on a socio-medical project, delivering primary health-care to the local communities.

*Patients at the Valley Trust clinic*

*Dr. Pitt examines a young baby held by its mother*

DR. PITT: Does she believe in traditional healers?

NURSE: She does.

DR. PITT: Do they help her?

NURSE: She says she believes in them because she is also one of them.

DR. PITT: Is she also a traditional healer.

NURSE: Yes, she is.

*Different sangomas, including Mrs. Bhengu*

DR. PITT: Right from the start, at the Valley Trust there was always an undertaking not to interfere with the practices of traditional healers, but to try and work with them.

NURSE: She says she has seen the problem. It started with an abdominal distension. Then she took the incense they burn out, and she talked to the ancestors, and it subsided. So she said there won't be any need to go to the traditional healers any more.

DR. PITT: People volunteered to become community health workers, and a number of traditional healers also came forward. In fact, one of the leading traditional healers in the area is one of our community health workers.

*Sangoma Bhengu visits a poor family, where she examines the children*

DR. FRIEDMAN: At the moment, in our national health system, there is a very vigorous debate about the extent to which professionals are involved in the health-care system. Now, the Valley Trust from early on demonstrated that the most effective health-care is health-care that was taken out to people that is community-based.

*Sangoma Bhengu with a child*

DR. FRIEDMAN: This issue, for example, of infant diarrhoea, is a case in point. The disease was, and still is, a major killer of infants, but the solution is very simple, the solution is just oral rehydration. Now, that does not require a doctor or nurse, that can be done by a lay community health-worker, or indeed, a traditional healer.

(ST)SANGOMA BHENGU: You boil a litre of water and add 8 teaspoons of sugar, and give that mixture to the patient to drink, and that will replenish the liquid that is lost through diarrhoea.

*Sangoma Bhengu in her daycare centre.*

DR. FRIEDMAN: Following these workshops, a number of the traditional healers, most notably a very prominent lady called Mrs. Bhengu, started to experiment with the techniques that we were suggesting. And later, when I asked her why she was adopting oral rehydration, she said to me that she'd got many children that had diarrhoea, and she had tried it and found it worked.

What I learned from Mrs. Bhengu was that she was empirical. She wasn't very different from other scientists, in that she was testing a new idea, and finding it to work, and adopting it. And I think for me it said something about the nature of traditional healing, traditional healers are not fixed in their ways.

They are like other people, they are capable of invention and the adoption of new techniques. They are constantly adopting their own views of the world to incorporate new ideas. And I think that that for me was the beginning of realizing that traditional healing and Western medicine can in fact work quite closely together.

(ST)SANGOMA BHENGU: We sangomas, we are excited at what we are learning. We are learning about illnesses we never knew about before, and we can now deal with them. And when we find an illness we can't deal with, we send the patient to the doctors.

DR. FRIEDMAN: I think while one looks at health-care as being purely a professional issue, in other words, that only those with many many years of training, such as doctors and nurses, are only able to provide health-care, then pressure will continue to be put on professionals, and health-care will continue to be very expensive. But if one increasingly recognizes that most illnesses are self-limiting, that many illnesses can in fact be dealt with either by the person themselves or by people with comparatively little training, will we begin to recognize that the real role of doctors and nurses is to deal with complex issues which are not common.

#### *Different sangomas*

DR. PITT: We've estimated that there are at least 300 traditional healers in this area, and if you can get that group trained in simple messages such as the AIDS virus, such as hepatitis B, oral rehydration, if you can get that message through to them, you've actually accessed a whole lot more people, because they're very well respected in their communities, and therefore people listen to them.

SANGOMA BHENGU: It is up to Western doctors to admit that there are certain things they don't know about medicine, just as I don't know the medical technology. I don't want to fight with them over ideas, and if we both co-operate, we will be helped by the third person, and that is God.

#### *Closing song, with credits*