

**TOWARDS AN UNDERSTANDING OF AMAYEZA ESIXHOSA
STORES (AFRICAN CHEMISTS).
HOW THEY OPERATE, AND THE SERVICES THEY OFFER IN THE EASTERN
CAPE.**

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This Dissertation is entirely my own work and has not been previously submitted as a dissertation or thesis for any other degree at any other University.

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ABSTRACT

In medical anthropology there has been a tendency to dichotomize western biomedical health services, on the one hand, and traditional health care practices on the other. Much attention has been focused on the comparison between these two approaches in the hope that they might be reconciled. The problem with this approach is twofold. In the first place, it has not always acknowledged the local, historical, political and economic contexts in which different approaches to health care have evolved and in the second place, health care services which belong to neither the western nor traditional healing spheres and which are driven by commercial interests have been almost completely neglected because they fall outside of the basic dichotomy.

Amayeza stores have been a feature of South African towns and cities for many years. They may or may not be run by Africans, but their clientele is almost exclusively African in this region. They deal in a bewildering variety of products and remedies, from untreated herbal and animal products to pharmaceuticals specially prepared for the African market, to Dutch and Indian Remedies. These stores both reflect transformations in indigenous perceptions of health care and, by virtue of the choices they offer, generate change.

In this empirical study three stores in the Eastern Cape are selected for detailed study – two in King William's Town, the regional capital, and one in the small town of Peddie. The approach is holistic, emphasizing the social, political and economic context, the business histories and running of each shop, and, in particular, the perceptions and choices of a sample of the customers in each case.

The success of the amayeza phenomenon derives from its eclecticism and syncretism. These stores impose neither a western nor a traditional model of health care on their clients, but offer them a range of choices that reflects the complex multicultural history of their own South African society.

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INTRODUCTION

The central concern of this study is ethnographic. This is because the subject matter, the amayeza esiXhosa stores of the Eastern Cape, is not well recognized in the medical anthropological literature, despite the fact that similar stores are found virtually in all city and town centres across the country.

These stores do not have a uniform name by which they are known but have regional names such as Muti and Amayeza esiXhosa stores. The names vary depending on the dominant language group of the area. The current study was undertaken in the Eastern Cape, which is predominantly a Xhosa region, where the stores are commonly called Amayeza esiXhosa stores or simply amayeza stores. Amayeza stores can best be described as African chemists or pharmacies. Literally translated Amayeza EsiXhosa store means a Xhosa Medicine store. The name, unfortunately, holds many misconceptions for an outsider, one of which is that these stores only stock Xhosa medicines. The term Xhosa medicine is customarily used to refer to traditional herbal medicines and certain animal products, by the Xhosa. These stores however stock not only traditional medicines but also an extensive range of both commercial manufactured medicines and "other" cultural medicines such as Dutch and Oriental remedies.

Largely because of these misconceptions amayeza stores are misleadingly portrayed as representing the relics of traditional indigenous practices and being involved in the arcane mysteries of the muti trade. It is commonly presumed that one requires extensive knowledge of both the uses of medicinal plants and the cultural healing beliefs of one's clientele in order to run such a store. Yet these stores are usually owned by **entrepreneurs** who may have no knowledge of the uses of the medicines that they sell.

A clear distinction needs to be made between the positions occupied by amayeza store owners and by traditional healers such as diviners and herbalists. Diviners – amaggirha

– are usually women and experience a vocational call to an office that emanates from the ancestors – iminyana. They are simultaneously afflicted with a condition called intwaso that involves various symptoms, which are only successfully treated by an igqirha (Hirst 1990: 24). Once the conditions are recognized, the candidate undergoes a period of apprenticeship to become a fully initiated igqirha. During this period they withdraw from society and undergo a strict discipline that includes abstentions, taboos, rigid observations and rituals. Initiates are also trained in the art of divination and are instructed in the knowledge of herbal treatments. Only once all these requirements are met can the candidate finally be initiated as an igqirha (Broster 1981: 24; Ngubane 1977: 102). Within their communities amagqirha serve a threefold function of practicing religion, magic and medicine. They do so by keeping in contact with the spirits of the ancestors, detecting the cause of misfortune and preparing the required propitiation. Amagqirha also assist in warding off evil by providing charms, medicines and in cases of illness and disease they administer herbal extracts (Broster 1981: 15).

Herbalists – amaxwhele – on the other hand are generally depicted as not being mystically recruited but as people who rely on some form of training, such as an apprenticeship, to become an established herbalist. During that time they develop an extensive knowledge of plant, root and animal based medicines (Dauskardt 1990: 277). The herbalists might choose their profession because of their close relationship to other herbalists and claim to have "inherited" the special gifts or they could choose the profession out of pure interest (Staugard 1985: 55). These categories are not neatly definable. Overlapping occurs as amaxwhele are known to use dreams and visions to assist and guide them thus relating closely to the role of amagqirha (Du Toit 1985: 84). Far from being casualties of modernization, amagqirha and amaxwhele are found in every rural location and urban township in the Eastern Cape. Most practicing healers' activities only supplement their other forms of income that they derive from sources such as formal employment, subletting backyard shacks, running shebeens, etc. Most of them simply live from hand to mouth, as the cash that they earn from divination and treatment is quickly swallowed up by domestic requirements (Hirst 1990: 51- 53).

In contrast to traditional healers the owners of amayeza stores do not usually experience a vocational call and do not undergo extensive training and apprenticeship. Consequently, the latter usually only have limited or no knowledge of the uses of the medicines that they sell or of the cultural healing beliefs held by their clientele. Amayeza store owners are essentially businessmen who are primarily interested in generating a profit from the services that they offer. Owners of amayeza stores require substantial amounts of capital and business acumen to run a store. Each shop has monthly expenses such as rentals for premises or rates and telephone accounts. In contrast, most amagqirha have relatively few expenses as they run their practices from their homes and they do not require extensive knowledge of business procedures.

An historical account of the trade in herbal medicines in South Africa

The limited amount of research which has been done on this topic has primarily focused on the **urban herbal** trade in city centres such as Gauteng and Durban. These studies have largely been conducted by geographers and botanists (Dauskardt 1994; Williams 1996). I have drawn on these and other sources to provide the following account of the development of the amayeza phenomenon at a national level.

"Traditional medicine" is invariably identified with the culturally defined activities of divining and herbalism in the literature on this subject (Hammond-Tooke 1989). To a large extent, these distinctions merely outline the past structures of traditional medicine in South Africa and the manner in which it is practiced in some rural areas today (Dauskardt 1990: 277). More contemporary African healing practices have been overlooked. This problem has arisen because research inquiring into so-called "traditional" African healing practices has tended to be overly romanticized and placed in a timeless vacuum (Ademuwagun 1977; Asuni 1979; Hunter 1979). Consequently, very few attempts have been made to understand the historical, political or economic context within which these practices have evolved.

Today we find several activities falling under the umbrella category of traditional herbalism and these include traditional African amaxwele, herbal hawkers, herbal pharmacies, herbal wholesalers, herbal processing and packaging factories and distributors and commercial herb gatherers (Dauskardt 1990: 278). This diverse range of occupations and activities has arisen in response to a high demand for traditional medicines.

The trade in herbal medicines is a relatively hidden economy, largely because of historical influences. Along with the processes of colonialism in South Africa came the forceful penetration of western medicine. This resulted in changes taking place in the status and the structure of the traditional medical systems, as both colonial and post-colonial authorities were oriented towards the interests of western medicine. These authorities sought to discredit traditional medical systems as "typical backwardness" (Dauskardt 1991: 92).

Coinciding with the penetration of western medicine was the process of mass urbanization by the African population, which also affected the structure of traditional herbalism. After World War Two the numbers involved in mass urbanization had reached such a point that they began to represent a significant consumer force (Rogerson, in Dauskardt 1990). This resulted in biomedical services, particularly the pharmaceutical companies, trying to capture this new market. Advertising campaigns in popular African newspapers were launched to influence the consumers in favour of biomedical products and to undermine the utilization of traditional products. Consequently, urban Blacks faced a barrage of advertisements emphasizing the superiority of modern medicine and presenting them as essential components of a desirable urban lifestyle (Dauskardt 1991: 92). The traditional medical sector did not remain unchanged but retaliated and adapted to the changes taking place by also advertising their products and marketing them by mail order (Kearns 1994: 14).

The western medical sector, however, had the law on its side. In the 1930s laws were passed to try to bring the traditional healers more strictly under the Medical, Dental and Pharmacy Act and to confine them to trade in "Native medicines" outside "White" city

areas. This legislation was strongly motivated and supported by western chemists, who were feeling the pinch of competition from traditional healers (Dauskardt 1990: 277). The penetration of western medicines, the pressures of competition for the consumer, and the legislation passed, resulted in the urban trade in herbal medicines having to grow largely as a "hidden economy".

Despite all the problems that the traditional sector encountered it continued to flourish, though not in its "traditional" form. The trade in herbal medicines was flexible enough to adapt its healing practices. Today one finds that traditional healing practices in urban areas offer a service to cope with urban-related problems that biomedicine could never hope to tackle. Peek argues that problems arise for which everyday knowledge is insufficient and yet action has to be taken (1992: 2).

Recent surveys have shown just how successful herbalism has been. For example, in Zululand 40% of urban Blacks still use traditional medicines either alone or in conjunction with western medicines. The number of herbalists practicing in urban areas has grown dramatically: as in 1986 in Soweto, for example, approximately 10 000 herbalists were in operation (Cunningham in Dauskardt 1990: 277).

Not only has the use of herbal medicines adapted to the needs of the urban market, so has the point of sale. In the past herbalists and diviners ran their practices from their homes and personally collected their own medicines for each individual patient. Today, however, amaxwele, amagqirha and entrepreneurs run herbal stores / "pharmacies" within the CBDs of towns and cities. The establishment of these stores began as early as the 1930s on the Witwatersrand, with the penetration of small scale capital entrepreneurs into urban herbalism. These stores are owned by traders rather than traditional African healers and function chiefly as dispensaries of herbal medicines and preparations. They also offer a wide range of herbal medicines either in a natural or prepared state. These are sold directly to consumers or to township herbalists and diviners who then prepare their own mixtures for patients. In the past these stores were strongly monopolized by Indian traders, who either developed a knowledge of herbal medicines or employed African staff with the relevant knowledge (Dauskardt 1990:

280). The progressive diminution of urban African rights and the demands by White groups for protection from African traders resulted in severe obstacles being placed in their way (Hart 1972: 102). These obstacles ensured the monopolization of these stores by other cultural groups, initially Indian and White entrepreneurs. This ratio is changing, as William's study on muti traders on the Witwatersrand reveals: she observes that in 1994 herbal traders were predominantly Black (57%) followed by Indian (32%) and White (11%) traders (1996: 12).

The expansion in the herbal trade has been enormous: in 1929 there were only two herbalist shops in the Durban area but by 1987 the Herbal Traders Association alone had over a hundred registered shops (Cunningham 1991: 200). Concurrently, with the increase in numbers of the herbal traders there has been an increase in herbal gatherers. Herbal gatherers are primarily responsible for supplying, in bulk, medicinal plant material to herbal traders. The major profits are made by the herbal traders and not the commercial herbal gatherers. The latter are predominantly poorly educated women who find it difficult to obtain alternative employment in the formal sector. Cunningham's study shows that in Durban alone there are approximately 500 informal sellers, who are primarily women with no specialist training (1991: 199). Due to high unemployment within the country the gathering of herbal medicines continues to attract foragers. This makes it virtually impossible to increase the bargaining power of the herbal gatherers as there will always be someone who will collect for less.

There has also been a change in the types of herbal products sold as today there is a wide range of patent herbal remedies produced by large manufacturing companies. Several factors are responsible for this development. The advancement of western medicine and the negative stigma attached to traditional medical preparations, which was reinforced through the media, has contributed to a partial change in Black medical consumer taste. This resulted in certain sectors of the African population viewing traditional medical preparations in their natural form as being "backward". In response to this stigma herbal medicines have become increasingly processed, packaged or bottled by large manufacturing companies, to westernize the image of herbal products. These changes took place as early as the 1940s when several processed herbal

medicines could be purchased by mail order. These included products such as "Clock Tower Nerve-Pain Specific Tonic" and "Lion Blood Tonic No. 12" (Dauskardt 1990: 281). These medicines are still popular today. African Medicines on the Witwatersrand and Natal Herbal Suppliers in Durban are the two main suppliers and they offer a wide range of products that target the Black consumer. Dutch Remedies, Asian medicines and biomedical products are also stocked in herbal stores and appear to sell equally well.

The growth in both the trade of herbal medicines and pharmaceuticals has been phenomenal. It has been observed that today the trade in medicinal plants, in South Africa, is part of a multimillion rand business (Cunningham 1991: 197). In 1983 approximately R14 million worth of medicines was purchased over the counter and R13.5 million on prescription (Dauskardt 1994: 78).

From the above historical account we observe that the activities associated with traditional healing are no longer confined to the domain of traditional healers. In contrast, multimillion rand entrepreneurial activities have penetrated the realm of herbalism. These more commercial and contemporary activities associated with herbalism have not been officially recognized in medical anthropological literature. To understand why, we need to focus our attention on factors which have influenced the medical anthropological literature.

Medical Anthropology's "blind spots": A critique

Medical anthropology, itself a Western product, developed in the wake of Western medicine's rapid colonization of the world from the early nineteenth century onwards. Initially modern biomedical medicine was considered to be the only type of health service available and all other forms of health care were classified as "illegal" or "deviant." These attitudes were encouraged by the definition used to define medical systems. For example, Crozier (1975) defines a medical system as:

a theoretically articulated body of ideas about disease causation and treatment obtained in a written tradition and practiced by men whose knowledge of that tradition causes their society to recognize them as medical specialists (In Press 1980: 45).

These ethnocentric, sexist, Western-focused categorizations have assisted in creating simplistic dichotomies (Press 1980: 45) which dominated the literature until the early 1950s.

In the late 1950s an important shift, which was instigated by cultural anthropologists, occurred. This resulted in a recognition of indigenous forms of healing practices and added a new perspective to the knowledge of health care practices, particularly those engaged in by different cultures. It was around this time that medical anthropology as a separate field of study came into existence and the research conducted focused more on indigenous beliefs and practices. Later this form of inquiry came to be known as ethnomedicine, which referred exclusively to the study of non-western medicine (Van der Geest 1988: 330).

Unfortunately, these studies tended to reduce the study of ethnomedicine solely to the study of folk illnesses, traditional medical systems and herbal remedies. An overemphasis was placed on the more exotic healing rituals and the culturally bound syndromes of a particular society or community (Singer 1990: 179). Anthropologists of this time were all too eager to relegate indigenous disease theory to the realms of religion and magic, describing witches or supernatural beings as the most important, or indeed the only etiological agents recognized by Africans (Van der Geest 1988: 330; Pool 1994).

Medical anthropologists researching in developing communities tried to rectify these biases by recording the different types of health care services utilized by communities where biomedical practices had been operating for several decades. During this era the studies of Janzen in Zaire were hailed as the first to provide a "holistic description" of a pluralistic medical system (Leslie in Janzen 1982: xi) and insight into the serial use

of both biomedical and traditional healing practices. Janzen, in contrast to previous writers, stressed the need to analyze biomedical services as simply

"coexisting everywhere with other systems of practices forming a more or less pluralistic or more or less integrated regional system" (Janzen 1982: xiv).

The recognition of this need led to the emergence of medical pluralism which has been extensively used as a theoretical model by medical anthropologists (see Kleinman 1980; Helman 1984; Janzen 1978; Ademuwagun 1979). The advantages of this pluralistic viewpoint towards health care practices in developing countries have been multiple, as this perspective has provided the means to effect a more balanced appraisal of the concurrent and serial use of health care practices (Slikkerveer 1990). For example, Minocha's study (1980) in India records the communities' responses to medical pluralism. Kroeger (1983) analyses how individuals, in developing communities, manage illness through the services offered by traditional and/or modern health care services. Heap et al (1991) focus on patients' perceptions of the different health care systems available, their access to them and the rationale behind their choice.

In spite of these advances, there remains a marked dichotomy between biomedical practices on the one hand and traditional healing practices on the other. Attempts have been made by authors such as Kleinman to identify the usage of health care services available (1980). He identifies three sectors: the popular, the folk and the professional sector. The popular sector refers to the lay, non-professional, non specialist, popular culture arena in which illness is first defined and health care activities initiated. The professional sector represents the organized healing professions, and in most societies this is modern scientific medicine. Kleinman refers to the folk sector as the non-professional, non-bureaucratic, specialist (ibid.). These categories are, however, unclear and problematic as the types of health care options and choices offered to individuals do not necessarily fit neatly into them. Press argues that these terms have been extensively overworked and under defined (1980: 48). The various medical

systems are identified, and particularly the folk/traditional medical systems are characterized as existing within static vacuums as no acknowledgment has been given to the historical, political and economic contexts within which they have developed. Consequently, very little recognition has been given to the endless adopting and adapting of values, beliefs, and healing strategies between the traditional and western medical systems.

Recent studies have paid more attention to these trends and have attempted to define the emergence of a "new" medical system, which has been termed the transitional medical system. Slikkerveer (1990) defines it as a medical category that can be considered as an intermediate system partly parallel to both the traditional and to the modern medical system. It is characterized by the large - scale utilization of commercial products and the sale of domestic and western pharmaceuticals (Buschkens & Slikkerveer 1982). The "specialists" in the transitional system are characterized as laymen with scant knowledge either of traditional or cosmopolitan medicines. They generally sell pills, capsules, medicinal drinks and injections either in shops or in markets around the country. Their practices are often illegal and contravene regulations concerning the making up of and dispensing prescriptions, but in many developing countries, where facilities are scarce, it is virtually impossible to prohibit these medicines from being sold (Slikkerveer 1990: 210-213).

Slikkerveer's (1990) study and others undertaken by Kleinman (1978), Janzen (1982) and Young, are of value in terms of pointing out the need to recognize the existence of a diverse range of medical health care services. However, their categories are not adequate in defining the pluralistic nature of health care. For example, Slikkerveer's model has simply moved away from a dichotomy to a trichotomy which does not adequately describe the situation in reality as continuous overlapping occurs and areas of "fuzziness" exist. Also, the term "transitional medical system" implies that these systems are transitional in nature, but in reality we find that their niche is as stable as the community and market in which they operate as are other medical systems. As early as 1982 Leslie (in Janzen) pointed out the critical importance of developing appropriate theoretical concepts to interpret the different systems that exist within

comparative studies. To this day it remains a core weakness of medical pluralism as no consensus has been reached.

The medical pluralism model is limiting in two respects. As a theoretical model it has been perpetually caught up in the need to define the various existing medical systems. The definitions used have been very restrictive in terms of promoting studies of health care services that fall outside the domain of the definitions used. Furthermore, these definitions have not allowed for the positive representation of medical specialists and practitioners of the various medical systems making use of curative techniques outside their respective medical systems. For example, until relatively recently very few studies portrayed traditional healers as making use of modern pharmaceutical medicines in various traditional forms of treatments (Minocha 1980: 217). These transformations have occurred because medical systems do not exist in vacuums, with the consequence that there is an endless adopting and adapting of medical practices between them. It is largely this fluidity of both knowledge and medicines that has made it impossible to define all the various medical services which exist in terms of different medical systems¹.

It is primarily these drawbacks which have hindered the study of health care services offered by amayeza stores, as the services they offer do not fit neatly into either traditional or biomedical medical systems. Nor can these stores be defined as representing a transitional medical system, as they are not transitional in nature. Additionally, the so-called owners/practitioners do not only sell domestic and western pharmaceuticals (Buschkens & Slikkerveer 1982), and cannot all be characterized as laymen with scant knowledge of the uses of the medicines that they sell (Slikkerveer 1990).

In addition many formally qualified doctors also use analgesics, tranquilizers and placebos to treat patients whose conditions defy easy diagnosis, confident that time, nature and faith will take their therapeutic course.

Another conceptual limitation of medical anthropology has been that most of the studies on health care have focused primarily on the utilization of various health care practices at the later stages of the referral system of illness management. Consequently, very little research attention has been paid to the form of health care that does not rely on seeking of advice from the various medical professional sectors, whether they consist of formal biomedical practitioners or trained traditional healers. Recent studies on these types of health care practices reveal for example that up to 80% of the Peruvian population seek no professional care. Thus revealing that illness is largely being managed at home through self-medication (Pedersen et al 1989: 487).

Self-medication as a form of therapy relies predominantly on the individual, immediate family members, friends and neighbours to diagnose various illnesses and problems and in turn select the most appropriate form of medication. This form of therapy relies on obtaining access to various medicines for oneself and ones family members. At this level of health care individuals utilize not only home-grown herbal remedies that they have learnt about from their grand-parents and parents but also modern medicines, over-the-counter (hereafter referred to as OTC's) pharmaceuticals as well as commercially manufactured medicines. These medicines are predominantly obtained from commercial outlets, such as amayeza stores, chain stores, pharmacies and supermarkets and not from biomedical or traditional healing practices.

Amayeza stores have also largely been ignored in the literature because of the lack of acknowledgment paid to the commercial elements in health care services. Alubo notes that this is because in the past the dispensation of medicines was only perceived as a service to humanity. This supposed humanitarianism is derived mainly from the injunctions of the Hippocratic Oath. Alubo's 1990 study, Doctoring as a business, describes how in Nigeria medicines have become commoditised and have become a lucrative business much like the sale of beer and other items (Alubo 1990: 305). The same trends are reflected across the world as medicines have become sought after and highly negotiable even within the domains of traditional healing practices and biomedical practitioners. The lack of recognition given to the commercial features of health care in medical anthropology has assisted in creating an incomplete analysis of

medical services, omitting those offered exclusively by outlets such as amayeza stores, pharmacies and even supermarkets and sources of health care which have become statistically important as self-medication expands in developing societies.

Theoretical concepts used to *contextualize* amayeza stores and the services they offer.

From the above account we can begin to understand why the health care service offered by amayeza stores has been overlooked within the literature. This dissertation attempts to fill some of these gaps by providing a detailed account of three such stores. An emphasis has been placed on the owners, the stock kept, who the consumers are and what is bought from these stores. The following constructions have proven particularly useful in contextualizing the subject matter.

1. The commercialization of health care

The theoretical concept of the commercialization of health care has been included into this analysis because it is of paramount importance that amayeza stores be examined as medical outlets. In the literature it has become increasingly recognized that an additional medical sector has arisen, the commercial pharmaceutical sector. The commercial pharmaceutical sector is viewed as existing as a parallel system to the biomedical system and delivering modern medication (Ferguson 1988: 40). The emergence of this sector has been facilitated by the mass production of drugs by multinationals and local pharmaceutical companies which has brought pharmaceuticals into the commercial sector. As a result in most developing countries today we find pharmaceuticals being sold from "pharmacies," shops and medicine vendors. This phenomenon has been well recorded in other developing countries (Ferguson 1988; Logan 1988; Van der Geest 1988). Locally scarce attention has been paid to these trends. The commercialization process has not been limited to the mass production of pharmaceuticals but also applies to the commercialization of traditional herbal medicines and mass production of herbal remedies by manufacturing firms. This has

resulted in these medicines no longer simply being dispensed by traditional healers but being sold by entrepreneurs in stores and herbal hawkers on the street. Consequently, the theoretical concept of the commercialization of health care assists in this analysis as it recognizes that health care services are not confined to the domains of biomedical and traditional medical systems. It also recognizes that capitalism has penetrated the health sector at all levels.

2. Symbolic associations attached to medicines

To understand how it has been possible for medicines to have become removed from their respective medical systems and penetrate the commercial market we need to observe the symbolic associations which have been attached to medicines. Van der Geest's analysis, The Charm of Medicines, suggests that this process has been largely possible because of the tangible nature of medicines. This permits them to enter the commercial market and be exchanged for money. We observe that despite their removal from their respective medical systems they have remained desirable and in demand. Van der Geest notes that this is because medicines are believed to contain the power of healing in themselves and if you can access them you can personally apply their power, without advice or a consultation with medical specialists (1989: 345-346).

3. Indigenization of medicines

In addition to the symbolic associations the theoretical concepts of indigenization of modern pharmaceuticals have been included to show how it is has become possible for these medicines to find their way into individuals' medical kits. These medicines and OTC's have been readily incorporated, not as alternatives to indigenous medicines but rather as indigenous medicines (Etkin 1990: 919). They have largely become absorbed into peoples' knowledge and been changed and reinterpreted in terms of their own medical conceptions (Cosminsky 1994). Popular medical concepts that developed in relation to traditional substances are now applied to drugs prescribed by physicians and to over the counter drugs purchased for self-medication (Mitchell 1983: 841).

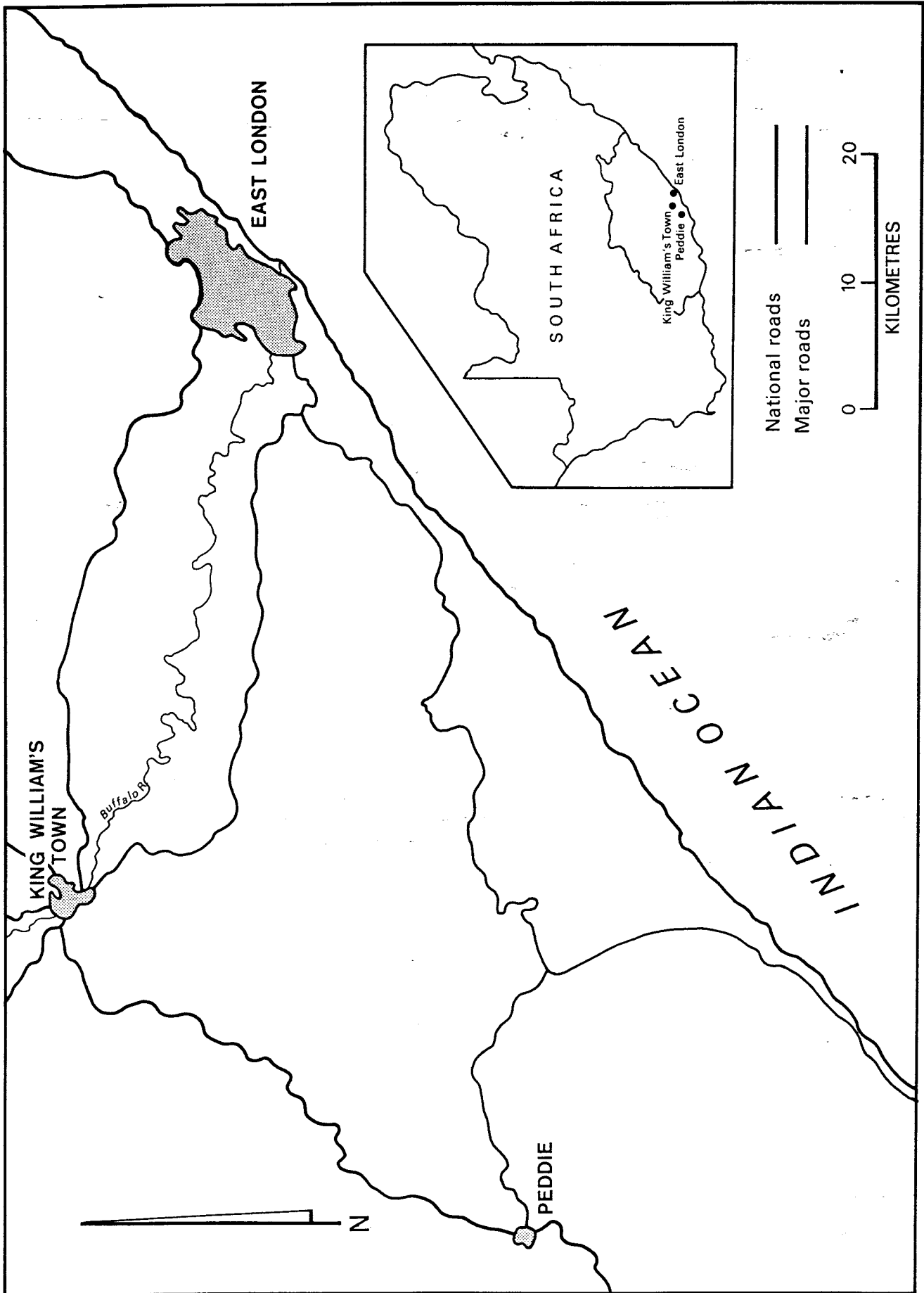
These studies have largely focused on how the colour and taste of the pharmaceuticals have been used as determinants of their ability to treat various types of illnesses. These concepts have also been applied to the medicines manufactured by local commercial firms to explain how they too have become incorporated into individuals' medical kits.

Fieldwork sites and methods used

Fieldwork sites

The fieldwork was carried out over a period of eight months, from February to October 1995, in three research sites: Gwabeni, a rural village; Peddie, a small town; and King William's Town, a large urban area (see map 1). Gwabeni was chosen as a research site because I had already on a previous occasion worked there and made valuable contacts. The data collected from Gwabeni assisted in increasing my knowledge of the different types of health care services utilized by the rural community. This data has not been extensively used within the dissertation as the focus of the study changed during the course of the fieldwork to exclusively investigate amayeza stores.

Map 1: A map of the research sites investigated



Three amayeza stores were studied in detail, one being in Peddie, **Peddie Herbal Remedies**, and the other two being in King William's Town: **Ginyabathakathi Kwa Ntongambini** and **Herbal Health Services**. A period of eight weeks was spent in both **Peddie Herbal Remedies** and **Ginyabathakathi Kwa Ntongambini** and five weeks in **Herbal Health Services**. A shorter period was spent in **Herbal Health Services** because I had by then already acquired a comprehensive knowledge of how amayeza stores operate. As a result there was only the need to record how **Herbal Health Services** differed from the latter two stores. During the intermediate weeks I took time out to make comprehensive notes and to prepare for the next phase of fieldwork.

The methods used

The research phase included making use of the following data collection techniques: participant observation and qualitative methods which included conducting in-depth interviews with the owners and staff employed in the amayeza stores; quantitative methods which included conducting a questionnaire with the customers of the stores; empirical recordings and field trips to collect botanical specimens of the medicinal plants stocked in the amayeza stores. All of the above methods were essential as the lack of one would have been detrimental to the quality of data collected as a whole. Participant observation methods were used to gain insight into the daily activities of both the store owners and their employees. Observations were also made of the transactional and interactional process between the customers and the owners and assistants in the stores. Questions were asked of the owners and assistants to explain certain activities of which recordings were made. The exercise proved to be very valuable, especially since I spent approximately seven hours daily in the stores and got to know in detail how they operate.

Qualitative methods were made use of to acquire insight into "who" the owners of amayeza stores and their employees actually are. In-depth interviews were conducted to gain access to life histories to ascertain whether these stores have been maintained

in the family. Attempts were also made to determine the level of training and knowledge the owners and their assistants have of the uses of the medicines, medicinal plants and the illnesses which they treat. In-depth interviews were also conducted with employees of the amayeza stores to examine the level of appropriate knowledge they possess in healing practices. In two of the three amayeza stores the extent of the in-depth interviews were hindered by unforeseeable factors. The owner of one store had a severe stutter and felt very uncomfortable being spoken to for long periods. In the second store the owner was only present for an hour once a week and during this period he was very busy purchasing stock for the store from herbal hawkers and checking the financial takings for the week. However, the interviews conducted did provide enough information to address the above key issues.

It was decided that quantitative methods would provide the most accurate method to collect information on determining exactly "who" the customers of amayeza stores are. Questions were asked of the customers concerning their sex, age, education level, employment status and religious affiliation. Customers were also asked questions pertaining to what they purchased, for whom and what ailments the medicines were supposed to treat. The use of qualitative methods, such as in-depth interviews, for the collection of such data can be problematic because such methods can often lead to a distortion of the facts. For example, Swantz (1990) points out that the use of qualitative methods with various indigenous healers and key informants can be especially problematic as the illnesses and problems that are more frequently raised are those that are more often spoken about and publicized often resulting in only the more exceptional cases being recorded (Swantz 1990: 81). The use of quantitative methods, in this instance proved to be particularly valuable as I managed to acquire access to information about the demographic profile of the customers as well insight into the wide range of medical and culturally related problems which are being treated through each store.

A total of 120 questionnaires were administered. Forty-nine were administered in **Peddie Herbal Remedies**, forty-three in **Ginyabathakathi Kwa Ntongambini** and

twenty-eight in **Herbal Health Services**. An opportunistic sampling technique was used. This method proved to be most effective as it was not possible to employ sophisticated sampling techniques, such as systematic or cluster sampling methods (Nachmias et al 1981). Neither was it possible to make use of a systematic sampling method whereby every nth element in the total list is chosen systematically (Babbie 1983: 184) because firstly, it was not known how big the sample was in each case as no records of how many customers frequented the store were available. Secondly, it was not physically possible to interview (let us say) every tenth customer as other activities (in the store) needed to be recorded. If any event of interest was occurring, notes would have to be made and the interviews "put on hold". Neither was it possible to make use of a stratified sampling method as it was not possible to select representatives from the sample as a whole as the make up of the sample was not known beforehand. No recorded information exists regarding the demographic make up of the customers of amayeza stores. One drawback of this method was that it was not possible to collect detailed case studies of the customers because the majority of the customers only made use of services once in the two-month period spent in each store. It was not possible to return to the customers at a later date to conduct follow up interviews, as is customary when doing research in small communities. It was also important to be sensitive to customers' needs, particularly if they were in a hurry and consequently lengthy and detailed questionnaires were not administered. Whenever possible, semi-structured interviews were also conducted with customers to find out their reasons for utilizing the services offered by amayeza stores. This proved to be particularly useful as insight was acquired into the reasons why some customers preferred making use of the services offered by amayeza stores rather than those offered by pharmacies, local general dealers and traditional healers.

Empirical records were made of the medicinal products stocked in each store, including their brand names, usage and price. The suppliers of these stores, situated in East London were visited. Records were also made of the prices of the similar products sold in local supermarkets, chain stores and pharmacies.

Seven field trips were undertaken with local hawkers, herbalists and freelance collectors to nine different localities to collect as many medicinal plants sold in the stores as possible so that they could be botanically identified. In total 110 specimens have been collected and identified, and deposited in the Schonland Herbarium in the Albany Museum. The identifications were made by the assistant curator of the Schonland Herbarium, Mr. T. Dold. Records have been made of their uses and preparation. This proved to be a very valuable undertaking as so few of the medicinal plants which are sold commercially have been botanically identified and voucher specimens collected.

Dilemmas experienced

During the fieldwork period I acquired valuable insight into the difficulties that can be encountered in fieldwork. The problems that are usually raised in the literature concern matters such as gaining access to communities and their trust. In this instance I anticipated such problems, as the owners of amayeza stores could easily assume that I was disguising my true intentions and was trying to learn their trade secrets and steal their business. Fortunately no such difficulties were experienced in this regard. I however experienced more ethical dilemmas regarding the staff employed to assist with translating. Useful solutions to these problems are unfortunately seldom provided in the literature.

As anthropologists we are taught to establish rapport and to be sensitive to the needs not only of our informants but also of our employees. The establishment of such a relationship with one's interpreter is important because a researcher does not simply rely on an interpreter to translate but to also provide supplementary information to one's findings, which can then later be varied. Consequently, from the outset of the working relationship there was a need to break down the authoritarian relationship that is generally found between employer and employee whereby the boss knows everything and the employee nothing. This was necessary because in this instance knowledge of one's employee could greatly assist with the research procedure. This is often possible through establishing a companionship with one's employees. It is however, difficult to

maintain a working relationship under these conditions especially when one is perpetually placed in an ethical dilemma, which will be described shortly.

During the fieldwork period two woman interpreters were employed. Lilian² was a middle-aged single mother with two young children and a third on the way. For most of her adult life she had been unemployed. The little work that she had managed to find was as a shop assistant. Esther was a young woman in her mid- twenties and had already been a mother at the young age of sixteen. Esther had also only managed to find odd jobs around King William's Town since she matriculated. Esther at the time was living in a minute one roomed shack with not enough room for two people to be in it at once. During the fieldwork period I built up friendships with both women as we shared our personal experiences with each other during the long hours that we spent together. I was also made welcome in their homes and got to know their family members. This provided me with a rare opportunity to gain insight into the "other" way of life, particularly that of young African women. The exposure to these experiences made it difficult for me to remain objective and as a result to always maintain a strict working relationship with my employees. To some extent this affected the quality of data collected as she did always pay enough attention during the administration of the questionnaires.

I had prior experience of fieldwork in the Peddie district and as a result resorted to making use of the connections that Lilian had previously made to avoid having to establish relationships. Lilian fell pregnant during the latter weeks of the fieldwork period conducted in Peddie. Not only did she not feel well but she also started to experience emotional strain at home and with the father of the unborn child. Owing to the friendship that we had established she unburdened her fears and financial worries to me. These worries were also taken to the work place and as a result focused attention was not always given to the work in hand. This placed me in a serious dilemma because as the problems worsened at her home Lilian's attention to her work

Pseudonyms have been given to the two interpreters employed.

deteriorated, but by this stage I had become so aware of the difficulties that I found it impossible to dismiss her and thereby cause her additional financial stress.

Chapter summary

The dissertation consists of two principal parts: Part One is largely descriptive and primarily deals with the owners of the stores, a demographic breakdown of their customers and an analysis of the stock they carry. Part Two takes a closer look at the range of medicines purchased for, primarily, self-diagnosed illnesses and culturally related needs, and how cultural motivations and incentives affect individual choices. Both parts consist of two chapters.

Chapter One provides a detailed account of the layout of the stores, "who" the owners and the staff members are and what functions are performed daily in the stores. A detailed breakdown of the demographic status of the customers is also given. In addition there is an analysis of where the amayeza stores can be seen to fit in to the wider realm of health care. Chapter Two essentially deals with the stock in trade of the amayeza stores and where it is obtained. There is also a conceptual analysis of how it has become possible for medicines to have been removed from the medical profession and to have penetrated the commercial sector.

Chapter Three focuses on determining the type of health care service offered by these stores. This was achieved by inquiring into what medicines were bought and for what purpose. An investigation was also conducted to see for whom these medicines were bought, and to determine to whom these stores are offering a service. A conceptual analysis of self-diagnoses and medication is provided. Chapter Four deals with the customers' perceptions and motivations for utilizing amayeza stores. The latter has been achieved by focusing on how the consumers compare the services offered by amayeza stores with other health services and outlets.

In the conclusion, the key findings are reviewed as well as the implications this study has had in filling some gaps in the medical anthropological literature. Finally recommendations have been given as to how amayeza stores can form an integral part of health delivery service. Due to their unique position they are ideally situated to provide a means of alleviating the current pressure on Government services to supply essential medications to those in need. This is provided that the owners and staff are given sufficient training with follow up courses on a regular basis.

PART ONE - AMAYEZA STORES

CHAPTER ONE

THREE AMAYEZA STORES AND THEIR CUSTOMERS IN THE EASTERN CAPE

Introduction

In this chapter the investigation of three amayeza stores and their customers in contrasting urban settings is discussed and described in detail. In each case, a description of the setting is followed by a "company history" and an account of the contemporary ownership, staffing and general running of each business. The three businesses are subsequently compared and related to general patterns in the herbal and health trades in the region. As noted in the introduction, one intention of this study is to show that these stores are not relics of traditional indigenous practices but have entered the domain of contemporary retailing. These stores operate primarily as business enterprises. The place of amayeza stores within the wider sphere of health care services is also explored.

The description of the stores is followed by a detailed account of the demographic information collected from the customers of each amayeza store. This perspective has been added because, as noted in the introduction, research has tended to focus only on the traditional healers, the medical profession and the services that they offer. This is particularly the case with regard to traditional medicines, as they have been primarily looked at from the point of view of the healer (Swantz 1990). It is not known "who" the patrons of these stores are – whether for example, only the uneducated, unskilled or elderly are attracted to their services. The contrasted settings provide a means of observing any differences between the two areas, as the one area supports a predominantly rural community and the other an urbanized one. Distinct differences exist between the various amayeza stores and this also helps to determine their client base.

An account of three amayeza stores

Peddie Herbal Remedies

The setting

Peddie is a small town in the former Ciskei and is situated on the national road, the N2, which runs from Cape Town to Durban. The cities of East London and Port Elizabeth are one and two hours away respectively. Although Peddie has a small CBD, it supplies a large rural community with daily requirements such as groceries, building materials and health care. Numerous taxis have daily routes to the surrounding communities and at the end of the month Peddie becomes a bustling town that attempts to meet the needs of the neighbouring areas. The district has a population of 89 000 people, according to 1994 estimates (Ainslie et al 1996: 18).

In Peddie there are several different types of health care services available to the local population. These range from the services offered by the local hospital, clinic and private general practitioners to traditional practices owned by local amaxwhele, amagqirha and an amayeza store owner.

Within the CBD there is no pharmacy but there is one amayeza store and two supermarkets that stock a relatively large selection of patent medicines. On the outskirts of the town there is a private practice owned by Mr. Nqxepe. He prescribes both his own personally prepared mixtures and pharmaceutical medicines, which he orders directly from large pharmaceutical companies in Natal.

Within the surrounding urban and rural communities there are numerous amaxwhele and amagqirha who run practices from their homes. There are also health care services offered by traditional specialists who profess to cure specific ailments such as children's illnesses and stomach complaints. In addition to these there are also the

biomedical practices in Peddie which include a hospital, clinics and general practitioners. Mobile clinics, when operating, are sent out on a weekly basis to deliver primary health care services to the rural communities. Scattered in various rural communities basic permanent clinics also operate.

The health care agencies in Peddie are both diverse and numerous.

The store

Peddie Herbal Remedies is well situated, being placed on the town's main street near a bus stop. The shop is situated between a book store and a wholesale outlet for amasi (sour milk). Further up the street is a liquor store and the **Peddie Hotel**. Across the street is a large supermarket, **Nozukile Supermarket**, outside of which one can find numerous hawkers selling their wares of fried fish, handbags and plastic buckets and basins.

The store is not very conspicuous as there are no identifying features on its outside. The name of the store, **Peddie Herbal Remedies**, the owner's name, Gwabeni, and a telephone number (which is no longer valid) are painted above the entrance but the paint work is peeling off and no other forms of advertisement exist (see plate no.1). On most days one can hear the radio blaring from inside. Upon entering the store one is greeted by a strong smell of incense, which is burnt to attract customers, and immediately made aware of its sparse and clean appearance. The merchandise is neatly displayed, in categories, behind the counter.

The interior of the building is rectangular and the large window situated at the front entrance is heavily meshed. Below the window there is a long wooden bench where customers sit while they are waiting for their medicines. Directly in front of the bench are two long wooden counters behind which Joyce, the shop assistant, serves the customers. Along the right and left side walls there are two long sets of shelves upon which the patent medicines are displayed. In the center of the shop is a small desk

where the paper-work is kept. Directly behind the desk is where Mr. Gwabeni, the owner, haphazardly keeps his implements for preparing herbal mixtures: a grater, a grinding stone and a pestle and mortar. The store is supplied with electricity, which they use for lighting, the cash register and a two-plate stove. The latter is used by Mr. Gwabeni to prepare some of his medicines. The stove ever is used more frequently for making tea and for cooking meals.

Towards the back of the store is another set of shelves upon which the herbal medicines are kept. They have been packed into cardboard boxes and are stacked on top of each other. These herbal medicines are not a noticeable feature of the store and are partly hidden from view. Mr. Gwabeni has only one large animal skin – that of a leguaan (monitor lizard) or xam – which has been placed on one of the shelves. Within the store there are no posters on the walls promoting any of the medicine stocked.

The owners

Mr. Gwabeni, the owner, is 38 years of age. He also works part-time at the local hospital as a casual labourer in the Transport Department. While he was growing up he was taught about herbal medicines by his mother, who was a qualified herbalist, and his grandfather. After leaving school he went to work on the mines in Johannesburg and in Vryheid, Natal. While he was in Vryheid he continued his studies as a herbalist but failed to complete the necessary training for a certificate. The certificates are awarded through various traditional healer associations. Mr. Gwabeni returned to Peddie in 1976 and has worked in the area since then.

His mother, Francis, a very successful herbalist, was born in Hamburg (a coastal settlement not far from Peddie) and her father taught her all about herbal medicines and their uses. After getting married, she moved to Peddie and initially worked as an ixwele from her home. Her business became so successful that she eventually opened the small shop in the center of town. It remains a popular business. Her main clientele were individuals buying her personally prepared herbal medicines rather than patent medicines. She collected most of her own medicines, but in latter years she relied on

Travis, a herbal gatherer, to collect for her. Francis obtained her patent medicines from wholesale outlets in East London.

In 1990 she died, and Mr. Gwabeni took over the business. Mr. Gwabeni's wife, is 31 years of age, now runs the business on a full-time basis. Mrs. Gwabeni was born in Hermanus but completed her matric in Peddie, at Nathaniel High School, as her parents were originally from the Peddie area.

After completing her schooling Mrs. Gwabeni remained in Peddie and initially worked as a cashier in the Nozukile Supermarket. She left this job in 1990 and soon afterwards found a job as a receptionist for Doctor Skinner, a general practitioner, but in 1993 she was retrenched. Towards the end of 1993, after her mother-in-law's death, Mrs Gwabeni took over the responsibility of running the business.

Mrs Gwabeni declared that when she began she had very little knowledge of the uses of the patent medicines and medicinal plants and had no experience of running her own business. Mr. Gwabeni taught her the names and uses of some of the more common herbal medicines sold. She still does not prepare any of them herself but depends on Mr. Gwabeni for this and she did not seem to think that this was a problem. Most of the customers asked specifically for the herbal medicines that they wanted, and she relied on the labels on the boxes for guidance.

Personally, Mrs. Gwabeni only makes use of those herbal medicines used for steaming³ – ukufuta – and for washing – iyeza kuhlamba – to protect herself against the evil spirits. For more physical problems she prefers to make use of biomedical medication, which she obtains from the local hospital or private doctors. At the time of research she

³Steaming or ukufuta treatment involves breathing in vaporized plants or their volatile essence into the lungs. A certain quality of the appropriate herb, is pounded and placed in a large container or jug with water and brought to boiling point. A towel or blanket is then arranged to form a funnel over the head which directs the steam to the face and respiratory passages (Pujol 1988:34).

was taking medication from the local hospital for cramps that she was experiencing during her pregnancy.

When Mr. Gwabeni comes to the store, he dresses very casually in modern clothes. The only accessory that he wears which suggests his association with the healing profession is a string of white beads and a hair necklace – ubulunga. These accessories signify a healer in training. Neither Mrs. Gwabeni nor their assistant, Joyce, wear any clothing or accessories which show their attachment to traditional healing practices.

Staff

Joyce is the only full time staff member employed and had only been working at the store for a month, before I began researching. She is 40 years of age, lives in Peddie and is married with three children. Her husband is a migrant mine worker in Johannesburg. Joyce went to school in Peddie and left after completing standard seven. She moved to Port Elizabeth and worked as a shop assistant for four years before returning to Peddie. In 1976 she married and remained at home as a housewife until 1995, before she started working for the Gwabenis. She works six days a week from eight to five, and earns R200 a month.

Joyce had no previous training in the uses of herbal medicines. Her job consists of selling the patent medicines and recording every transaction. When a customer requires a herbal mixture, she asks Mr Gwabeni to prepare it. In the few weeks that Joyce had been working she had learnt the uses of most of the patent medicines. She offers her assistance to those customers who are not sure of what medicines would best suit their particular ailment or problem, and is also responsible for marking and unpacking the stock when it arrives.

Staff functions

Long hours are spent simply waiting for customers. The store opens at eight in the morning and Joyce does most of the selling. Mr Gwabeni is constantly in and out of the store, either going to the hospital or to the bar across the street. He is very seldom in the store. On the odd occasion he will prepare one of his herbal mixtures in bulk. This generally involves grating and stamping the required medicinal plants to a pulp and boiling this in water for one to two hours. When the mixture is cool it is bottled by Joyce.

During fieldwork Mrs. Gwabeni was rarely in the store. Apart from her regular trips to King William's Town and East London to obtain supplies, she rested at home as she was in an advanced state of pregnancy.

Ginyabathakathi Kwa Ntongambini

The setting

King William's Town is a large town with a very busy business center which supplies a growing urban population in Zwelitsha and Bisho, and a large rural population beyond this. It is located on the N2 and numerous taxis have direct routes to it. King William's Town has a wide selection of shops, from large chain stores to general dealers and small spaza stores all of which cater for the needs of a broad range of consumers.

A wide selection of health care services is available, ranging from typical biomedical practices – private GPs and two hospitals – to amaxwele, amagqirha, amayeza stores, herbal hawkers and specialists.

A number of shops in King William's Town stock herbal medicines, remedies and manufactured medicinal products. Within the CBD there are five amayeza stores, predominantly situated near the bottom end of town – near the bus stop and taxi ranks. These stores vary considerably in their layout and the stock that they keep. Some have

placed more emphasis on patent medicines while others stock predominantly herbal medicines. Besides these amayeza stores there are also many hawkers who sell herbal medicines and mixtures. There are also two local pharmacies that stock prescribed drugs and a wide selection of patent medicines. Local supermarkets and chain stores such as Just - On - Cosmetics also sell medicinal supplies, such as cough mixtures, stomach remedies, headache tablets and so forth. The local pharmacies and stores like Just - On - Cosmetics also carry a selection of patent medicines targeted specifically at the African market.

Two of the five amayeza stores, **Ginyabathakathi Kwa Ntongambini** and **Health and Herbal Services**, were chosen because they represented two extremes, with **Ginyabathakathi Kwa Ntongambini** stocking predominantly herbal medicines and remedies, and the latter stocking predominantly patent medicines.

The store

Ginyabathakathi Kwa Ntongambini, translated means, "The one who swallows the witchcraft makers." The store is located in a small business development complex, near one of local taxi ranks and across the street from a Shoprite Supermarket. Within the same complex there is one other amayeza store, which does very little business, a clothing store, a hair salon, a cafe, and a T.V. repair shop.

The store has a large front window upon which the name of the business and a picture of an igqirha are painted (see plate no. 2). It is very small, and on entering one feels as though it is bursting at its seams. There are numerous skins of snakes, baboons, wild cats, leguaans and birds of prey hanging from the ceiling, and the herbal medicines are carelessly stacked all over the store.

The store is divided into two separate rooms. In the front room there are three wooden benches upon which the customers sit while waiting to be served (see plate no. 4). On the left-hand side of the store there are numerous cardboard boxes, stacked on shelves

from floor to ceiling, filled with herbal medicines. Behind the counter, situated towards the back of the front room, are more shelves containing prepared mixtures and powders in bottles (see plate no. 5). Only a small range of patent medicines are stocked, and these are all haphazardly displayed. In front of the counter there are many hessian sacks containing medicinal plants that have not yet been used to prepare herbal mixtures.

The back room of the store is used for private consultations. It is very small, with a couch for the patients to sit on and an arm chair for Mr. Kolla, the owner. Candles are sometimes lit, and the room is kept warm by a heater during the winter months and cool by a fan in summer. On the walls are numerous accessories associated with the traditional healing profession, such as animal artifacts: skins and skulls, calabashes, a fly whisk, traditional head-gear of baboon fur, and white Xhosa beads. Also displayed on the wall are photographs of the owner dressed in full healing attire. Mr. Kolla keeps his most powerful medicines and his personal cash box in this room.

While the consultations are taking place patients have to take their shoes off, no smoking is allowed, and women are not permitted to wear trousers. No one is allowed to enter while the consultations are being held, except for his small children who frequently sleep and play in the room.

The store has modern services such as electricity, water and a telephone.

The owner

Mr. Kolla, the owner, is 53 years old. He is originally from Matatiele, a Basotho, and has a Standard One education. His wife and older children still live in Matatiele and he sees them once a year. He started practicing as an ixwhele in 1978. Initially he worked for Mr. Hopps, the owner of **Health and Herbal Services**, and was employed to manage the store. Three years later he resigned and started his own business. He ran his

practice from his home from 1981, and in 1989 he moved his shop into the center of town.

Mr. Kolla learnt about medicinal plants from his grandfather, who was an igqirha, and from his father while he was growing up in Matatiele. He has a certificate dated 1981 hanging on his wall which asserts his qualifications as an ixwele. Mr. Kolla could not however remember from whom he received the certificate as he had belonged to the association a long time ago in Zwelitsha.

Mr. Kolla is physically a big man with a strong character and presents a powerful figure. Everybody treats him with the utmost respect, even though he has a very bad stutter. He wears a white coat to signify his attachment to the healing profession.

Assistants

Mr. Kolla has six assistants working for him. They are not officially employed but seem to help around the store on an *ad hoc* basis. Elliot and Shuter are Mr. Kolla's main assistants as they help with the consultations and serve the customers. While Mr. Kolla is out of the store they are responsible for the money. They both frequently wear white laboratory coats.

The other four assistants, who were also formerly the owner's long term patients, Dwarha, Vuyani, Thando and Lillian, are mainly responsible for the more mundane tasks such as preparing the herbal mixtures that he instructs them to make. They do not wear any clothing or accessories which associate them with the healing profession. Lillian, the only female assistant, is responsible for preparing food. Two meals are prepared daily for everyone and paid for by Mr. Kolla.

On my return to the store in October, Elliot, Lillian and Dwarha had left. Elliot was working in Peddie and Lillian and Dwarha had returned home as they had both been

cured. New patients had arrived and were helping in the store. A patient had even come from as far as Matatiele to see Mr. Kolla: he was suffering from amafufunyaya⁴.

Assistants' functions

Most mornings, mixtures are prepared. This involves either grating or stamping large quantities of medicines and boiling it in large pots for hours at a time (see plate no. 5). The mixture is then bottled into approximately twenty-four 750ml bottles (see plate no. 6). In the afternoons, very little activity occurs as it is generally quieter. Most of the time is spent listening to the radio and dancing to popular songs.

Herbal Health Services

The setting

Herbal Health Services is situated on the block adjacent to **Ginyabathakathi**. The layout of the store and the way in which the owners have marketed it is very similar to that of **Peddie Herbal Remedies**. **Herbal Health Services** is situated between a clothing store and a hair dressing salon. Only the name of the store is depicted on the front entrance and the services of an ixwele are advertised. (see plate no. 3). As in **Peddie Herbal Remedies**, all the products are stacked on shelves behind large wooden counters and a distinct division has been made between the herbal medicines and patent medicines, each occupying one side of the store (see plate no. 7). Here also, a wooden bench is situated at the front entrance for customers to sit on.

Herbal Health Service stocks predominantly patent medicines. A very small selection of medicinal plants, and no animal artifacts, are stocked (see plate no. 9). The ambience of the store is very stark and orderly compared to that of **Ginyabathakathi**.

⁴Amafufunyaya is a mental illness involving fits and confusion. It is attributed to witchcraft or sorcery and it is recognized as a neurosis caused by cultural confrontation (Broster 1981:125).

Some customers commented on this and felt threatened by the disarray in **Ginyabathakathi** where the medicines could not all be seen. Consequently, they thought that **Ginyabathakathi** sold "dirty medicines."

The owner

The owner of **Herbal Health Service** is a White man, Mr. Hopps. He and his partner, Mr. Webb, own eight amayeza stores in the district. Five of these are in East London and the others in Mdantsane, Dimbaza and King William's Town. Both have been in the muti business since 1960. **Herbal Health Services** was opened in 1989. Neither of them has had any training in the uses of medicinal plants or the uses of patent medicines. Their involvement in the business is purely financial. The owners are primarily responsible for checking the store's takings, bringing additional stock from East London and buying herbal medicines from local hawkers who bring their merchandise to the store. A portion of the herbal medicines purchased is stocked in **Herbal Health Services**, and the rest is taken to the stores in East London. Every Thursday morning Mr. Hopps drives up from East London to check his stock and cash sales.

The staff

Three Black assistants are employed to run the store. Two of these are employed full time, and one on a commission basis.

Monica has been working there for the last five years (see plate no. 8). She is employed as the supervisor and is responsible for the sale and ordering of the patent medicines. She is 33 years old and is originally from Peddie, but now lives in Gwada location in King William's Town. She is the head of her household and belongs to the Free Church which is affiliated to the Zionist church group. Before starting working at the store she had no prior knowledge of the dispensing of patent medicines, having previously worked as a cashier in a local supermarket. Monica is currently being paid

R570 a month but complains endlessly about her job. She feels that the pay is too little and finds the job terribly boring, as business is generally slow, and hopes to find another job, preferably in a local supermarket.

Princess has been working at **Herbal Health Services** for the last two years. She also had no prior experience as she previously worked as a labourer in an industrial factory in East London. Princess also receives a monthly salary of R570. She does not mind working at **Herbal Health Services** as she finds it interesting because she is always learning something new about the herbal medicines, and even hopes to one day own her own store.

Nomvuselelo is employed on a commission basis as an igqirha, and is paid 50% of the sale value of the stock that she sells (see plate no. 9). Mr. Hopps implied that this was the only way to work with "these kind of people", because they only work when they want to. Nomvuselelo is 42 years old, has a standard six education, and had only been working in the store for the last three weeks. She was relieving her aunt who was currently on holiday, but on her aunt's return she will continue to work from home. Nomvuselelo has been divining for the last five years, and (is also) a member of a Zionist church. Her religion does not however prohibit the use of herbal medicines as ancestral worship is not forbidden.

Neither Monica nor Princess appear to be associated with the healing profession by their attire as both wear casual clothes every day. In contrast, Nomvuselelo frequently wears blue and white beads, and her face is smeared with a white cream to signify her status as an igqirha. (see plate no. 9)

The similarities and dissimilarities between the three stores are summarized in the following table.

Table 1: The similarities and dissimilarities between the three amayeza stores summarized

	PHR	GINY	HHS
Part of chain or single	Single	Single	Part of a chain of 8 stores
Owners	- Black owned - limited training	- Black owned - qualified <u>ixwele</u>	- White owned - no training
Staff	- 1 Black woman employed - no training	- 6 Black assistants = 5 men and 1 woman - 2 have some training	- 3 Black women employed - 2 no training 1 qualified <u>iggirha</u>
Staff functions	- Responsible for serving the customers - marking goods - cleaning the store	2 - responsible for serving the customers 4 - assist with preparation of the mixtures - chopping and sieving - cleaning the store	2 - responsible for serving the customers purchasing patent medicines; - ordering and marking stock 1 - responsible for dispensing herbal medicines & preparing herbal remedies - buying herbal supplies.
Services offered	- Predominantly a dispensary of patent medicines - on the side, sells herbal medicines.	- A dispensary of herbal medicines - specialized consultations offered.	- Predominantly a dispensary of patent medicines - advice ⁵ can be sought from the trained <u>iggirha</u> , but no consultations.

⁵A distinction has been made here between advice sought and consultation. This is because in **Ginyabathakathi** consultations are given which involve a private consultation with Mr. Kolla and these last for approximately half an hour. During this period your problem is discussed in detail. For this service one is charged R50 which includes the appropriate medication. In comparison in **Herbal Health Service** no consultation is given, only advice is sought from Nomvuselelo. No consultation fee is charged.

The penetration of entrepreneurship into traditional healing practices

The information given above makes it clear that entrepreneurship has penetrated the realm of medical care and the healing profession. Today it is no longer necessary to consult a professional to acquire access to medicines. More importantly, it is no longer a necessity for individuals to have any training to be able to dispense various types of medicines. Two of the three amayeza stores investigated had a minimal amount of knowledge of the medicines that they sold. For example, Mr. Hopps and his partner have had no training, they simply rely on their staff to help their customers. Even the staff have received no training as the knowledge that they have acquired has been learnt largely from their involvement in the business. Their positions can be likened to that of shop assistants. Nomvuselelo is the only one with any training in the uses of the medicinal plants. Her position is however of a temporary nature as she is employed on a commission basis.

Mr. Gwabeni, the owner of **Peddie Herbal Remedies**, claims to be a igqirha in training and was frequently questioned by his customers about the uses of various herbal medicines. Mrs. Gwabeni is responsible for the management of the store, has also had no prior training in diagnosing illness or prescribing either herbal or patent medicines. Joyce, the shop assistant, has similarly had no training. Both Joyce and Mrs. Gwabeni have, however, through their daily working experience, learnt the uses of most of the patent medicines and the most commonly used herbal medicines. In instances when they are not sure, they rely on the labels. This reflects the extent to which entrepreneurs have entered the domain of dispensing medicines.

Mr. Kolla is the only one with extensive knowledge of the herbal treatments and insight into helping people with culturally related problems. His two main assistants, Shuter and Elliot, also have knowledge of the herbal medicines and could be relied on to give the correct medicines when requested by customers.

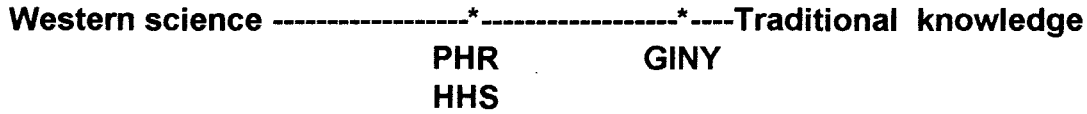
There is potentially a large gap in the market for the services and medicines offered by these stores. Individuals wish to acquire quick access to various medicines without having to go through either a lengthy or costly consultation or the inadequate service that is commonly associated with public biomedical services. The advantages of using an amayeza store are discussed in more detail in chapter four.

The above findings raise the question of where amayeza stores "fit" into the wider realm of health care as a strong component of entrepreneurship is now involved. The subsequent discussion attempts to address this issue.

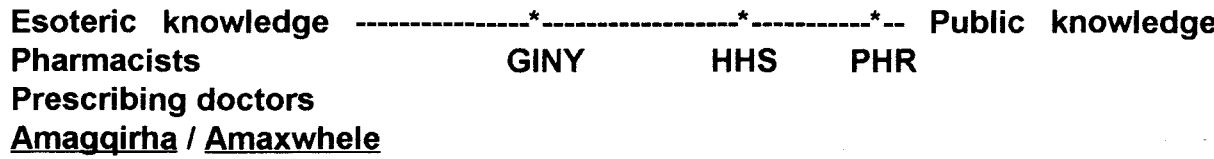
What is the position of amayeza stores in the wider realm of health care?

An appropriate way to illustrate where amayeza stores fit into the wider realm of health care is to depict them as occupying mid points on various continuums. The one being that amayeza stores adopt practices from both the western and local knowledge continuum. Another dimension is that of esoteric knowledge (western or traditional) as opposed to common knowledge within the target market, which would put the amayeza store at various points along different lines. Diagram 1 is an example of one of the continuums along which amayeza stores can be placed.

Diagram 1: Continuums representing the positions of various amayeza stores.



OR



The distinctions and associations made are largely affected by the level of training either the owner or his or her assistants have in either the medical or healing professions. This affects not only the type of health care service that they offer but also the marketing strategies and display techniques adopted. For example, Mr. Kolla offers a more specialized health care service because of his training as a herbalist. To increase his credibility – this is not necessarily a conscious decision but one that is culturally accepted – he has displayed all the appropriate artifacts and accessories associated with traditional healing practices. Even the name of the store, **Ginyabathakathi** – the one who swallows the witchcraft makers – reinforces his credibility to offer the appropriate services to customers who are suffering from culturally related problems. Mr. Kolla, however does not wish to dissociate himself completely from modern biomedical services. Consequently he and his main assistants, Elliot and Shuter, wear white coats to work every day.

In contrast, both **Peddie Herbal Remedies** and **Herbal Health Services** play down a strong association with traditional healing practices by not displaying the appropriate traditional artifacts or accessories. Furthermore, the herbal medicines are not displayed in prominent positions. Consequently, they (not necessarily consciously) market their stores as offering something different to that of **Ginyabathakathi** and traditional healers. This is reflected in the design techniques and the layout of the two stores. Both **Peddie Herbal Remedies** and **Herbal Health Services** have adopted and adapted the practices engaged in by pharmacies: for example, the medicines are all very neatly and categorically displayed, and only the shop assistants and the owners have access to the medicines, just as only the pharmacist, has access to prescription medicines. Similarly, both stores stock a selection of cosmetic and hair products. (**Ginyabathakathi** does not stock these products.) These practices have been so successfully adapted that upon entering the store one feels as though one has walked into a "down market" pharmacy.

Similarly, the owners of **Peddie Herbal Remedies** and **Herbal Health Services** do not wish to be totally divorced from the services offered by traditional healers as both offer

herbal treatments and consultations. Their association with traditional healing practices is depicted through more subtle symbolic associations. For example, Mr. Gwabeni, the owner of **Peddie Herbal Remedies**, wears a necklace made from horse hair to symbolize his status as a healer in training. In **Herbal Health Services** a qualified igqirha is employed to help the customers with herbal remedies and culturally related problems, and she wears all the appropriate attire to identify her status as a traditional healer. Her presence however does not dominant the store as there are also two other shop assistants who dress in casual clothes. In addition **Herbal Health Services** has no paraphernalia associated with traditional healing practices displayed. Even the names of the stores do not express strong associations to traditional healing practices in comparison to **Ginyabathakathi**.

The differences in the layout and the positions that the medicines occupy within the three amayeza stores investigated also conveys an important message to their customers. Rath (1995) points out that positioning represents the third central component of marketing, the others being segmenting and targeting. Positioning should communicate to the consumer what the company [store] offers and how it ... differs from those of competing ... [stores]. Positioning is also the act of engineering perceptions to create an image which is understood and appreciated by a segment of the consumer market. This image should also portray what the company [store] has to offer in relation to its competitors (1995: 38). This has been successfully achieved by the three stores investigated as their display and layout shows distinct differences between them and conveys the specialization of each. The various associations have been so successfully achieved that various sectors of the population have very clear perceptions about the services and medicines offered by the three stores. This is discussed in more detail in Chapter Four.

Amayeza store owners have been forced to adopt various marketing strategies to establish their niche within the market. Marketing is about satisfying the needs and wants of the consumer. With basic products like staple foodstuffs, most consumers have similar needs - for example, acceptable quality at a reasonable price – and a

mass marketing approach is the most appropriate one to adopt. However, in other markets, outside of staple food, consumers needs differ and mass marketing strategies do not address these differences. Information about various consumer types is then applied to develop the most appropriate marketing strategy (Rath 1994: 20-19).

These processes are applicable to the operations involved within amayeza stores. For instance, for the owners' of amayeza stores to be successful they have to meet the needs of particular sectors of the consumer market. This is evident in the various ways the three amayeza stores investigated have targeted various sectors of the population by offering different services and products. **Ginyabathakathi** provides a highly specialized service by offering traditional herbal remedies, whereas **Peddie Herbal Remedies** and **Herbal Health Services** function more as dispensaries of patent medicines and do not offer a specialized service.

The subsequent discussion focuses on who the patrons of amayeza stores are. Currently, no information exists on the client base of such stores. It is also of importance to determine whether distinctions can be drawn between the customers of different amayeza stores, for example between the patrons of **Ginyabathakathi** and **Herbal Health Services**.

THE CUSTOMERS

The following information was collected through questionnaires of which a total of 121 were administered to customers/patients of the three amayeza stores investigated. These questionnaires were completed after the customers/patients had purchased their medicines and/or received their consultations and they covered the following central issues: the customer's sex, age, education level, employment, marital status, church affiliation, goods purchased, for whom and why. The questions concerning purchases are discussed in detail in chapter three.

The averages of the sample are given as a whole to show where the three stores converge and diverge from each other. This proved to be useful as it foregrounded the local and individualistic factors that affect who uses the stores.

Table 2⁶: The sex of the customers

	PHR	GINY	HHS	THREE STORES
Sex	Total	Total	Total	Averages
Male	26 53.0%	18 41.8%	13 46.4%	19 47.1%
Female	23 46.9%	25 58.1%	15 53.5%	21 52.0%

Our sample of amayeza store users consists of a fairly even distribution of males and females, showing a tendency in these stores not to specialize in treatments for problems or illnesses related to a specific sex. **Ginyabathakathi** was the only store that tended to cater more for the needs of pregnant mothers, as they sold remedies to assist with childbirth (see also Table 10 in Chapter Three). This is probably why they have a higher percentage of females using the store. Apart from these remedies the treatments purchased from all three stores were not gender specific.

⁶ All the percentages given in the subsequent tables are represented to the first decimal therefore do not add up to a hundred percent.

Table 3: The age of the customers

	P H R			G I N Y			H H S			THREE STORES
AGE	M	F	Total	M	F	Total	M	F	Total	Average
15-24	6	2	8 16.3%	5	1	6 13.9%	2	1	3 10.7%	5.7 14.0%
25-39	2	7	9 18.3%	6	18	24 55.8%	3	8	11 39.2%	14.6 36.3%
40-59	11	6	17 34.6%	5	5	10 23.2%	3	5	8 28.5%	11.6 28.9%
60-79	7	8	15 30.6%	2	1	3 6.9%	5	1	6 21.4%	8 19.8%

The stores are predominantly used by adults, particularly young and middle-aged adults. Amayeza stores offer treatments that are not age specific as the members of these age groups purchase treatments both for themselves and their families (see also Tables 9, 10 and 11). It is a common misconception that amayeza stores are mainly used by the older generation.

All three stores are utilized by a fairly equal number of teenagers. In **Peddie Herbal Remedies** the customers tended to be older than those in **Ginyabathakathi** and **Herbal Health Services**. Only one fifth (18.3%) of the customers were between the ages of twenty-five and thirty-nine. This is because Peddie has a high level of migration by young adults, whereas in **Ginyabathakathi** more than half (55.9%) of the customers were between the ages of twenty-five and thirty-nine. In addition note the high proportion of females in this category. This coincides with the child bearing age of women. Similarly in **Herbal Health Services** virtually two fifths (39.2%) were young adults. In King William's Town there are more opportunities for employment as it has a larger CBD area. This explains the higher percentage of working adults using both **Ginyabathakathi** and **Herbal Health Services** compared to **Peddie Herbal Remedies** (see Table 5).

Table 4: Education level of customers

	PHR	GINY	HHS	THREE STORES
Educ Level	Total	Total	Total	Averages
None	14 28.5%	4 9.3%	3 10.7%	3 17.3%
A-std 4	7 14.2%	5 11.6%	5 17.8%	5.7 14.4%
5 - 8	17 34.6%	14 32.5%	11 39.2%	14 34.7%
9 - 10	8 16.3%	14 32.5%	4 14.2%	8.7 21.4%
Further	3 6.1%	6 13.9%	5 17.8%	4.7 11.5%

Peddie Herbal Remedies was marked by more customers having had no schooling and very few with tertiary qualifications. This outcome is consistent with the fact that **Peddie Herbal Remedies** has the highest percentage of elderly customers. In the past schools were not readily accessible, particularly to inhabitants of rural areas. Both **Ginyabathakathi** and **Herbal Health Services** had few uneducated customers as the number of elderly customers was minimal.

The misconception that herbal medicines are predominantly used by the uneducated needs to be rectified, as these statistics show. For example, the users of **Ginyabathakathi** were more highly educated. Those who had a matric and tertiary education totaled virtually half 1/2 (46%) of the sample, and in **Herbal Health Services** only one third (32%) were as highly qualified. And yet **Ginyabathakathi** specializes in the sale of herbal remedies.

Table 5. Employment status of customers

	PHR	GINY	HHS	THREE STORES
Type of work	Total	Total	Total	Averages
Unemployed	10 20.4%	6 13.9%	4 14.2%	6.7 16.5%
Pensioner	13 26.5%	1 2.3%	5 17.8%	6.3 15.7%
Scholar / Student	6 12.2%	7 16.2%	4 14.2%	5.7 14.0%
Housewife	13 26.5%	12 27.9%	5 17.8%	10 24.7%
Employed Semi-skilled	6 12.2%	11 25.5%	8 28.5%	8.3 20.6%
Employed Skilled	1 2.0%	6 13.9%	2 7.1%	3 7.4%

All three amayeza stores had customers who were currently unemployed. This is not an unusual finding as amayeza stores offer treatments that provide "luck" or good fortune to those who are experiencing difficulties (see also Table 8). Additionally, most of the treatments that are available from amayeza stores are inexpensive and as Tables 9, 10 and 11 show, the unemployed do purchase medicines both for themselves and members of their households. Both **Ginyabathakathi** and **Herbal Health Services** have lower percentages of unemployed customers than **Peddie Herbal Remedies**. This finding reflects the economic condition of Peddie, which has a high level of unemployment.

Approximately one third (26.4%) of the customers in **Peddie Herbal Remedies** were pensioners. This is to be expected, given the demographic composition of the area⁷ **Ginyabathakathi** on the other hand virtually had no pensioners as customers, compared to **Herbal Health Services**. **Ginyabathakathi's** treatments and consultations

⁷The Peddie district has one of the lowest percentages of resident males in the Eastern Cape, at 37% of the resident population, while children constitute 47,5% of the population (Ainslie et al 1996:18).

are of a more specialized nature and are significantly more expensive. Pensioners would find it difficult to pay these prices on state pensions and they are less likely to come into the CBD to buy medical care.

As for scholars and students, the stores had roughly equal numbers as customers. These figures are likely to increase during examination periods and at times of sporting competitions, as treatments are available to assist with such activities.

Peddie Herbal Remedies recorded the highest number of housewives using the store, just less than one third (26.5%), whereas both **Ginyabathakathi's** and **Herbal Health Services's** housewives represented less than one fifth (17.8%). The lower percentages in King William's Town may be misleading as it is not that there are fewer wives in King William's Town but rather that a higher percentage of them are employed given that King William's Town offers more economic opportunities. This is reflected by the higher number of employed customers who utilize the latter two stores.

Only one seventh (14.1%) of **Peddie Herbal Remedies** customers were employed. Those employed had primarily unskilled jobs, such as labourers. In **Ginyabathakathi** virtually half (48.5%) of the sample was employed, and in **Herbal Health Services** just less than two fifths of the customers were employed. In the latter two stores they primarily occupied service positions such as shop assistants, domestics, prison guards, bus drivers and petrol attendants. Although the percentages are low, **Ginyabathakathi** had the highest number of customers who were employed in skilled professions, such as teachers, clerks and nurses. This might have been predicted because **Ginyabathakathi** offers the more specialized and expensive health care service.

Table 6. Church affiliation of the customers

	PHR	GINY	HHS	THREE STORES
Church Affiliation	Total	Total	Total	Averages
Zionist	10 20.4%	10 23.2%	10 35.7%	10 24.7%
Mission Churches	26 53.0%	20 46.5%	11 39.2%	19 47.1%
Pentecostal Churches	0 0%	2 4.6%	0 0%	0.7 1.6%
None	11 22.4%	5 11.6%	2 7.1%	6 14.8%
No information	2 4.0%	6 13.9%	5 17.8%	4.3 10.7%

The customers who came to the stores were usually affiliated to a specific church group; across all three stores only a small percentage had no affiliation. Most of the churchgoers either belonged to one of the mission churches or to a Zionist church. Allegiance to Christianity did not prevent the use of these stores, even when herbal medicines were purchased for luck and protection from evil spirits. Du Toit notes that most Christian Africans readily accept both Christian dogma and church rituals while simultaneously recognizing the shades and sacrificing to them. For the majority no contradiction exists between these two belief systems (Du Toit 1985: 157). Consequently, when questioned, customers did not appear to think that the use of these medicines challenged their religious beliefs. No great religious differences are visible between the customers of the three amayeza stores.

Table 7. Location of the customers.

	PHR	GINY	HHS	THREE STORES
Location	Total	Total	Total	Averages
Local	39 79.5%	31 72.0%	16 57.1%	28.7 71.0%
Out of town	10 20.4%	12 27.9%	12 42.8%	11.3 28.0%

Both **Peddie Herbal Remedies** and **Ginyabathakathi** provided services mainly to clients who lived in Peddie and King William's Town respectively. **Herbal Health Services** had a significantly higher number of clients who were from further afield, particularly from the surrounding rural areas, Keiskammahoek and Middeldrift. **Herbal Health Services** offers a large selection of manufactured products which customers from the rural areas would have difficulty in obtaining closer to home.

Discussion

The fact that there are as many males as females tells us that whatever the forces of transformation are they are operating similarly on both sexes. The high proportion of middle aged and young customers utilizing the amayeza stores may be explained by the fact that these stores do not really cater for the needs of the elderly as only rheumatism mixtures are sold. Pain killers for complaints such as arthritis and medicines for water retention and blood pressure problems are not stocked. In several cases it was discovered that the younger generation were not always purchasing for themselves but also for older family members. The level of education and the level of unemployment is in line with the figures for the region.

The demographic profile of the customers did vary between Peddie and King William's Town, largely because of internal factors. Peddie is marked by higher proportions of pensioners and young children. Middle and younger generations have migrated to larger cities to find employment. This also directly affects the number of employed

customers using the store. The statistics collected from **Peddie Herbal Remedies** reflects this as they have the highest percentage of pensioners, (26.6%), in comparison to **Ginyabathakathi** (2.3%) and **Herbal Health Services** (17.8%). Similarly, a higher percentage was employed in both semi-skilled and skilled professions in the two stores in King William's Town. For example, in **Ginyabathakathi** (39.1%) were employed, and **Herbal Health Services** (35.6%). Only (14.2%) of the customers of **Peddie Herbal Remedies** were employed.

No major distinctions, could be drawn between the types of clientele attracted to **Ginyabathakathi** and those attracted to **Peddie Herbal Services** and **Herbal Health Services**. This is despite the major differences in terms of the type of health care offered by them. Apparently an individual's choice is more influenced by their personal preference and experience rather than their sex, age, level of education, work status or religious affiliation.

The above statistics also dispel the misconception that the use of herbal medicines is primarily engaged in by the uneducated and elderly. The statistics collected from **Ginyabathakathi** reveal that a higher percentage of more highly educated customers and skilled professionals were attracted there although this sold mainly herbal medicines. This is in contrast to **Peddie Herbal Remedies** and **Herbal Health Services** who attracted a significantly lower percentage of more highly educated customers and skilled professionals, although this store sells mainly modern manufactured medicines. **Peddie Herbal Remedies** and **Herbal Health Services** also attracted a higher percentage of elderly customers and pensioners than **Ginyabathakathi**.

Concluding remarks

It has been established that the amayeza stores not only reflect the personalities and circumstances of their owners, but also the rural-urban distinction between the client bases of **Peddie Herbal Remedies** versus the two city shops. Other demographic and

socio-economic distinctions between the three sets of customers have less to do with macro factors than with the finer distinctions between the kinds of services offered by the three stores. As only one of them **Ginyabathakathi**, offers consultations, it is mainly the retail pharmaceutical function of the stores that attract customers. The next logical step, therefore, is to examine in detail the medicinal products which each shop stocks.

CHAPTER TWO

THE STOCK IN TRADE

Introduction

This chapter is concerned with the stock in trade of the three amayeza stores. In such stores medicines are removed from their respective healing professions and have been incorporated into the retail business. This does not only apply to herbal medicines and OTCs but also to the Eastern and Dutch Remedies. In his study The Charm of Medicines (1989) Van der Geest, argues that the mass attraction for modern drugs has not been solely because they are biochemically efficacious, but also for the sake of the symbolic associations attached to them. In the case of the medicines sold in the amayeza stores, they too have been removed from their respective healing professions and cultural contexts but have continued to be sought after by local clients.

An analysis of the stock in trade would not be complete without an investigation into the sources of supply. This investigation will reveal that amayeza stores are well entrenched in both the formal and informal economy, as they rely on both to stock their stores.

The subsequent discussion begins with an account of the various types of medicines sold in each of the three amayeza stores. A detailed table is given showing the various types of medicines stocked in all three stores. This table has condensed all three stores into one so as not to repeat similar information unnecessarily.

Peddie Herbal Remedies

Peddie Herbal Remedies stocks approximately 150 different brands of patent medicines and approximately 60 medicinal plant species. The patent medicines have been displayed in the most prominent position in the store near the entrance, making

them visible to the customers as they walk into the store. The patent medicines are organized according to the ailments that they cure. Only a few of the same brand names are kept of each. No surplus supplies are stored because the owners do not have access to large amounts of capital. They replace their stock on a weekly basis and only small amounts are bought at a time.

Peddie Herbal Remedies stocks only a limited selection of herbal medicines. These are poorly displayed at the back of the store and are chaotically stacked in cardboard boxes. Only a few of the boxes are labelled or display the item's price. No form of classification exists in grouping the different herbal medicines together. The display does not foreground the herbal medicines and one is hardly aware that such medicines are sold in the store.

Ginyabathakathi

Ginyabathakathi stocks predominantly herbal medicines. These are chaotically displayed and very few are labelled. Only Mr. Kolla and Shuter really know where each of the different medicines can be found. The store also stocks herbal mixtures and powders which are prepared in bulk on a weekly basis by his assistants. Due to the disorderly display of the medicines it was not possible to record the number of different herbal medicines and remedies stocked. A fair estimate would be that over 300 different types of herbal medicines are stocked, if one included the medicines kept in the back room. There are also approximately 20 different types of animal skins and animal parts stocked, and 10 different brands of patent medicines.

Mr. Kolla has considerably more access to capital and consequently the store is well stocked. Due to easy access to local medicinal plants he obtains his local supplies from herbal gatherers weekly.

In **Ginyabathakathi** the overwhelming predominance of traditional medicines portrays to the customers a strong association with traditional healing practices. The patent

medicines are relatively inconspicuous due to the disorderliness of the store. Consequently, the ambience created in **Ginyabathakathi** is very different from that of **Peddie Herbal Remedies** because of the prominent display of herbal medicines and animal artifacts.

Herbal Health Services

Herbal Health Services stocks approximately 500 different brands of patent medicines, with as many as 36 different brands stocked for stomach complaints alone. In contrast to the considerable selection of patent medicines, only about 80 different herbal medicines and no animal artifacts are stocked.

The patent medicines dominate shelf space and have all been neatly categorized according to the ailments they treat. Although **Herbal Health Services** has considerably more herbal medicines than **Peddie Herbal Remedies** the same ambience and associations are evoked, namely those of a down market pharmacy. This is largely because similar display techniques have been used for both the patent and herbal products. The latter have been neatly and individually displayed. This arrangement appears to hold strong symbolic associations for consumers (see Chapter Four).

The owners of **Herbal Health Services** have access to considerably larger amounts of capital. Consequently, they have a large assortment and quantity of stock.

The medicines sold at amayeza stores

Unfortunately, the above account does not adequately demonstrate the diversity that exists in terms of the types of brands offered by amayeza stores, because, on closer inspection of the types of medicines stocked it is apparent that the choice offered does not only consist of biomedical pharmaceuticals on the one hand, and herbal remedies on the other, but includes numerous choices. Table 8 has been included to show the

wide range of medicines available to consumers. The medicines have been categorized into 8 types.

Table 8: Types of medicines stocked by the three amazeza stores

Ailment and Problem	Pharmaceutical products (see pg 57)			Pharmaceuticals marketed for the Black consumer (see pg 57)			Dutch remedy (see pg 58)			Eastern remedy (see pg 59)			Patented traditional medicines (see pg 59)			Neither nor (see pg 60)			Herbal medicines in their natural state (see pg 60)			Other		
	P	G	H	P	G	H	P	G	H	P	G	H	P	G	H	P	G	H	P	G	H	P	G	H
Pain relief	6		7																	1	2			
Stomach complaint	7		8	5		20	1		5	1		1							6	9	7	3		4
Rheumatism	3		5																			1		1
Nerves	3		2	3		10	1		6													1		
Vitamin supplements	3		6																					1
Aphrodisiacs				3		8						2							2	2				1
Kidney infections	3		3	1	1	2			1															
Chest complaints	14		5	3		4			2															
Flu remedies	3		2			1			1										1	1				3
Headaches	1		2										2											
Treatments for pregnant women				3	1	12													1	2				
Treatments for infants	2		9	5		3			2				1	1	2	2		1	2	1	2			
Skin problems	7		10	4	1	4	1		2										3	5	3	2		1
Worms	1		1	1		2																		
Luck									4				2		1	2	2	2	8	9	13	1		
Luck in relationships																2	1	2	4	1				
Protection from the evil spirits												1	3	2	1				3	7	2			
Treatments unknown by the owner													9		36									

Table 8 shows the following:

Amayeza stores do not all stock the same types of medicines. For example the table clearly records distinct differences between **Ginyabathakathi**, which stocks predominately herbal medicines, and both **Peddie Herbal Remedies** and **Herbal Health Services**, which stock a large assortment of manufactured products ranging from OTC medicines to Dutch and Eastern remedies, with only a small selection of herbal medicines.

The range of treatments that can be purchased from amayeza stores is considerable. These stores do not solely offer treatments for physical ailments such as the common cold, but also sell an extensive range of treatments for culturally related needs, such as protection from the evils spirits, to ensure good fortune and that your partner remains faithful (to mention a few). Not only are herbal medicines stocked for these requirements but also a wide range of Dutch, Eastern, and patent medicines. The latter include those that are of a traditional origin and those that resemble neither OTC or herbal medicines⁶. Consequently, the conception that only herbal medicines are used and taken for cultural related problems needs to be discarded.

A significant number of the uses of the patent medicines which resemble traditional medicines were unknown to the owners and staff of both **Peddie Herbal Remedies** and **Herbal Health Services**.

⁶ These medicines have become "indigenized." The indigenization of medicines refers to the process whereby "foreign" medicines have been incorporated into local people's medical kits but the original intended use has not been incorporated. Instead, reinterpretations are given and often used in terms of local medical conceptions, in relation to traditional medicines, and are applied to pharmaceuticals and OTC medicines (Cosminsky 1994 & Mitchell 1983:841). Significant attention in the literature has only been given to the indigenization of pharmaceuticals and OTC medicines but very few accounts acknowledge the acceptance of "foreign" medicines for purely cultural related requirements, such as certain Dutch and Indian remedies and new brands marketed specifically for the African market. These issues are covered in more detail in subsequent chapters.

The OTC medicines dominate in treating the following problems: pain relief (A⁸ 4, 5, 7-9); rheumatism (A 68-70); chest complaints (A 116, 121, 123, 125-129, 132, 134, 139, 140, 143) and skin problems (A 187, 191, 192, 195, 201). There is also an assortment of vitamin supplements stocked (A 85-93). These products have English brand names and the instructions are given in English. They are also commonly sold in local pharmacies and include products such as Panado syrups, Chamberlain's Cough Remedy and Grandpa Headache Powders.

The products marketed specifically for the Black population are more prominent in treating stomach complaints, particularly constipation (A 16, 17, 21, 27-30, 34, 37-44, 48, 51-53, 59-63); tonics (A 75-78, 81, 82); aphrodisiacs (A 94, 95, 98-102); treatments specifically for women (A 153-161) and for pregnant women, such as mixtures for cleansing the womb and correcting iron deficiencies (A 162-166). These products resemble pharmaceutical OTC in packaging styles. The distinction between these and pharmaceutical OTCs is that the former portray contemporary African motifs and the brand names and instructions are usually written in African languages (see plate no. 10). These include products such as Imbiza Iyeza Ledliso, Bangalala Mixture, Ishlambeza Mixture and Muthi Wenyoni. The manufacturers of certain brands have deliberately played on culturally appropriate terms to make them more acceptable⁹.

⁸Refer to Appendix A for more details. The numbers given refer to the appropriate cell number for more details.

⁹De Wet's study (1996) provides a frightening example of how manufacturers have exploited these associations to increase sales. She focuses on the medicinal product Muthi Wenyoni, which is sold as a treatment for diarrhoea. Studies have shown that many black South African communities recognize more than one type of diarrhoea. Besides the ordinary causation of diarrhoea which is associated with teething, inappropriate food etc., there is a strong local belief that it can be caused by Inyoni. Inyoni is seen as a life threatening condition where a "snake" is eating the child's insides (de Wet 1996:8) and causes similar symptoms to those of diarrhoea. Muthi Wenyoni plays on this cultural aetiology of Inyoni, and is sold in **Peddie Herbal Remedies** (ibid. 166).

The instructions on the box are given in English, Afrikaans and an African language. However, a huge discrepancy exists between the various explanations. The Afrikaans and English versions simply state that the medicine is an antacid for hyperacidity and

Formal pharmacies also stock some of these brands but do not offer the same wide selection as found in amayeza stores.

Large assortments of Dutch remedies¹⁰ are stocked in **Herbal Health Services**. For several of them the original uses have become altered. For example, *Haarlemensis* (A 223), which is directed to be used for kidney infection, is primarily bought by mothers to protect their infants from the evil spirits (see Chapter Three). De Wet (1996) recognizes similar findings with *Stuipdruppels* (*stuip*) which is instructed to be taken as a sedative in cases of nervousness and sleeplessness. In popular culture *stuip* is considered as having "strong" medicine properties. For example, if a child crosses the footprints of a person who has been strengthened by such a medicine the child will become more vulnerable to misfortune and illness (*ibid.* 9). These examples show how these medicines have become indigenized and interpreted in terms of popular culture beliefs. Dutch Remedies were also often added to several herbal remedies prepared by both Mr. Kolla and Mr Gwabeni. Refer to the following cell numbers of the various Dutch remedies stocked in the amayeza stores (A 49, 55, 71, 72, 83, 84, 136, 139, 167, 182, 198, 223, 233, 234) (see plate no. 11).

flatulence. The African version not only states that Muthi Wenyoni will help for Inyoni but also describes how the medicine will help to remove green stools and dirt from the stomach, which is all part of the folk aetiology of Inyoni (*ibid.* 20). A child with Inyoni is usually frightened without reason, unhealthy, or has a groaning or bloated stomach. The passing of green stools is closely associated with a child who has Inyoni. In the past African mothers used herbal remedies in the belief that it protected their infants from this ailment. The herbal mixtures were also known as Muthi Wenyoni and are still prepared by African healers today (*ibid.* 9). The manufacturers of these products have exploited cultural beliefs about the causation of diarrhoea and have played on the parents' concern for the health of their children. This is often to the detriment of the child as prolonged treatments are given and can lead to complications caused through overdosing.

¹⁰Dutch remedies refer to those remedies which were brought to South Africa by the Dutch Settlers in the early 1700s. The medical knowledge learnt from the local indigenous peoples of Malay and Khoi descent was incorporated. These remedies later become patented and today have become so much in demand that there are large manufacturing companies, such as Lennon Medicines and GR, producing them.

Eastern medicines¹¹ have also been incorporated into individuals' medical kits and are considered powerful for culturally related needs such as ensuring good fortune and acquiring luck. Incense sticks were particularly popular for this purpose (A 216) (see plate no. 12). African healers also bought various Indian incense products to mix with their own personally prepared remedies. **Herbal Health Services** also sold several oriental aphrodisiacs¹² (A 97, 103, 104)¹³.

The patent medicines that emphasize traditional origins are also popular for culturally related needs. The labels of these products are written in African languages and the contents are crude looking fatty compounds in small glass jars (see plate no. 13). It has been well recorded in the past that fats of various animals have been smeared onto the skin to either protect oneself or to acquire the key characteristic of the particular animal fat used. Lion fat is used to increase one's strength and courage (Hirst 1990: 188) (A 173, 220-222). In Durban street market it is still possible to purchase the unprocessed fat of animals as it is sold by hawkers on the street. The above mentioned patented products do not contain the genuine fat as synthetic fat compounds are used. (personal communications with the managing director of African Medicines Pty. (Ltd.)). In both **Peddie Herbal Remedies** and **Herbal Health Services** the uses of these products

¹¹Eastern medicines refer to those from India and the Far East. Indian medicines largely include various forms of incense. Various Japanese and Chinese aphrodisiacs have also been included. Similarly the Indian immigrants to South Africa in the late 1800s brought their medicines with them. Both African and Indian culture make use of strong smelling smoke as a healing and spiritual tool. The manufactures of Special Mpepo (brand name) have realized this and to attract sales in both cultural groups they have used the African medicinal plant name, Mpepo, while illustrating the box with a mosque. The instructions include the following: "A superior blend of incense, myrrh and holy herbs. Used in churches, temples, mosques and cathedrals throughout the world. For prayers and meditation".

¹²Foreign medicines are always perceived to be more powerful (Whyte 1988). Consequently, the Japanese aphrodisiacs have been readily accepted.

¹³It is largely the co-existence of multiple cultural groups in South Africa that has increased our familiarity with each other's healing practices, or, more specially, each other's medicines. That is why today we find that various cultural groups readily accept and utilize medicines from other cultural groups, for example the use of Dutch Remedies and eastern remedies.

were not well known by either the owners or the employees of the stores. Both stores however, stock these products because they frequently receive requests for them (A 268-313). Several herbal remedies have also been manufactured, such as Enyamazane and Special Mpepo (see plate no. 14). Enyamazane is manufactured by Natal Herbal Supplies and is sold as a Traditional African Special Mixture for chasing away the evil spirits and bringing back good fortune. The way in which these differ from the personally prepared herbal remedies is that they are neatly packaged with contemporary labels, and the contents are more finely processed.

The manufactured products that place emphasis neither on pharmaceutical packaging styles nor on a traditional African origin also dominated in the sphere of medicines for culturally related needs. These products are made of brightly coloured viscous liquids and salts and are packaged in modest plastic containers (see plate no. 15). The labels are very plain and have African brand names such as Amafuta Wenhlanla Abelungu. The motifs are simple sketches of lovers, gambling and sporting activities (A 212-215). The contents are either smeared onto the body or taken as purgatives or enemas. These products are extremely popular among certain sectors of the population (see Chapter Three). Once again manufacturers have capitalized on culturally appropriate associations.

The herbal medicines tended to dominate in treating stomach related problems, particularly for removing poison. They are taken either as enemas – ukucima or as emetics – ukugaba, to cleanse the stomach (B¹⁴ 2, 13, 15, 22, 28, 36, 38, 41, 44). There are also several herbal medicines for ensuring general good fortune, in the court room and in relationships (B 3, 5, 9, 13, 16,17, 25, 31,32, 40, 45, 47). Protection from evil spirits – ukutshiza and lightning – izulu (B 1, 11, 22, 32, 35, 42, 49, 60) healing wounds believed to be inflicted through witchcraft – umthakathi (B 63, 76, 79) were also available. Most of these medicines are sold for under R3.

¹⁴Refer to appendix B and the appropriate cell number for more details.

The above information makes it clear that amayeza stores offer much more than simply biomedical treatments on the one hand and herbal remedies on the other. Instead, consumers are offered culturally diverse medicines, and medicines manufactured specially to be used for cultural related needs. This has important implications for the findings on self-medication, since current literature only recognizes self-medication as occurring at the level of treating more physical problems. But, as our information shows, individuals are offered numerous choices in medicating themselves for culturally related needs. Manufacturers have perceived this niche in the market and created products targeting it.

Discussion

At this point of the analysis we need to acquire an understanding of how it has become possible for such a diverse range of medicines to penetrate the amayeza market. Van der Geest's (1988) analysis of the charm that pharmaceuticals hold indirectly assists in providing a framework within which to explain this phenomenon. He raises the point that the desirability of pharmaceuticals cannot be simply explained in terms of their biochemical efficaciousness, because the whole question of efficacy is now recognized as an extremely complex one. Medicines are perceived as being desirable because people believe them to be powerful. The question becomes more one of why people are inclined to believe so strongly in them. He addresses this question by analyzing the symbolic associations attached to pharmaceuticals. The concepts raised in his analysis assist in explaining how medicines have so readily penetrated the commercial sector. The concepts discussed do not only apply to pharmaceuticals but can also be applied to other types of medicines. Van der Geest raises this point when he discusses the attraction that foreign medicines continue to hold for their users (Van der Geest 1988).

Van der Geest considers medicines as "things". He argues that it is largely their "thingness" which has allowed them to become easily saleable and sets them apart from other forms of healing. For example, surgery as a form of healing is not a thing that can be separated from the surgeon. It is professional and esoteric, whereas the

"thingness" of medicines makes them "democratic" and exoteric. The "democratic" character has to do with the fact that medicines are widely believed to contain the power of healing in themselves. Anyone who gains access to them can apply their power. This has important consequences for social relations as it has allowed medicinal products to be removed from the therapeutic context in which they might otherwise be embedded (Van der Geest 1988: 345-346).

Additionally their perceived inherent ability to heal survives the change of ownership from one owner to the next. The increase in literacy and the writing and printing of medical knowledge has assisted in removing medicines from the practitioners. For example, western pharmaceuticals have become loosened from the professional territory of doctors and pharmacists because the knowledge is invariably printed on the labels (ibid. 348). This has made it possible for medical knowledge to become accessible to individuals outside the healing profession, such as amayeza store owners and even people on the street. Customers who are buying medicines already know what they want without seeking advice (see Chapter Three).

It is not only the tangible nature of medicines that make them appealing but also the perceived symbolism that they carry. Van der Geest calls this the metonymic association that medicines display. He explains that "even though medicines are removed from their medical context they retain a potential connection to it." For example, even though pharmaceuticals can be acquired through many outlets other than the medical profession "they continue to have a metonymic association with the medical doctors who prescribe them and with the laboratories that produce them" (ibid. 359).

It is both the symbolic associations and the tangible nature that medicines have that makes it possible to readily exchange medicines for money. This in turn has facilitated the entrance of entrepreneurs into the business of dispensing medicines. The strong symbolic associations that medicine holds has done away with the need for individuals to have a professional medical knowledge of the medicines that they dispense, since the "power" of the medicines is believed to be inherent in the medicines themselves,

and this does not alter with ownership. Consequently, it becomes evident why it is acceptable for amayeza store owners such as Mr. Gwabeni and Mr. Hopps to have a limited amount of knowledge.

Even herbal medicines are bought without the assistance of a professional or a consultation, and the same metonymic associations are made with the eastern medicines. In these instances it is not necessarily a healing profession but a whole cultural context that they embody. These metonymic associations extend to include the widespread appeal attached to foreign medicines, that is, extraordinary and superior knowledge usually comes from far away and exotic places (ibid. 360).

It is against this background of the metonymic connections of medicines that we may also understand the extreme importance of appearance and packaging (ibid. 360) since it is these factors which indicate to the consumer the nature of the product. These associations have also made it possible for both pharmaceuticals and manufacturing companies to play on and influence consumers. For example, the patent medicinal products that have adopted western pharmaceutical packaging styles and are marketed specifically for the Black consumer portray the following strong associations. These products have a strong affiliation to the pharmaceutical companies that have produced them and additionally they hold the association that they are more modern. At the same time, however, they also portray the idea that they are particularly suited to the needs of the African consumer as the labels and instructions are given in African languages. Similarly, the patent medicines which place a strong emphasis on traditional origin hold the metonymic association that they contain the genuine African medicine. This is usually illustrated on the label by phrases such as "This is a Traditional African Mixture." The contents usually resemble finely ground herbal medicine or a crude looking fatty compound which reinforce this association. The modern packaging style conveys the idea that these products are also suitable for the modern consumer.

The subsequent discussion deals with the sources of medicinal supplies for amayeza stores.

Source of supply

The more varied and larger the stock kept by the three amayeza stores, the more varied the supply sources. For example, these supply sources included both the formal economy, such as large manufacturing firms, and the informal sector, such as herbal gatherers and hawkers. The former is motivated by commercial interest and the latter to alleviate poverty and unemployment. This discussion will show how extensively medicines have become removed from their various medical professions.

Herbal Supplies

Peddie Herbal Remedies

Mrs. Gwabeni is responsible for the purchasing of the stock. Neither she nor Mr. Gwabeni personally collect herbal medicines from the veld as they do not have sufficient knowledge to identify them. They obtain most of their herbal medicines from a herbal collector, Travis, whom they employ on an ad hoc basis. Travis is a sixty-year-old man who has lived in Peddie his whole life. He has extensive knowledge of the local medicinal plants and where they can be found. He gained most of his knowledge from his father, who used to prepare herbal remedies. Travis also works as a casual gardener and part of the time collects medicinal plants and prepares his own herbal mixtures which he sells from home.

Travis is paid R10 for a plastic bag full of medicinal plants that he has collected. He collects mainly from the local commonage situated on the outskirts of the town. Due to the small quantity of herbal medicines required by **Peddie Herbal Remedies**, Travis makes little money selling herbs to them.

Mrs. Gwabeni also buys herbal supplies from herbal collectors who, occasionally come from Keiskammahoek to sell their medicines. Locally Keiskammahoek is well known for its wide range of medicinal plants. These collectors do not come regularly, therefore

Mrs. Gwabeni purchases herbal medicines which she cannot obtain locally from several other outlets, including the herbal hawkers in King William's Town and a large herbal wholesale outlet in East London. The herbal hawkers have stalls that are situated right next to the taxi ranks, and on her way to East London Mrs. Gwabeni sometimes buys herbal medicines from them. The wholesale outlet, known as Kwahlaba Zihlangane, is situated in the Oriental Plaza. It stocks large quantities and varieties of medicinal plants and animal products. The owner is an Indian who has owned the store for three years. He does not personally collect or employ collectors to collect medicines for him but orders all his stock directly from Durban, through family connections who are also in the business. He personally has no knowledge of the uses of medicinal plants. He said of himself, "I am not a herbalist but a good businessman."

Ginyabathakathi

Due to the large assortment of herbal medicines that Mr. Kolla stocks in his store he relies on numerous sources. To obtain medicinal plants which are not available locally, Mr. Kolla goes on an annual collecting trip in December to Lusikisiki (in the former Transkei) Durban and Matatiele (his former hometown). Lusikisiki is well known for its diversity of medicinal plants (Pers. Com.). In Durban there are approximately 250 herbal hawkers trading in medicinal plants. It is possible to purchase in bulk medicinal plants from as far afield as Mozambique and Swaziland.

Locally, Mr. Kolla also relies on the herbal hawkers and freelancers for supplies. Herbal hawkers supply all the local amayeza stores in King William's Town on a weekly basis. From them Mr. Kolla frequently buys the following:

1. Skolpati – *Dioscorea sylvatica* (B11);
2. Cithi-bunga – *Rhoicissus digitata* (B7);
3. Qwili (B44);
4. Boqo;
5. Isicimamlilo (B27);

6. Mfazongxolo (B6);
7. Izintlwa – *Psychotria capensis* (B3);
8. Ishwadi (B54);
9. Umabelebele – *Sarcostemma viminale* (B110);
10. Gwetyube – *Iridaceae* (B39).

For all of the above which filled a large apple box R10 was paid.

Besides the herbal hawkers there are also freelance collectors¹⁵ who visit **Ginyabathakathi** on an ad hoc basis selling their collections. For example, an elderly man from a local settlement sold a bag full of Cithi-bunga – *Rhoicissus digitata*. Tshawe, a middle-aged man, sold a full bag which contained:

1. Imphepho – *Helichrysum odoratissimum* (B75);
2. Intelezi – *Gasteria bicolor* (B1);
3. Mayisake – *Cissampelos capensis* (B40);
4. Umvuthuza – *Clematis brachiata* (B77).

This was sold for R15. Freelance collectors from as far afield as Stutterheim visited trying to sell their collections.

Besides medicinal plant material, animal artifacts are also being sold by the freelancer collectors. During the eight-week period spent at **Ginyabathakathi**, no fewer than five different freelance collectors came around trying to sell animal artifacts. These included: vervet monkey skins, the horns of an impunzi (a small buck), a live owl (for which R80 was asked), a live Dikkop, and turtles. Mr. Kolla purchased only the Dikkop and the rest he advised the freelancers to try to sell to the other amayeza stores in town.

¹⁵The term freelance collectors refers to those individuals who do not engage daily in the sale of herbal medicines but do so whenever they require extra cash.

Mr. Kolla also regularly purchases animal skins from Clifford, a trader from Alice, who makes a living supplying amayeza stores and traditional healers with skins. On one occasion Clifford was trying to sell a baboon skin for R50, the skull for R30, and six paws at R6 each. At the time Mr. Kolla only bought the skull, for which he exchanged a large piece of Umthombothi (B62) which Clifford intended to resell in East London. Umthombothi is a sought after medicinal remedy for inducing deliveries in pregnant women (see Chapter Three).

Herbal Health Services

Medicinal plants that are locally available are purchased from herbal hawkers. They visit every Thursday morning when Mr. Hopps is present at the store. Each hawker tries to bring different varieties of medicinal plants. These are brought in cardboard boxes and displayed on the store floor. Nomvuselelo, the employed igqirha, then chooses what she needs. Each hawker keeps track of their own medicines, after which Mr. Hopps calls out the name of the medicine bought and pays each hawker individually. The amount paid is largely based on the quantity sold. For example, the following medicines were purchased on Thursday 9th of November 1995:

1. Cithi-bunga – *Rhoicissus digitata* (B7);
2. Mgquma - gquma (B22);
3. Iyeza lamasi – *Senecio sp* (B23);
4. Iphuzi – *Gunnera perpensa* (B24);
5. Phuncuka pembhethu – *Talinum cafferum* (B10);
6. Ngcana – *Dianthus thunbergii* (B25);
7. Mbetwa (B26);
8. Isicimamlilo (B27);
9. Yakayakana – *Bulbine abyssinica* (B28);
10. Nollelazimhlophe (B29);
11. Ityholo – *Clematis brachiata* (B30);
12. Nyenye (B31);

13. Isiqhumiso (B32);
14. Dolo le nkonyane – *Rumex steudelii* (B19);
15. Phewule (B33).

Mr. Hopps usually purchases plants to the value of R140 each week. Generally a shoe box size is sold for R10. On this occasion the most that one individual hawker made was R40.

The medicines collected by the herbal hawkers are collected from the King William's Town vicinity. Pirie forest, which is state owned, is a main source and currently no strict control measures are carried out to curb collecting. The hawkers consider **Ginyabathakathi** and **Herbal Health Service** as their main outlets.

Mr. Hopps purchases herbal medicines that are not locally available from wholesale outlets in East London and brings them up to King William's Town.

Patent Medicines

Peddie Herbal Remedies

Mrs. Gwabeni buys most of her patent medicinal products from East London at outlets such as Weirs Cash and Carry and a large amayeza store, Ikhaya Lempilo, (**Home for Health**), in the **Oriental Plaza** in Milner Street. She sometimes goes twice a week as the store does not generate a sufficient amount of capital to purchase large quantities of stock. She only buys three or four bottles of each brand at a time. On each trip she spends approximately R200, which is not very cost effective as the taxi fare to East London is approximately R25.

The OTC medicines are bought from **Weirs Cash and Carry** in East London. The more "African" patent products such as Doepa, Vimbela and the animal fats are bought from Ikhaya Lempilo. The shop assistant knows her well and she makes up the order for

Mrs. Gwabeni while she does the rest of her shopping. An invoice is made out and payments are always made in cash.

Ginyabathakathi

Mr. Kolla purchases the few patent medicines that he stocks from **Metro** Wholesalers in King William's Town. This seldom occurs, as he only stocks approximately ten different brands.

Herbal Health Services

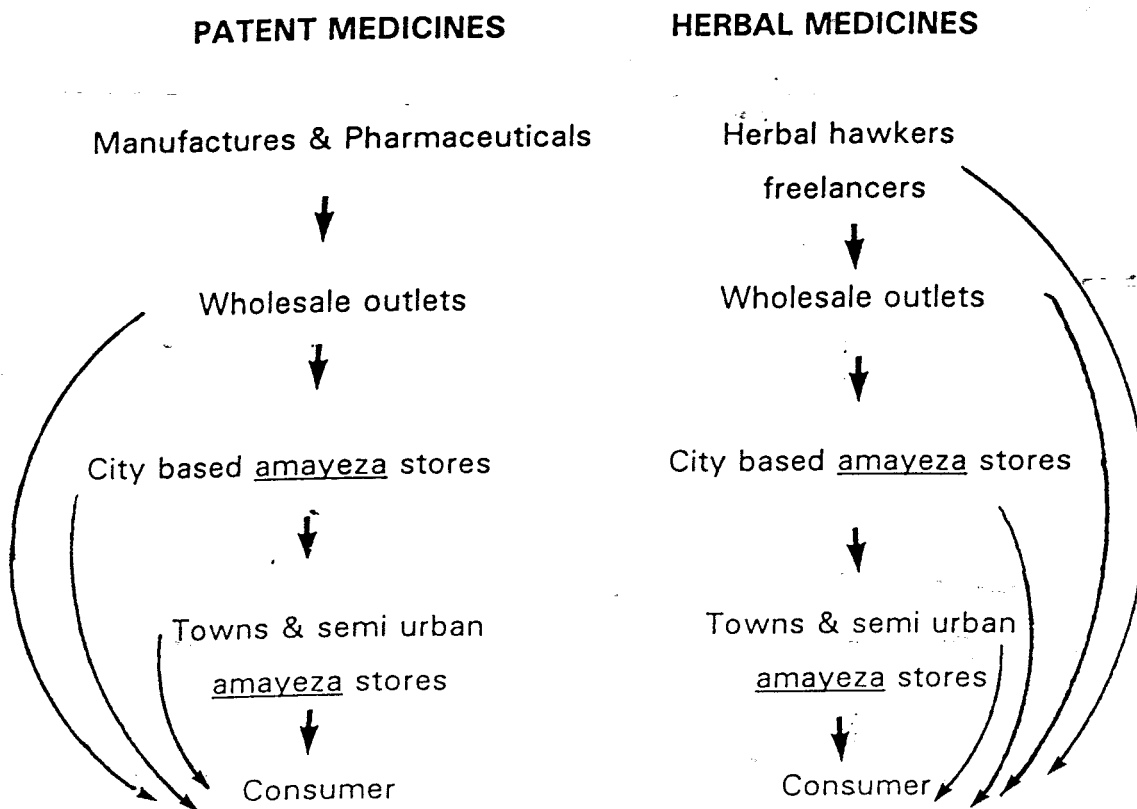
Herbal Health Services obtain their patent medicine supplies predominantly from Weirs Cash and Carry in East London. Mr. Hopps also has sales reps. from various pharmaceuticals and manufacturers coming to his amayeza stores in East London trying to sell their various medicinal products.

Unfortunately, it was not possible to obtain equally detailed information regarding the supply of patent medicines in each store. **Peddie Herbal Remedies** provided the most detail, as I was able to go with Mrs. Gwabeni on one occasion. All the patent medicinal supplies for **Herbal Health Services** are provided by the owners in East London. This made it difficult to participate in buying trips. Due to the small amount of patent medicines stocked in **Ginyabathakathi** no patent supplies were purchased while I was present.

Discussion

Diagram Three, which summarizes the supply chain, shows the extent to which the trade in medicines has become formalized and entrenched in our economy.

Diagram Two: The medicinal supply chain.



The formalization of urban herbalism has developed largely in response to the mass urbanization of the African population, and the resultant demand that has appeared for herbal medicines in urban centres across the country. This has led to the development of several operational layers as laid out in Diagram Two. These levels are not in a set sequence but rather inter-feed into each other to reach the consumers.

The broad base level of herbal hawkers and freelancers attracts those sectors of the population who have few skills and find it difficult to enter the formal wage employment. Due to the substantial demand that exists for herbal medicines and lack of alternative employment collectors are readily recruited at this level. They are primarily women (Dauskardt 1991). In King William's Town, nine tenths of the herbal hawkers are women. Cunningham's study of the herbal trade in Natal found that the individual economic returns obtained by most gatherers are low and the

work of harvesting strenuous and labour intensive. The succeeding levels of store owners and wholesale outlets are predominantly owned by males and the major profits are obtained at these levels (Cunningham 1991: 200). The same trends are reflected in the study area as the herbal hawkers¹⁶ only earn a few hundred rands a month whereas each store owner has to turn over more than a thousand rand a month to cover their overhead expenses.

The supply chain for patent medicines is well entrenched in the formal economy as there are numerous pharmaceutical firms such as Ejaxs, Lennon's and African Medicines operating. These manufacturers not only respond swiftly to demands for medicines, but actively create such demands by employing drug representatives who promote their products (Wolffers 1988: 54). This is reflected by the relatively new types of medicines that have penetrated the market, such as Amafuta Wenhlanla Abelungu, Vimbela and Itshe Abelungu. Large wholesale supply outlets, such as Weirs Cash and Carry, supply smaller outlets such as amayeza stores across the country with supplies.

Concluding remarks

The dispensing of medicines can no longer be perceived as occurring solely in the domain of the medical professionals and traditional healers. It has become deeply entrenched in both the local formal and informal economy. It is largely the tangible nature and strong symbolic associations attached to medicines that has facilitated their mass production and their penetration into the commercial sector. Similarly, their perceived inherent properties have facilitated the trend among individuals, outside the

¹⁶For example, Mrs Joko, a 25 year old herbal hawker, has been working as a herbal hawker for the last three years. She is not married but lives with her boyfriend with whom she has had one child. She previously worked as a domestic worker. Her previous boyfriend taught her the trade and the uses of the medicines. She said that the money is not good as sometimes at the stalls she will only make R5. A good day is when she makes R20 a day. Most of the money they earn is from supplying the local amayeza stores. The returns are however minimal as the taxi fares to the collection sites are R3 a return ticket. Her daily minimal expenses are R2.40 as she lives out of town. The competition is stiff, because there are as many as ten herbal hawkers with stalls at the taxi ranks.

healing professions, to engage in the dispensing of medicines, as the medicines perceived power is not lost with a change of "ownership". Consequently, today, large sectors of the population engage in the sale of medicines at all levels, from individual herbal hawkers to large pharmaceutical firms.

These developments in health care have not only increased the availability of herbal products and OTCs, but also the availability of Dutch and Eastern remedies. Today, these remedies are sold in small market towns like Peddie. The penetration of medicines into the commercial sector is having a major effect on health care. As populations across the world are becoming more exposed to different types of medicines, different remedies are being readily accepted and indigenized to fit into various forms of popular cultural knowledge. In some instances vernacular concepts have been deliberately expropriated by manufacturers, particularly those which market their products primarily to the Africans. These products have modern packaging styles but have incorporated African associations to maximize their sales.

The penetration of the amayeza market by medicines has also spurred the manufacturing of new brands of medicines and through advertising campaigns these brands have become popularized. This has led to new demands being created for products such as Amafuta Wenhlanla Abelungu and Vimbela. As the demand for medicine increases and new brands are produced, advertising is going to play a more influential role in promoting various health care products. It is currently estimated that at the household level 80% seek no professional care. Illnesses and other health related problems are largely managed at home through self-medication (Pedersen et al 1989: 487). Consequently, the consumer is increasingly targeted by advertising. This increase in commercialization has important implications for future trends in health care. In some instances this tendency may have detrimental effects as has been shown by some products already available in amayeza stores.

PART TWO - THE CONSUMERS

CHAPTER THREE

WHO BUYS WHAT FROM AMAYEZA STORES?

Introduction

The types of illnesses and problems which are primarily taken to traditional healers to treat have been well documented (Dennis et al 1979; Zeller 1979; Bryant 1966; Hirst 1990). The same applies to problems treated through biomedical practices (Van Rensberg et al 1992). Very little, however, is known about the kinds of treatments which are sought from amayeza stores and what these treatments are administered for. Neither is it known who purchases from these stores. This is because anthropological studies have tended to focus more on the later stages of the illness referral system when treatment is sought from a specialist for symptoms which have not responded to forms of self-medication. The result is that health care studies focus more on the exceptional than the ordinary. The exceptional, in this instance, refers to the more exotic healing rituals and the culturally bounded syndromes of a particular society or community (Singer 1990: 179). "Ordinary" means of treating everyday illness and problems, through self-medication were ignored. Subsequent studies have however shown that self-medication is an important initial response to illness and many illnesses are successfully treated at this stage (Logan 1983: 74).

This acknowledgement has resulted in self-medication being perceived, by international medical anthropologists, as an integral part of health care therapy (Logan 1983) in developing countries such as Ethiopia, Cameroon, Uganda and Mexico (See Kloos 1988; Van der Geest 1988; Whyte 1988; Logan 1988). Locally, however little information is available on these trends in health care. Consequently, the current discussion focuses on the types of medicines and treatments that are being bought without professional consultation, from the three amayeza stores.

Various medicines in the Xhosa custom are administered during certain periods in the life cycle to protect themselves from harm and misfortune. This is because it is believed that at certain stages, when they are infants, teenagers and during any periods of insecurity, one is more vulnerable to the hazards of harm inflicted either through malicious intent – witchcraft or by chance. During these periods it is considered necessary to administer various types of medicines. These trends are still being reflected today as many of the amayeza stores clientele purchased medicines for protection either for themselves or for their infants.

Who buys what?

The following discussion outlines in detail the problems and illnesses for which medicines were purchased, and for whom they had been bought, from each amayeza store. The tables given for each store are divided into the six categories indicating the various status levels of the customers. These include housewives, pensioners, the unemployed, scholars/students, and those employed in both semi-skilled and skilled professions. For each category it showed which ailments and problems medicines were bought for, and the amount purchased. A breakdown of the intended recipients of the medicines is also given. This is followed by an in-depth discussion of the trends associated with self-medication.

Treatments Purchased from Peddie Herbal Remedies

Peddie Herbal Remedies operates primarily as a dispensary for patent medicines. Table 9 contains a breakdown of the customers who purchased herbal remedies, by status, as well as the medical problems for which they sought these remedies and for whom these remedies were purchased.

Table 9. Peddie Herbal Remedies: What was to be treated, by whom purchased and for whom

Status group	Problem	For whom purchased	Totals
House wife 13 26.5%	9 evil spirits (9P ¹⁷) 4 chest (4P) 3 rash/pimples (2P,1H) 1 stomach (1P) 1 rheumatism (1P)	9 infants 3 self 1 child 2 self 1 infants 1 self 1 self	10 infants 7 self 1 child
Pensioner 13 26.5%	2 rheumatism (2P) 1 impotency (1P) 1 evil spirits (1P) 1 back-ache (1P) 3 stomach ache (2P,1H) 1 infection (1P) 1 heal bones (1P) 2 chest (2P) 4 medicines to prepare remedies (2P, 2H)	2 self 1 self 1 h/h ¹⁸ 1 self 2 self 1 h/h 1 self 1 self 2 self 4 customer	10 self 4 h/h 2 self
Unemployed 10 20.4%	1 cancer (1P) 2 chest (2P) 1 sores (1H) 3 evil spirits (3P) 1 luck (1P) 1 infection (1H) 1 stomach (1P) 1 other	1 customer 2 self 1 h/h 3 self 1 self 1 h/h 1 self 1 self	8 self 2 h/h 1 customer
Scholars / students 6 12.2%	2 stomach (2P) 1 protection (1P) 1 infection (1P) 1 rash (1H) 2 chest (2P)	2 h/h 1 self 1 self 1 neighbour 1 self 1 h/h	3 self 3 h/h 1 neighbour
Employed Semiskilled 6 12.2%	2 stomach (2P) 1 impotency (1P) 1 rash (1P)	1 self 1 h/h 1 self 1 self	3 self 1 h/h
Employed Skilled 1 2.0%	3 mixtures (3H)	3 customers	3 customers

¹⁷These figures refer to the number of patent medicines (P) and herbal medicines, still in their natural state (H) sold for each ailment and problem.

¹⁸h/h, refers to those medicines purchased for a member of the household.

Housewives

Table 9 shows that in **Peddie Herbal Remedies**, housewives were primarily responsible for the purchasing of medicines for infants. Of all the treatments offered for infants, which range from treating gripe, rashes and chest complaints (A¹⁹ 61-63, 140, 141, 167-169, 170) the most sought after medicines were for protecting infants from the evil spirits. Ngubane (1977) describes how certain medicines are taken as protective measures against possible bewitching or to avoid repetition of illness or misfortune and to ensure the infant's survival (Ngubane 1977: 28). This fear is encouraged by the fact that the death rate of children under the age of two is particularly high in this area and consequently mothers feel the need to protect their children. The category of medicine most sought after for these requirements was not herbal medicines but manufactured products such as Amafuta Enjayolwand (A173), Doepa (A172) and Vimbela (A171).

Amafuta Enjayolwand is literally translated as the "fat of the sea-dog" (seal)²⁰. Amafuta Enjayolwand fits into the category of medicines which promote the idea of a traditional origin, as the brand name is a culturally appropriate name. While the product resembles the animal fats previously used, it is a synthetic concoction. It is smeared over all openings, such as the infant's nose, ears and anus to seal against the entrance of evil spirits. Doepa has an offensive smell and it is rubbed onto the fontanelle or ukhakhanyi. This is considered a weak point for the entrance of hazards, (Ngubane 1977: 28) such as the evil spirits that a child needs to be protected against. Vimbela is a manufactured product that resembles neither a traditional African medicine product

¹⁹Refer to the cell number in Appendix A for more details, on page 153.

²⁰In the seventies, in the rural parts of Transkei, this ointment was sought after as it was believed that if an expectant mother smeared the it over her body it would protect her and ensure her safety throughout the delivery. During these times the ointment was scarce and very expensive, and therefore considered very effective. Broster explains how many women would rather try to get hold of the ointment than seek hospital care if their deliveries were late. This often caused unnecessary birth complications (Broster 1981:107). These days Amafuta Enjayolwand is readily available in most amayeza stores and even pharmacies stock it, much more cheaply. Its use has altered to protecting infants from evil spirits.

nor a pharmaceutical product. The contents consist of either a clear or brightly coloured substance, resembling petroleum jelly. It is smeared over the infant's face because it glows at night thereby warding off the evil spirits.

The only *herbal* medicines bought from the store for infants was Umthombothi (B62)²¹ which is considered a highly effective treatment for infants' body rashes. It is sold for R2.00 a piece. The bark is ground into a powder, mixed with water and smeared over the rash.

Those housewives who bought medicines for themselves bought them to treat the following ailments.

- a) chest complaints,
- b) stomach complaints, and
- c) rheumatism.

Pensioners

The pensioners primarily purchased medicines for themselves, to treat the following illnesses and problems:

- a) rheumatism,
- b) impotency,
- c) backache,
- d) stomach complaints,
- e) chest complaints, and
- f) healing broken arms.

Case One: Nolungile is a sixty-nine-year old female pensioner. She belongs to the Methodist church and has had no schooling. Nolungile bought Ezamathambo (A66) tablets for rheumatism. These tablets are the same as the ones prescribed at the local clinic. Nolungile however explained that the clinic frequently runs out

²¹Refer to appropriate cell number in Appendix B for more details.

of supplies, so she comes to **Peddie Herbal Remedies** to buy them. On a previous occasion Nolungile bought Rheumatic Mixture (A65). "This didn't help me. I also sometimes buy Potash which I wash my legs with to ease the pain, I buy this from the supermarket. I have never made use of a herbal remedy for my rheumatism". Nolungile comes to the store every second month when her pension is paid out.

Pensioners also bought medicines for members of their household and these were bought to treat the following problems, illnesses and needs:

- a) protection from the evil spirits,
- b) stomach complaints,
- c) kidney infections, and
- d) to prepare remedies for their own customers/patients.

Case Two: Ridden, a 69 year old pensioner: He has had no schooling and does not belong any church congregation. Ridden bought Amafuta Enjayolwand (A173). He bought it for his latest grandchild to protect her from evil spirits. "I will smear the medicine over all her openings – her ears, nose, mouth and anus. I have bought this medicine for all my children and grandchildren".

The unemployed

The unemployed predominantly bought medicines for themselves for protection against evil spirits. Such medicines are not only sought after for infants but also for adults, to protect them from states of vulnerability and misfortune. This is because for most Africans good health does not only consist of a healthy body, but also a healthy situation in everything that concerns them. It is possible to absorb harmful elements from the environment that can cause misfortune and ill-health. The environment is considered to be riddled with undesirable elements against which one needs to protect oneself (Ngubane 1977: 22-27). Even in these instances manufactured products were preferred to the herbal medicines. For example the following medicines were bought:

Tokoloshe (A222) and Nkanyamba (the fat of a snake) (A220). These medicines lay claim to promote a traditional origin as they have culturally appropriate brand names. The contents consist of synthetic fat compounds, which resemble various animal fats. Traditionally animal fats were used either to protect oneself or to acquire access to the key characteristic of the animal whose fat is used (Hirst 1990).

The unemployed also bought medicines to treat physical ailments and other cultural needs, which included:

- a) chest complaints,
- b) stomach complaints,
- c) acquiring luck, and
- d) general well being.

Case Three: Marvis, who is a 61-year old woman and belongs to the Zionist church, bought Netomamakhasi, a herbal remedy. She said "I will mix Netomamakhasi with my sunlight soap and wash myself with it before I go to church. My dreams tell me to buy it. I do use herbal medicines but I prefer to buy them from East London when I go there".

Medicines were also bought by the unemployed for members of their household, to treat sores and kidney infections. The unemployed also bought medicines for their own customers/patients whom they treat from their own practices. Most practicing amagqirha do not make a substantial living from the services that they provide. Consequently, these activities are not considered as forms of employment.

Case Four: Hans, a 48-year-old coloured man, came into the store wearing a white lab coat. He is currently unemployed but from his home he runs a small practice where he treats patients who are suffering from serious illnesses such as cancer, HIV and high blood pressure and diabetes. He bought Rooi-Poeier (A203), which he said he would use to treat one of his cancer patients.

Hans said, "I will make incisions into the cancer patient's leg and rub the Rooi-poeier into them. I will also need to steam the leg with Pin-bloom, which is a medicinal plant which I collected from the veld. This will help to remove the poison which is causing the cancer.

I treat my HIV patients by steaming them in medicines which I collect from the veld. I also take them to the river where I tell them to walk naked into it and ask the ancestors to cure them.

The herbal medicines that I need I either collect myself or I buy them from a store in East London. I even get some sent to me from Swaziland through the post".

Scholars and students

The scholars and students came to the store in the afternoons and bought medicines primarily for themselves and members of their households. The medicines bought for personal use were for the following problems and illnesses:

- a) protection from sport injuries,
- b) kidney infections, and
- c) chest complaints.

Case Five: Bongani, a 17-year-old youth, is in standard seven and belongs to a Zionist church. He bought Nyengelezi (A287). "I have bought this medicine to protect me from injury while I am playing soccer. I will smear the mixture over my legs and under my feet. This is the first time that I have bought it . A friend on the team said that I should try it".

Medicines were also bought for household members and these were bought to treat the following:

- a) stomach cramps, and
- b) chest complaints.

Case Six: Tembensi is a seventeen year old male and he is currently in matric. He bought Itshe Abelungu (A212), Cape Aloe (A249), Potash (A250) and Bluestone (A263). "The Itshe Abelungu will be taken as a purgative and the Cape Aloe for stomach cramps. I do not know what the other two are for. I have bought them for my mother. She often sends me to buy medicines for her".

Employed in semi skilled occupations

Those employed in semi-skilled occupations bought medicines primarily to treat the following:

- a) stomach complaints,
- b) impotency, and
- c) body rashes.

Employed in skilled occupation

Very few skilled employed customers utilized the store because, as has already been noted in Chapter One, professional employment is scarce in Peddie. The one skilled professional woman who was interviewed provided a very interesting case study.

Case Seven: Yvonne, both a qualified nurse and igqirha from Mt. Frere, came to Peddie to visit her aunt and to treat some former patients. Her aunt brought her into **Peddie Herbal Remedies** to buy some of the medicines that she needed, which included: Sphabhika, Sahlulahnanya and Ntsukimleini. Mr. Gwabeni was in the store at the time and he went out of his way to show her what he had.

The previous day her aunt had been in and bought Iyeza le tanki (A225), Care²² (A224) and Mavuka R4.00 and Sdumo R2.50 for her. The total that Yvonne spent on medicine amounted to approximately R50.

Types of medicines bought

The data collected showed that distinct trends exist in terms of the brands that are predominantly chosen to treat various ailments and problems. It appears that for certain problems certain brands are considered to be more effective, and for other ailments a wider assortment of brands and types of medicines are chosen. This finding was particularly enlightening as it is currently recorded in the literature that herbal remedies are only effective for culturally related problems (Mutambirwa 1989 & Logan 1983), and that for certain physical complaints biomedical pharmaceuticals are preferred (Logan 1983).

The following diversity was found in terms of the types of brands selected for various ailments and problems.

1. For chest complaints only OTCs were purchased and these included the following:

OTCs²³ : Scott's Cough Mixture (A123),
Panasma Tablets (A119),
Vicks Acta Plus (A127),
Chest and Lung Tonic (A131),
Asthma Mixture (A120), and
Borstal (A122).

²²Iyeza le Tanki is a poisonous substance used to kill rodents in granaries and is a strong disinfectant. Both of these products are frequently used by amaggirha, and are believed to ward off evil spirits. A wide range of manufactured products are used by amaggirha to prepare their mixtures.

²³The following brand names have been placed in order of preference.

2. For rheumatism only one brand was purchased.

OTCs : Ezamathambo Tablets (A66).

3. For kidney infection predominantly OTCs were preferred.

OTCs : Kidney and Bladder Tablets (A107).

Herbal remedy : Isicimamlilo (B27)

4. For stomach complaints a wide range of brands and types of medicines were bought.

OTCs : Statosal Bile Tonic (A13),
Surge (A23),
Stomach Mixture (A58), and
Dr. William's Pink Pills (A74)

Neither nor²⁴ : Itshe Abelungu (A212)

Dutch remedies : Cape Aloes (A249)

Herbal remedies : Mnonono (B36)

Other : Potash (A250).

5. For infants' rashes only one type of herbal remedy was bought.

Herbal remedy : Umthombothi (B62)

For adults' rashes, on the other hand, different brands were purchased.

OTCs : Persivate Shalf (A187)

OTCs for the African market : Intlaahlilaa No 1 (A188)

6. For impotency only one type of medicine was selected.

OTCs for the African market : Amandla Enkunzi (A94),
Bangalala Mixture (A95)

7. To attract customers to one's business.

Indian remedies : Incense sticks (A216)

²⁴Brands which promoted neither a traditional or biomedical association (see chapter two for more details).

8. The traditional healers purchased an assortment of different types of medicines.

Herbal medicines	: <u>Sdumoand</u> and <u>Mavuka</u>
Other	: <u>Iyeza la tanki</u> (A225)
	: Care (A224)
	: Rooi-poeier (A203)

Analysis

The data shows that about half of the customers purchased treatments for themselves (51.7%)²⁵. The remaining (48.3%) purchased for their infants (17.2%), members of their households (15.5%), customers (13.7%) and neighbours (1.7%). Most medicines were purchased without seeking advice or assistance of either Mrs or Mr. Gwabeni, the owner of the store.

A wide assortment of medicines was purchased from **Peddie Herbal Remedies**, and taken to treat a wide range of illnesses and problems which include impotence, backache, kidney infections and cancer and to acquire luck. The largest category was medicine for protection from evil spirits (22.8%)²⁶. In these instances only manufactured medicines were purchased mainly for two specific sectors of the community, namely infants and the unemployed. This is because infants are considered to be particularly vulnerable to being harmed by the evil spirits. This fear is reinforced by the fact that the infant mortality rate for the Eastern Cape is as high as 55 deaths per 1000 live births.

²⁵ This amount is calculated by adding up the totals of whom the various treatments were purchased for. These included the following: 10 for infants, 30 for self, 9 for household members, 8 for customers and 1 for a neighbour. Percentages have been taken of each.

²⁶The percentages given have been calculated by adding up the total number of medicines bought for each ailment, and dividing this by the total number of all medicines bought. The result is 57, in Table 9. These percentages have been calculated for the top four best sellers, as recorded in Table 9, which include for protection from the evil spirits = 13, chest complaints = 10 and stomach complaints = 6 and rashes = 5.

This region had the third highest infant mortality rate in the country in 1995. In 1991 this figure was 58,2 (Sidiropoulos et al 1996: 11). These figures predominantly represent Africans, as among Africans, the infant mortality rate is 52,0; as compared with Coloureds (30,0); Indians (9,0); and for Whites (8,3) in 1994 (ibid.195). Similarly, these medicines were bought by the unemployed to protect them from further misfortune during times of insecurity.

Treatments were also purchased for chest complaints (17.5%), and stomach complaints (10.5%) and rashes (8.7%). Distinct trends existed in terms of the types of treatments preferred. For example for chest complaints only OTCs were purchased. For stomach complaints a larger variety of brands were bought, ranging from OTCs, Dutch remedies, herbal medicines, to those medicines that resemble neither traditional medicines nor OTC pharmaceuticals, such as Itshe Abelungu (see Chapter Two). The medicines purchased for rashes included OTCs and herbal medicines, and were bought by all sectors of the community, not only for personal use but also for members of the household. This shows that it is not essential for the sick members to leave their homes to obtain the medicines that they require, as they can be purchased without a consultation or examination. This is in contrast to the services provided by traditional healers and public and private biomedical services where the sick need to consult a practitioner.

Peddie Herbal Remedies not only provides access to medicines for individuals who are self-diagnosing and self-medicating, but also provides a wholesale service to traditional healers who require access to medicines to prepare their remedies (see cases 4 & 7). In these instances a wide assortment of medicines were purchased, including herbal medicines, disinfectants and poisonous substances.

Treatments Purchased from Ginyabathakathi

Ginyabathakathi differs substantially from **Peddie Herbal Remedies** in that it provides a more specialized type of health care service. **Peddie Herbal Remedies** operates

primarily as a dispensary for patent medicines, whereas **Ginyabathakathi** primarily dispenses herbal medicines.

Table 10. Ginyabathakathi: What was to be treated, by whom purchased and for whom, from over the counter.

Status group	Problem	For whom purchased	Totals
House wife 7 16.6%	6 evil spirits (4P, 2H) 1 delivery (H) 1 wounds (H) 1 complexion (P)	5 infant 1 self 1 self 1 self 1 self	5 infant 4 self
Unemployed 3 6.9%	1 delivery (H) 1 poison w/c ²⁷ (H) 1 luck (H) 1 evil spirits (H) 3 did not know (3H)	1 self 1 customer 1 customer 1 customer 3 h/h	1 self 3 customer 3 h/h
Scholar / student 7 16.2%	4 rash (4H) 1 dog (H) 1 evil spirits (H) 1 pain	3 h/h 1 infant 1 dogs 1 self 1 self	3 h/h 2 self 1 infant 1 dog
Employed semi skilled 8 19.0%	2 luck (1P, 1H) 2 delivery (H) 1 igqirha accessories (H) 1 rash (H) 1 attract love (P) 1 did not know (H) 1 circumcision (H)	1 boss 1 self 2 self 1 self 1 self 1 h/h 1 h/h	6 self 1 boss 2 h/h
Employed skilled 4 9.5%	1 complexion (H) 2 rash (2H) 1 delivery (H)	1 self 2 infant 1 self	2 infants 2 self

Housewives

Housewives predominantly bought medicines for their infants and for personal use. For infants the same two products, as in **Peddie Herbal Remedies**, were popular, Doepa (A172) and Amafuta Enjayolwand (A173). An additional brand was also purchased,

²⁷poison w/c refers to poison believed to be inflicted through witch-craft activities.

Duiwelsdruk (A233), a Dutch Remedy. These patent brands were purchased even though **Ginyabathakathi** specializes in the sale of herbal medicines. But infants' problems were the only category for which patent products were purchased. Mothers subsequently informed me that very few herbal medicines are given to infants, since they are much stronger and potentially dangerous to children.

Case eight: Nozululo is a 32 year old mother and housewife with a standard six education level. She does not belong to any church group. Nozululo bought Doepa (A172) for R3 and Duiwelsdruk (A233) for R7 to protect her baby, who is six months old, from evil spirits: "I have bought these medicines because my baby is always crying and it is because she can see evil spirits. I will smear the Doepa onto her head and the Duiwelsdruk over her body. My husband suggested that I try these medicines. I have already tried Haarlemensis, but this didn't work. I hoped that using the two medicines together it will help my baby".

Only one housewife purchased a herbal remedy for her infant to protect it from evil spirits. In all three stores this was the only instance where a herbal medicine was bought to be taken internally by infants.

Case nine: Nobukele is a 31 year old mother and housewife with a standard seven education and belongs to the Methodist church. She bought Itshangwe (B83) for her baby: "My baby has got the evil spirits inside her because her eyes are not right – they have always got tears in them. To get them out I will grind the bark of Itshangwe into a powder, mix it with water and syringe it (enema) through the inside of a ball point pen into my baby. I know this medicine well because I have also given it to my other children when they were babies".

Housewives purchased medicines for themselves to treat a range of problems and needs. These included medicines to:

- a) induce deliveries,
- b) protect the user from evil spirits, and

c) heal wounds believed to be inflicted through witchcraft.

Case ten: Nolusapho is 25 year old housewife who is currently pregnant with her second baby, which is 2 1/2 weeks late. "I was feeling worried because this did not happen with my first baby. So I asked my mother-in-law what I should do and she said that I must buy Umgcamtsi wehashe (B66) to induce the delivery. (Umgcamtsi wehashe is made from the umbilical cord of a horse).

I was told by my mother-in-law to boil the sinew in water and drink the liquid and chew the sinew. This is the first time that I have bought this medicine, but I have heard of other women taking it".

Unemployed

The unemployed customers of **Ginyabathakathi** tended to purchase medicines either for members of their households or for their own customers.

Case eleven: Mzukisi, who is a practicing ixwhele, sent his brother Sixeko to buy the medicinal plants that he needed. Mzukisi simply wrote the names down of the plants he required, these included: Phuncuka pembhethe – *Talinum caffrum* (B10), mayime (B67) and Amafuta ebhabesi for which a total of R5.60 was spent. Sixeko frequently buys medicines for Mzukisi despite the fact that he has no knowledge of medicinal plants. According to Sixeko, Mzukisi seldom collects his own medicines from the veld because it is so much easier to get them from **Ginyabathakathi**.

The medicines which were bought by customers for their own patients, were purchased for the following needs:

- a) to remove poison inflicted through witchcraft,
- b) to ensure good luck in a court case, and
- c) for protection from the evil spirits.

Case twelve: Malunge, an igqirha from Katberg came into **Ginyabathakathi** and bought Intsizi ekhothqyo (B79) for R10; Umlomo Mnandi (B58) for R3 and Umvuthuza – *Clematis brachiata* (B77) for R3. Malunge said that he would use the Intsizi ekhothqyo to remove poison lodged in the body through witchcraft. A mixture is made and sprayed over the body. Umlomo Mnandi is carried in one's pocket, for good luck in a court case. Umvuthuza is taken for protection from the evil spirits. It is ground into a powder and licked. These medicines were all bought for his patients.

Malunge said that he could find the medicines that he uses from the forests around his home but it is easier to buy them from **Ginyabathakathi**, as he comes to King William's Town at least twice a month. Malunge informed the author that he was not concerned that he would be sold the incorrect medicine because he believed Mr. Kolla to be "an honest man."

Scholars and students

The medicines purchased by scholars and students were primarily bought for others, and these included household members, infants and the dogs. The medicines bought were purchased mainly for infant rashes. A remedy was also purchased to strengthen a customer's dogs.

Case thirteen: Buyisihe is a 14-year old boy who is in standard eight and belongs to the John Wesley church. He bought umbheso, a herbal remedy for R3, to strengthen his family's dogs. "My mother sent me to buy umbheso so that we can strengthen our dogs against the thieves. I will grind the umbheso bark into a powder and mix it into the dog's food. This is the first time that I have bought this medicine and been in this store. Someone on the street told me to come to this store. My father regularly makes use of herbal remedies particularly for washing, vomiting and steaming. He either collects them himself or buys them from an igqirha in East London".

The medicines bought for personal use were purchased for the following:

- a) to relieve pain, and
- b) for protection from evil spirits.

The latter was purchased by a highly qualified graduate student.

Case fourteen: Christian, is a 50-year-old woman. She has a B.A. degree from Fort Hare and belongs to the Presbyterian Church of Africa. She bought Imphepho – *Helichrysum odoratissimum* (B75). "I bought it to protect myself and my family from evil spirits. I will burn the leaves on the stove to smoke spirits out. I was told by a herbalist in Middle Drift to buy it. This is my first time in **Ginyabathakathi**. My family regularly makes use of herbal remedies, particularly for problems such as HBP, diabetes and when the livestock are sick. My brother-in-law knows his medicines and when we need some he prepares them for us. He collects most of them himself".

Employed in semi-skilled occupation

Those employed in semi-skilled occupations were inclined to buy medicines for themselves. Medicines were purchased to treat the following ailments and needs:

- a) to induce deliveries,
- b) body rashes,
- c) to attract love,
- d) luck, and
- e) igqirha accessories

Those employed in semi-skilled occupations also bought medicines for members of their households. In one instance a mother bought medicines for her son, who was undergoing an initiation ceremony. The uses of the other medicines purchased were not known because the customer had bought them for his brother.

Employed in professional occupations

Those employed in professional occupations primarily bought medicines for themselves and their infants. Medicines purchased for personal use were bought for the following:

- a) a complexion problem, and
- b) to induce delivery in pregnant women.

Case fifteen: Rosebell, is a 30 year old woman who is currently studying for her Teaching Diploma. She bought Mavumbuka (B14) which is a skin treatment and an emetic to treat a skin problem. "I felt that I needed to take a medicine to vomit the fatty substances out of my body, so I bought a purgative. I will grind the Mavumbuko into a powder, then mix it with water and smear it onto my face. I have never taken this medicine before and my neighbour suggested that I try it. This is my first time to Ginyabathakathi and a woman in the street said that I would find it here. I have already tried Yardley skin cream which I bought from Clicks but this did not help. My family do not make use of herbal medicines but I decided to try and see if they work".

The medicines bought for infants were bought to treat rashes.

Types of medicines bought

Due to the more specialized nature of **Ginyabathakathi** the range of medicines sold were primarily herbal. Most of these were purchased without seeking advice from either Mr. Kolla, or his assistants, Shuter and Elliot. The use of medicinal plants is being maintained even in predominantly urban based families. The customers' knowledge of the uses of various medicinal plants was limited to only one or two species of medicinal plants, as very few purchased more than this. Some requested remedies which were already in a powder form, while the majority purchased medicines still in their natural state. This is in contrast to those who sought consultations with Mr. Kolla, who all received mixtures containing many different plants and animal parts.

Due to the lack of selection of patented brands stocked and sold from **Ginyabathakathi** a distinction of the various brands was not relevant here. As a result only a breakdown of those that classify as herbal remedies and patent medicines has been given.

Patent medicines

1. For protecting infants from evil spirits : Doepa (A172) and Amáfuta Enjayolwand (A173).
2. For acquiring love : Love Drops (A214)
3. For luck : Itshe Abelungu (A212).
4. For skin problems : Wesikambo (A204)

These patent medicines were purchased despite the fact that **Ginyabathakathi** specializes in the sale of herbal medicines.

Herbal remedies

1. For protecting adults from evil spirits : Umvuthuza – *Clematis brachiata* (B77),
Imphepho²⁸ – *Helichrysum odoratissimum* (B75), and
Iqhumiso²⁹
2. For infants' rashes : Umthombothi (B62)
3. To induce delivery in pregnant women : Umchomo Wemfene (B52), and

²⁸Imphepho - *Helichrysum odoratissimum* is like incense. It gives off an intense, sweet scented smoke (Broster 1981:54).

²⁹The mixture contains the ground feathers of the impundulu bird (lightning bird); sulphur and saltpeter, and is mixed with oil (Broster 1981:80). I witnessed the grinding of the bird feathers.

- | | |
|-------------------------------|---|
| | <u>Umgcamtsi Wehashe</u> (B66) ³⁰ |
| 4. For luck in a court case | : <u>Umlomo Mnandi</u> (B58) |
| 5. For pain | : <u>Mathunga</u> (B76) |
| 6. For circumcision practices | : <u>Ifutha</u> (B85) and <u>Isibindi</u> (B84) |

Analysis

The largest single category of **Ginyabathakathi's** customers were those who purchased medicines for themselves (41.6%). This was followed by those purchased for household members (22.2%), infants (22.2%) and their own customers/patients (8.3%). The trend is not dissimilar to that noted for **Peddie Herbal Remedies**, which seems to indicate that these stores operate as important sources of medicines, not only for one's own personal use but also for other household members, and even for infants, much like the western pharmacies.

Ginyabathakathi also offers a vital service to the local traditional healers, as many said that they found it more cost effective to buy their medicines rather than to collect them from the rural areas themselves, because of high transport costs. Not only was the cost considered by traditional healers, but also the time and energy needed to collect the medicinal plant material. For example, Malunge, the igqirha from Katberg, finds it easier to get the plants that he needs from **Ginyabathakathi** than to collect them himself from the forest around the Katberg.

The services offered by amayeza stores such as **Ginyabathakathi** have to some extent altered the necessity for practicing herbalists to have knowledge of the medicines used.

³⁰Among pregnant mothers, medicines for inducing delivery, such as Umgcamtsi Wehashe (B66) and Umchomo Wemfene (B52), both costing about R7, were very popular and were invariably bought together.

Umchomo Wemfene (dassie urine) is well-recorded to be prescribed during pregnancy. The urine solidifies into a black tar-like substance and is much prized by amagqirha as a diuretic and aperient. Scientifically, this substance is termed hyraceum. A lump of this solid urine is dissolved in warm water to make a tea coloured liquid (Broster 1981:106).

This is reflected by Sixeko who has no knowledge of medicinal plants yet bought herbal medicines for his brother, Mzukisi who is a iggirha.

Ginyabathakathi also stocks a range of traditional healers' accessories such as animal skins. The wearing of animal skins, such as the skin hat – isidloko and skirt – umthika is strongly associated with amaggirha. Ancestors reveal to novices, through their dreams, the various animal skins that they should wear. The skins worn by amaggirha may vary. The following are some skins stocked in **Ginyabathakathi**: springbuck – ibhadi; red duiker – impunzi; bushbuck – imbabala; steenbok – itshabanga; grysbok – ingxungxu; spotted hyena – isandwana; black-backed jackal – impungutye; baboon – imfene; grey slender mongoose – inyengelezi, and the spotted-necked otter – intini (Hirst 1990: 206-208). These skins are selected because of the attributes attached to these animals. They serve as metaphors and symbols for the attributes and skills of the diviner. For example, it is maintained by traditional healers that the small antelope and the baboon are imbued with a surfeit of ancestrally sent luck because these animals adopt various strategies in coping with predators and hunters (ibid.).

The skins of the following animals were sold to traditional healers: a grey mongoose – Nomatse – for R15, red duiker – Mpunzi – for R20, a wild cat – Nywagi – for R15, and jackal skin – impungutye – for R45.

Ginyabathakathi offers both animal products and herbal medicines for a wide range of problems. These remedies are being bought by all sectors of the population, from customers who are unemployed to those employed in professional occupations. Most of the medicines were purchased without asking for advice, as most of the customers already knew what they wanted to buy.

The dominant medicines purchased from **Ginyabathakathi** included those for rashes (19.4%), protection from evil spirits (16.6%) and to induce delivery in pregnant women (11.1%). Between **Ginyabathakathi** and **Peddie Herbal Remedies** distinct convergences and divergences can be observed. This is predictable because of the

difference in specialization of the two stores. What is of particular interest is that in both stores the dominant treatment purchased was for protection from evil spirits. Several customers purchased medicines for rashes, in most instances the same herbal remedy. The divergences occur in the following ways: In **Peddie Herbal Remedies** several treatments were purchased for chest complaints (17.5%) whereas **Ginyabathakathi** sold no such remedies. This is largely because it appears that OTCs are perceived to be more effective in treating chest complaints. However, **Ginyabathakathi** sold several medicines to induce delivery in pregnant women, whereas **Peddie Herbal Remedies** stocked no patent medicines for this purpose.

Treatments purchased from Herbal Health Services

Herbal Health Services offers a service which is more similar to that offered by **Peddie Herbal Remedies**, which also stocks predominantly patent medicines. Consequently, we see similar trends as those found in **Peddie Herbal Remedies**. As before, Table 11 lists the problems for which treatment was sought, the persons for whom medicines were purchased and a socio-economic breakdown of the customers.

Housewives

Housewives were again primarily responsible for the purchasing of medicines for infants and the same two patent medicines were popular, Doepa (A172) and Amafuta Enjayolwand (A173). The other medicines bought for infants were for treating rashes and to remove milk solids from a weaning child's stomach. Housewives also bought medicines for their own personal use and for household members, including treatments for protection from evil spirits.

Table 11. Herbal Health Services: What was to be treated, by whom purchased and for whom

Status group	Problem	For whom purchased	Totals
Housewife 5 17.8%	5 evil spirits (5P,1H) 1 rash (1H) 1 stomach (1H)	3 infants 2 self 1 h/h 1 infant	4 infants 1 h/h 2 self
Pensioner 6 21.4%	3 evil spirits (3P) 1 impotency (H) 1 luck (P) 6 medicines bought to prepare remedies (6P) 2 custom 1 back-ache 1 stomach	2 self 1 h/h 1 self 1 self 6 customers 2 self 1 self 1 self	6 customer 9 self 1 h/h
Unemployed 7 25%	4 evil spirits (4P) 1 stomach (P) 4 luck (2P,2H) 1 infection (P) 1 cleanse blood (P) 1 attract love (P) 1 heal wound (P) 7 medicines bought to prepare remedies (7P)	1 self 3 customers 1 self 2 self 2 customer 1 h/h 1 customer 1 customer 1 customer 7 customer	15 customer 4 self 1 h/h
Scholars / students 4 14.2%	1 stomach (P) 1 pig lice ³¹ (H) 1 luck (P) 2 attract love (2P)	1 self 1 self 1 self 2 self	5 self
Employed semi-skilled 4 14.2%	1 cleanse blood (P) 1 skin (H) 1 pig lice (H) 1 kidney (P)	1 self 1 h/h 1 self 1 self	3 self 1 h/h
Employed Skilled 2 7.1%	2 evil spirits (2P) 1 skin (H)	2 infants 1 self	2 infants 1 self

³¹Pig lice, according to informants, is caused by evil spirits. The lice breed in bodily hair, namely under the arms and in pubic hair. It is presumed that the disease is sexually transmitted. The disease is fully manifested when the skin starts to itch chronically as it is believed that the pig lice have entered the bloodstream. The only way to treat it is with traditional herbal remedies.

Pensioners

Pensioners primarily bought medicines for themselves and their customers/patients. Those who purchased medicines for themselves bought treatments for the following:

- a) protection from evil spirits,
- b) luck,
- c) a ritual custom,
- d) impotency,
- e) back ache, and
- f) stomach complaints.

One pensioner, Siko, bought medicines to treat his own customers/clients. The medicines were for wounds that would not heal, to remove poison from wounds, and to cleanse the stomach.

Case sixteen: Siko is a pensioner from Middeldrift. Siko has a standard six education, and did not know his age. He belongs to the Baptist church. From his home Siko treats people who are either feeling sick or who are suffering from culturally related problems. "I am not an iggirha but I know the uses of both herbal and patent medicines. I collect my own herbal medicines from the veld but if there is drought I buy them from either **Herbal Health Services** or from East London. I buy the patent medicines from **Herbal Health Services** when I come to town to do my shopping."

Unemployed

The unemployed primarily bought medicines for their own customers/patients. All of the medicines purchased were patent remedies and these were intended to treat the following problems (in order of those most frequently bought):

- a) luck,

- b) protection from the evil spirits,
- c) attracting love,
- d) cleansing the blood,
- e) healing wounds, and
- f) stomach complaints.

Case seventeen: Most of the above medicines were bought by No-dinner, a Zionist faith healer from Keiskammahoek. She is 25 years old and has a standard eight education. She is currently unemployed and divorced with two children. No-dinner spent a total of R37 on the medicines she needed to treat her patients, and informed the author that she had no problems making use of a wide assortment of medicines. She said that she regularly uses herbal roots, commercial herbal remedies such as Enyamazane (A272), and even the brightly coloured manufactured viscous liquids of Itshe Abelungu (A212). Her faith encourages her to also use holy water and twisted, coloured pieces of rope to heal people.

No-dinner explained that she makes use of natural herbal medicines because she is a qualified igqirha. It is a common practice for Zionist healers to combine the role of a traditional healer with their new found role of faith healing (Du Toit 1985: 86).

No-dinner felt that she could not say which medicines were better or more powerful as she preferred to make use of all of them when she is preparing her remedies. She treats the following: umafufunyana, T.B., fits, stomach problems and pig lice. She has been healing for the last three years. She charges R20 for her services, for those who can afford it, and for those who cannot she offers her services free.

No-dinner buys most of her medicines from **Herbal Health Services** and from an amayeza store opposite the taxi ranks. She however prefers to come to **Herbal health Services** because it is better stocked. She does not buy herbal medicines because these she collects herself from the forest around Keiskammahoek.

Those currently unemployed also bought medicines for themselves and these were bought to treat stomach complaints as well as for protection from evil spirits.

Scholars and students

The scholars and students who purchased medicines from **Herbal Health Services** only bought medicines for personal use, to treat the following needs and ailments:

- a) to attract love,
- b) luck,
- c) pig lice, and
- d) stomach complaints.

Case eighteen: Wills is eighteen years old and in standard seven. He belongs to the Zionist church. He bought Itshe Abelungu (A212) and Love Drops (A214).

"I bought the Itshe Abelungu because I was feeling weak and having bad luck. I will mix it with water, wash and vomit with it. And I bought the Love Drops to get lucky with girls." Wills paid R9.39 for these medicines.

"I have often seen amayeza stores but this is the first time that I have been in one. Today I just decided to come in and try these medicines". When asked why he bought patent medicines instead of herbal medicines, Will said, "I prefer patent medicines because they are already prepared and mixed with chemicals, whereas the herbal medicines are still raw."

Employed in semi-skilled occupation

Those customers employed in semi-skilled jobs primarily bought medicines for themselves for the following ailments and problems:

- a) to cleanse the blood,
- b) kidney infections, and
- c) pig lice.

Case nineteen: Matthew is a 31 year old male and works at Jumbo stores as a sales assistant. He is not married and lives with his parents in Godi village in King William's Town. He has a standard six and belongs to the Bantu Methodist church. Matthew complained of having things moving around in his body, which he believed to be pig lice. He saw the sign outside the store and decided to go in and try the medicines that they sold. Matthew said that on previous occasions he had tried many different types of medicines as he had been suffering from the illness since 1993. He had even been to see herbalists in the township, from whom he had received medicines to wash with. Matthew said that these medicines had only helped to relieve the symptoms but not the cause of the disease, and as a result he did not wish to go back to herbalists.

Nomvuselelo prepared two mixtures for him, for which he paid R35. Matthew said that he did not often make use of herbal medicines but he was prepared to try virtually anything to get rid of his problem except buy herbal medicines from the herbal hawkers.

Employed in skilled occupation

Those employed in skilled jobs primarily bought medicines for their infants, and these included medicines for protection from evil spirits. The medicine purchased for personal use included a herbal mixture for a complexion problem.

Case twenty: Milford is a 29 year old woman. She is a teacher, single with two children, and belongs to the Presbyterian church. Milford bought Doepa (A172) and Camphor Oil (A251) to protect her child from evil spirits. This is her first time in **Herbal Health Services**. Someone in the street suggested that she try it.

Types of medicines bought

To some extent similar trends as those reflected in **Peddie Herbal Remedies** were exhibited in **Herbal Health Services**, in terms of the different brands being perceived as being more effective in treating certain ailments and needs. The following brands and types of medicines were purchased from **Herbal Health Services** for various ailments and problems.

1. For pig lice only herbal remedies were purchased.

Herbal remedies : No name given – prepared by Nomvuselelo.

2. To attract love only one brand of patent medicines was purchased.

Neither nor : Love Drops (A214)

3. For kidney infections only OTCs were bought.

OTCs : B.B. Tablets (A115),

:"G" Mixture (A114).

4. For stomach complaints a wide range of different brand names were purchased.

OTCs : Mpendulo (A33),

: Brooklax (A25),

Indian remedies : Indian Maptis (A50), and

Indian Pills (A15);

Dutch remedies : Entressdruppels (A72)

Herbal remedy : prepared by Nomvuselelo.

The range of brand names selected for culturally related needs was extensive.

5. For protection from evil spirits, for adults.

Herbal remedies : Imphepho – *Helichrysum odoratissimum* (B75)

Commercialized herbal remedies: Imbotyi (A174),

Imphepho (B75), and

Nkanyamba (A220)

Other : Scrubb's Ammonia (A226).

6. For luck a wide range of brand names were selected.

Indian remedy : Laxmi Dhoop (A218)

herbal remedy : Ubulawu – *Silene sp* (B86)

Neither nor : Itshe Abelungu (A212)

Analysis

Medicines purchased from **Herbal Health Services** were intended predominantly for personal use (41.8%). The percentages collected for infants (10.9%) and household members (7.2%) were considerably less than the percentages reflected in both **Ginyabathakathi** and **Peddie Herbal Remedies**. In contrast, **Herbal Health Services** reflects a considerably higher percentage of traditional and faith healers utilizing the store to buy medicines for their own customers (38.1%). In these instances only patent medicines were purchased – approximately five different brands at a time. These medicines were invariably bought to be blended with their own mixtures. It was observed that the traditional healers purchased accessories for themselves from **Ginyabathakathi**. This included skins to be worn at ritual gatherings.

From **Herbal Health Services** 25.9% of all remedies bought were for protection from evil spirits. This percentage is close to that of **Peddie Herbal Remedies** (22.8%). **Ginyabathakathi** had a significantly lower percentage in this regard (16.6%). This reveals that herbal remedies are not necessarily considered to be the most effective way of warding off evil spirits, a notion which is supported by the wide range of different brand names which have been accepted, by customers, to be effective in warding off evil spirits. The second most popular medicines purchased were for stomach complaints (7.4%). From **Herbal Health Services** medicines were also purchased for cleansing the blood, healing wounds, impotency and luck. Due to the services offered by Novuselelo, she assisted in diagnosing people's problems and preparing mixtures for them. In these instances the following mixtures were prepared: Ukufutha for pimples (R7.90), Iyeza la masi for weaning infants (R5.50), and a mixture for pig lice (R35).

Self Diagnosis and Medication

The above account of the various medicines purchased, by whom and for whom, from the each of the three amayeza stores investigated, provides insight into the trend towards self-medication. Amayeza stores provide access to many medicines for self-medication purposes. Studies conducted in developing countries have shown that the local "pharmacy"³² is a widely-used option to obtain access to medicines. Wolffers explains that patients utilize the services offered by these "pharmacies" to save time, rather than seeking the free, yet time-consuming services offered by public health care services (Wolffers 1987: 319; see also Logan 1983; Ugalde 1988). The services offered by these "pharmacies" are preferred because either the owner or the staff members employed are of the same cultural background as their customers. This ensures no cultural and language barriers. These services also offer customers/patients more control over their own treatment (Logan 1983: 81).

These findings have important implications as they show that African laymen are far more responsible for treating personal and family illnesses and problems than is recognized in the past literature (Hardon 1987), which invariably places the full responsibility of diagnostic and therapeutic decisions exclusively at the level of the medical and traditional practitioners (Welsh 1991: 41). Current studies however show that illness episodes are largely managed at home by self-medication (Pederson et al 1989: 489). This is further supported by the fact that most of the consumers in "pharmacies" know what they want and do not seek advice (Wolffers 1988: 51). The above case material collected strongly supports this conclusion, as most of the customers who came into the amayeza stores bought their medicines without seeking advice, indicating that these medicines were both familiar and well used by each customer. Even first time customers, feel confident enough to buy their own medicines.

³²In this context "pharmacies" refer to outlets which dispense medicines but in the majority of instances the owners and staff employed only have a limited amount of training in the dispensing of pharmaceutical drugs (See also Hardon 1987; Logan 1983).

The fact that medicines were also primarily bought either for the customers themselves or for household members suggests that there is a need to officially recognize, in the literature, the level of responsibility which is assumed by unqualified individuals and household members, as they are responsible for "making nearly all the diagnostic and therapeutic decisions" (Welsh 1991: 41).

Self-medication is a widespread practice. The data shows that all age-groups and social categories are medicating both themselves and their family members. Young school children who come into the stores did not only buy medicines for their families but also for themselves. Elderly pensioners also treated themselves and indicated that this is not a new form of therapy.

The few studies conducted on self-medication, in developing countries, have portrayed self-diagnosis and medication as occurring only at the level of treating physical illnesses with pharmaceuticals and OTCs (see Van der Geest 1979, 1990; Criel 1989; Hardon 1987; Kloos et al 1988 Logan 1983). The case material presented, here however, clearly shows that individuals are diagnosing and medicating both themselves and their family members for mainly culturally related needs such as protection from evil spirits, securing good fortune and attracting sexual partners.

It is no longer a necessity for individuals to consult a traditional healer to obtain access to these kinds of medicines because they are conveniently available from amayeza stores. Consumers can save time and money by not having to endure long and costly consultations with a traditional healer, a misgiving which was expressed by various customers (see Chapter 4). The services offered by amayeza stores provide their customers with more control over their treatment.

Current literature invariably portrays modern medicines as effective in relieving physical or bodily suffering. "Folk remedies"/traditional medicines are depicted as being more effective in treating health problems associated with culturally related needs, settling the individuals' mind and soul and easing the social and spiritual environment of the individual (Mutambirwa 1989: 931; see also Logan 1983). However the case material

collected from two of the three amayeza stores investigated shows that a large percentage of customers purchased not only traditional medicines but commercially manufactured medicines. In many instances the latter are preferred and considered to be more effective than traditional herbal remedies.

These misconceptions have largely arisen because the literature invariably suggests that individuals are only offered a choice between modern (biomedical) medicines on the one hand and traditional medicines on the other. We have however observed that the choice offered is far more diverse. It is largely within the category of manufactured medicines, such as commercially patented traditional medicines, Dutch and Indian Remedies, as well as new brands, that medicines for culturally related needs are selected from. To "make them more appropriate" these medicines have been indigenized.

Indigenization refers to the process whereby popular medical concepts that developed in relation to traditional substances are now being applied to pharmaceuticals and OTCs (Mitchell 1983: 841). The process of indigenization has been recognized as occurring mainly at the level of pharmaceuticals and OTCs (see Bledsoe 1985; Cosminsky 1994; Etkin et al 1990). This process has allowed medicines which were traditionally foreign, such as pharmaceuticals, to be incorporated into people's knowledge and practices. This has led to the reinterpretation of their uses in terms of popular medical conceptions (Cosminsky 1994: 105).

The processes of indigenization are recognized as occurring through various methods. Etkin et al (1990) describes one of these as being through symbolic associations. For example, the Hausa in Nigeria associated the symbolic colour of red with wounds, and this has resulted in the selection of not only red plant medicines (which are antimicrobial and hemostatic) but also red antibiotics. Additionally, the criterion of identifying bitter tasting herbal medicines has been used to identify "appropriate" pharmaceuticals for stomach disorders. This has resulted in all manner of pharmaceuticals and substances being "appropriate", such as chloroquine, and especially the camphor of moth balls (Etkin et al 1990: 923).

We also see the process of indigenization occurring with the Dutch, Indian and manufactured medicines, which have been incorporated to treat culturally related needs. These include Doepa, Amafuta Enjayolwand the synthetic fat compounds of Tokoloshe, and Nkanyamba all for protection from the evil spirits. The traditional healers also purchased patent medicines, such as Scrubbs's Ammonia, Care (a disinfectant) and Iyeza le tanki, to prepare remedies for the same purpose. Indian incense sticks – "lucky sticky" and Itshe Abelungu were bought to ensure good fortune.

Doepa is a manufactured medicine, which consists of an offensive sticky substance. It is considered to be highly effective in warding off evil spirits because of its strong smell. Traditionally, strong smelling medicines have been used for such protection. Similarly, genuine animal fats were traditionally used as protective medicines against evil spirits. The coloured synthetic fat compounds manufactured by Natal Herbal Suppliers have been indigenized: as today these products are considered to be highly effective in ensuring protection from the evil spirits. The scent and smoke produced from the Indian incense stick has been indigenized, so that now it asks the ancestors to provide good fortune. Traditionally herbal medicines were burnt to facilitate certain events. Ferguson (1988) makes the important point that the introduction of pharmaceuticals into Third World countries has not produced a radical modification in beliefs regarding aetiology and diagnosis (Ferguson 1988: 36). Similarly, the introduction of these products has not altered the popular beliefs regarding aetiology and diagnosis, but rather that they have been incorporated to suit the needs of popular belief.

The acceptance of "medicines" such as Scrubb's Ammonia, Care and Iyeza le tanki by traditional healers can largely be explained by the associations they hold. For example, Scrubb's Ammonia is considered highly effective because of its strong acrid odour. However, recognition also needs to be paid to the broad semantic category the term "medicine" falls under in most African languages. Whyte (1988) notes that the term "medicine" is used by the Nyole of eastern Uganda to mean many things. It is applied to all kinds of substances which are perceived to have an inherent capacity to achieve an effect upon a person or thing, as the term medicine is used to refer to e.g. "cotton

medicine" – DDT, "bicycle medicine," sorcery medicine, hospital medicine and African medicines etc (Whyte 1988: 218). Senah (1994) found similar views among the Ga of Ghana, who consider any chemical substance beneficial or harmful to people or animals as Tshofa – medicine. This has resulted in substances such as rat poison and codeine as being considered as tshofa. The concept of medicine is very elastic (Senah 1994: 91). Even in the English language the term "drug" has wide reference. Likewise the local Xhosa term for medicine – iyeza, is all-encompassing. This is reflected by the brand name given to the poisonous substance, iyeza le tanki, translated 'medicine for the tank'. It is used to kill rodents in granaries. We however find that it has been incorporated by traditional healers as medicines to ward off the evil spirits.

Amayeza stores not only operate as dispensaries for culturally related needs but also provide access to medicines for physically related problems as illustrated in Tables 9,10 and 11. The consumers of **Peddie Herbal Remedies** bought medicines for physically related problems, namely chest and stomach problems, rashes, rheumatism, and kidney and bladder infections. From **Ginyabathakathi** medicines were purchased to induce delivery in pregnant women and cure infant rashes. From **Herbal Health Services** medicines were bought for rashes, stomach complaints, bladder and kidney infections and complexion problems.

What is of particular interest is the type and range of medicines purchased from **Peddie Herbal Remedies** and **Herbal Health Services** for dominant physical problems as both offer a diverse range of medicines. It soon became apparent that certain medicines were perceived to be more effective in treating certain physical problems than others. For example, only OTCs were purchased for chest complaints in both stores. **Ginyabathakathi** on the other hand, sold no remedies for chest complaints. Similarly, only one brand of OTCs (Ezamathambo Tablets), were bought for rheumatism. In contrast, a large variety of brands were purchased for stomach complaints, including OTCs, Indian remedies, Dutch remedies and traditional herbal remedies. The latter were purchased despite the lack of specialization of the two stores. For bladder and

kidney infections both OTCs and herbal remedies were bought. For bladder infections OTCs were more popular.

Logan (1988) found similar trends in Mexico. For example, when it came to treating headaches and coughs, informants were quite specific about the brands of OTCs that they would use. When it came to treating stomach complaints, however, the responses received were mixed between those who made use of OTCs, those who made use of household remedies, and those who sought treatment from private practitioners (Logan 1988: 74-76). This distinction between common chest complaints and stomach complaints is largely because the latter can be thought to be caused through either physical or cultural factors. Consequently, individuals medicating themselves are prepared to select a diverse range of medicines to attempt to get to the cause of the problem. So-called foreign medicines such as Indian and Dutch remedies are considered to be effective because of the exotic allure they hold (Van der Geest et al 1988: 360).

Our data shows the other extreme occurring where only the herbal remedy, Umthombothi was purchased for infants' rashes from all three amayeza stores. Similarly, herbal remedies were preferred for complexion problems. This shows that distinct preferences do exist in terms of the types of herbal or OTCs medicines which are considered to be more effective.

Specialized medical service offered by an amayeza store

Not all amayeza stores function simply as dispensaries. **Ginyabathakathi**, for example also offers the services of Mr. Kolla, a professionally trained herbalist. A minimum fee of R50 is usually charged for consultations which are primarily given by Mr. Kolla and conducted in a semi-private room towards the back of the store. Elliot sometimes assists with consultations, which last approximately twenty minutes. Table 12 provides a break down of the various problems which were brought to Mr. Kolla.

Table 12 shows that the mixtures No 1, Mathathakanye and Intelezi are prescribed for most of the illness and problems brought to Mr. Kolla. No 1³³ is taken as an enema and as an emetic³⁴. In the latter form, three spoonfuls are to be taken three times a day. Simultaneously, Intelezi – *Gasteria bicolor* is invariably given to counteract the effects of sorcery or witchcraft as such activities are closely associated with illnesses and misfortune. This is a common practice among traditional healers – giving their patients medicines during times of illness and hardship to protect them from the intention of evil-doers (Simon 1988: 5).

One of the most frequently requested treatments was for the removal of poison in legs, diagnostically attributed to witchcraft. Generally speaking, a patient is not told who the evil-doer is.

³³Mixture No 1 contains the following medicinal plants and medicines: Indian Pills, Influngunyembe, Inqwebeba, Magqqana, Cape Aloes, Ishwadi (B54) and Senna Leaves.

³⁴The use of emetics and enemas is a common health practice among Africans. They are either taken routinely as a type of preventive health measure, or with the onset of any illness symptoms. Illness is commonly attributed to either natural or supernatural causes with the idea of "contamination" entering from both the physical and the spiritual plane. It is believed that a cure or relief is only to be found through purging and cleansing the body (Leclerc-Madlala 1994:3-6).

Table 12: Problems for which a consultation is sought, by whom, and mixture prescribed

Status Group	Problem	Mixtures prescribed	Amount paid
Housewife 1 2.3%	Painful leg, kidney infection	Mathathakanye, No 1, Enema	R50
Pensioner 1 2.3%	Asthma, rheumatism	No 1, Mathathakanye	R25
Unemployed 3 6.7%	Painful leg, evil spirits	Mathathakanye, Intelezi – <i>Gasteria bicolor</i> (B1)	R50
	Kidney infection	Mathathakanye No 1, Intelezi – <i>Gasteria bicolor</i>	R50
	Umafufunyana	Mathathakanye No 1, Enema	R50
Unskilled 4 9.3%	Itchy face – diagnosed as dirty blood caused from indulging in sweet and fatty foods.	Mathathakanye, No 1. Snuff Mixture for steaming.	R50
	Painful leg, bloated stomach, loss of weight, impotency diagnosed as being caused through witchcraft.	Mathathakanye, No 1, Imbokoto, Isiqhumiso, Intelezi – <i>Gasteria bicolor</i>	On going account
	Painful leg	Mathathakanye Isiqhumiso	R50
	Stop fighting with his wife.	Given a mixture to drink and told to return with his wife the next time he came.	Free of charge
Skilled 2 4.6%	Impotency	Mathathakanye, Intelezi – <i>Gasteria bicolor</i> , Imbokotho	R28
	Bad dreams, poison in the stomach inflicted through witchcraft.	Discussed her bad dream	On-going account

The following represent some of the additional problems brought to Mr. Kolla for treatment:

<u>Complaint</u>	<u>Charge</u>
1. sugar diabetes	(R30),
2. pig lice	(R40),
3. kidney infection	(R50),
4. warding off evil owls	(R25),
5. to remove a curse from a sport opponent	(R50) and
6. for ensuring faithfulness in one's partner	(R60).

These examples show that Mr. Kolla largely assists with treating illnesses believed to be associated with witchcraft and with social needs such as winning sport events and domestic problems.

Mr. Kolla also offers specialized long term medical care to patients who are seriously ill, in which case the patient is accommodated in his home for several months. He is highly specialized in treating amafufunyana, a type of mania or hysteria attributed to sorcery, – he was treating no less than nine amafufunyana sufferers, at the time of research. It is said that evildoers take ants and soil from the graves of those who died of amafufunyana and place them in the food of the victims (Ngubane 1977: 144 & Broster 1981). It is a common disease and attacks both sexes over the age of thirteen, of all social and economic backgrounds. The onset of the disease is marked by abdominal pains, after which the victim becomes mentally confused, runs away and suffers from fits (Broster 1981: 86). It is believed that the spirit resides in a web which it weaves in the patient's stomach. Medicines such as purgatives and enemas are taken to destroy the web. Treatments are often lengthy and costly. It is common practice that once the patient is fully recovered an ox is given in payment. Amafufunyana is perceived to be only successfully treated by skilled healers, as biomedical practices have failed to treat it successfully (Broster 1981: 88).

Amafufunyana patients all live at Mr. Kolla's house because their home environment is feared to be highly charged with sorcery (Ngubane 1977: 105). The patients are given beds, three meals a day and their medication. Once they are feeling well enough, they are expected to help around the house and in the store. The women help with the

washing, cooking and the cleaning. The men are responsible for looking after the goats, sheep and the cattle, and for feeding the dogs. Primarily men are taken to assist with the chores in the store.

Case twenty-one: Nombulelo was diagnosed by Mr. Kolla as suffering from amafufunyana. Nombulelo said "I felt as though I had things moving around in my body and I would then start screaming and running around the house. My parents first took me to an igqirha in a neighbouring location, but my condition did not improve. I was then brought to Mr. Kolla where I have been receiving treatment for the last nine months. I am given medicines every day to vomit, syringe (enema) and wash with. I am now better and Mr. Kolla has said that I can go home". She was given two bottles of No 1 and Mathathakanye, a packet of Intelezi and snuff to take with her. Nombulelo said that her family was now obliged to buy an ox for Mr. Kolla in payment for his successful treatment.

Analysis

Despite the fact that self-medication is a dominant form of therapy individuals at certain times require the medical services of a specialist. In these instances it is believed that one must seek the advice of a professional and be prescribed medicines. Mr. Kolla is training as a herbalist and this stands him in good stead to offer such a service. The consultations are Mr. Kolla's main source of income – this, despite the fact that he runs his practice from a store in the CBD.

A high degree of skepticism was expressed towards consulting traditional healers practicing in the townships. The reasons given included that they could not be guaranteed effective medicines because they did not have access to as many medicines as Mr. Kolla. In addition it was said that Mr. Kolla must be good because he owns his own business and he has many patients. Those healers practicing from their backyard shacks are generally not trusted. This is because their lack of openness is believed to place them in a position to delve into witchcraft activities. These fears are

incited by the great media coverage of muti murders and accusations of witchcraft which are reported. Additionally, if people are seen entering a healer's house in the township they are often suspected of soliciting the healer's services and medicines to harm another person. Thus, ironically, people feel more confident consulting Mr. Kolla, than "traditional" healers. Healers are becoming aware of these stigmas and are seeking outlets in CBDs to run their practices. In addition, those operating from CBDs, are seen as being more aware of the needs of their modern clientele, as their consultations are not lengthy but conducted in less than an hour as many of their clientele have taken time off work to consult them. This arrangement better suits the needs of the contemporary Black clients (Kearns 1994: 81- 84).

Concluding remarks

Amayeza stores offer a very distinctive type of service as there are no other health care outlets that offer such a diverse range of choice between both the types of medicines offered and the range of problems for which medicines are bought. This is largely what makes the type of health care service offered by these stores unique as they provide access to medicines for both physical problems and for culturally bounded syndromes. The medicines for the latter do not consist of traditional herbal medicines but a large range of both modern manufactured medicines and other culturally bound medicines. These medicines appeal to the sectors of community who feel uncomfortable making use of traditional herbal medicines and biomedical services.

Most medicines bought were for culturally bound needs and problems. They were predominantly bought without seeking advice or assistance from staff members, indicating that individuals and household members are diagnosing and medicating both themselves and their family members without always consulting traditional healers. Medicines are being purchased for protection from the evil spirits, general luck and for more specific instances such as in the court room, attracting "love" and for healing wounds believed to be inflicted through witchcraft activities. This exposes limitations in the current literature which largely recognizes self- medication as occurring only in

the treatment of minor physical complaints, such as common colds, fevers and stomach problems. Furthermore it is commonly held in medical anthropological literature that culturally bounded syndromes are only successfully treated through herbal remedies. Our data shows, however, that a large assortment of manufactured brands and "other" medicines have been assimilated and are widely used. In some cases the latter are perceived to be more effective than the herbal remedies, themselves particularly in warding off evil spirits from infants.

The majority of the customers come from the lower economic and educational spectrum. We must however not ignore the professional sectors who make use of the services offered by these stores. **Ginyabathakathi** attracted the highest number of professional customers even though they predominantly sold herbal medicines. In **Herbal Health Services** the author observed that the majority of the more highly educated and professional employed customers also bought traditional herbal medicines. This apparent paradox requires further research as it is not possible to conclude whether this is a possible trend or a basis on part of the small sample size of the survey conducted.

The amount of money spent by each customer is modest. The medicines, particularly the manufactured brands for culturally bound syndromes, sell for less than R5 a bottle. The OTCs are slightly more expensive, costing approximately R12 a bottle, whereas herbal remedies which were sold still in their natural state, i.e. not prepared into a mixture, rarely cost more than R5. Prepared remedies are more expensive, ranging from R15 to R35. This is relatively inexpensive when compared to the amount of money charged to consult a medical professional, consequently, amayeza stores have come to provide access to medicines which are affordable to large sectors of the community.

Additionally, amayeza stores provide a valuable service to both traditional and faith healers as several customers at all three amayeza stores purchased medicines to prepare remedies to treat their own patients. Most of the medicines purchased by both categories of healers predominantly consisted of modern manufactured medicines.

From these stores pharmaceutical OTCs were not purchased, but a wide assortment of manufactured medicines, including Dutch and Indian remedies, commercially packaged herbal remedies and poisonous substances. This shows the extent to which the African medical system is both flexible and inclusive of a diverse range of medicines that fall outside the domain of traditional herbalism. The local healers were the highest spenders at all three amayeza stores as they invariably spent between R30 and R50 at a time.

The services offered by amayeza stores have largely been ignored by researchers because they fall outside the domains of health care services offered by traditional healing practitioners and biomedical practitioners. However we have seen that individuals do not consult professionals for every illness and culturally bound problem that they may experience. In contrast, individuals are predominantly treating themselves rather than seeking professional advice. This is where amayeza stores are fulfilling a vital service as they are offering individuals access to medicines to treat themselves. Whyte notes that in Uganda in the last fifty years, health care is similarly becoming more individualistic (Whyte 1982: 2063) and consequently, we are witnessing a reduced reliance on both medical practitioners (Ferguson 1988: 36) and traditional healers.

CHAPTER FOUR

CUSTOMERS' PERCEPTIONS, MOTIVATIONS AND CULTURAL INCENTIVES

Introduction

Why have amayeza stores become so popular to both rural and urban communities? Numerous studies exist on the motivations behind the utilization of services offered by traditional healers and biomedical practitioners (Swantz 1990; Yoder 1982; Heap et al 1991). In each instance it is not only the effectiveness of the medicine that is important to the patient, but also the type of medicine and the relationship which is established with one's therapist. For example, traditional healers are frequently sought after because they offer explanations in both social and cultural contexts as to why an illness or misfortune may have occurred. Biomedical services offer access to their powerful drugs, which are considered both by practitioners and laymen alike to be highly effective in treating certain illnesses (Yoder 1982: 1854).

Up till now, due to the lack of information available on amayeza stores, it has not been known why individuals utilize the services and the medicines offered by these stores. The following discussion attempts to explain the motivations of the customers. This has been achieved by focusing on both the practical advantages and perceived superior attributes attached to the three stores. The practical advantages are more consciously known by individuals and consequently more easily recorded. The perceived "superiority" of the services and medicines offered was more difficult to extract, as these reasons are not necessarily always consciously formulated. I asked various informants what distinctions they could draw between the services offered by traditional healers and various outlets engaging in the sale of herbal medicines and OTCs. Customers were also asked to describe the perceived differences among the three amayeza stores investigated. This was necessary because of the fundamental differences between both the types of medicine and the services they offered.

Attention has also been given to some of the interesting case material which emerged from the research. The case studies discussed provide additional insight into people's motivations and the effort and financial cost which is put into acquiring access to medicines. These insights assist in putting the other case studies discussed in this chapter into perspective as they reveal the extent to which individuals are motivated to protect themselves and their families from evil spirits and to also acquire more control over their lives. It is believed that medicines hold the power to fulfil these needs and achieve these results.

Why go to an amayeza store?

It is important to bear in mind that medicines, even in the commercial sector, are not only sold in amayeza stores but also in local pharmacies, chain stores, general dealers and by herbal hawkers. From these outlets it is possible to purchase both patent and herbal medicines. On a closer inspection of the range of medicines stocked by the latter outlets it soon became apparent that a significant number overlap in terms of the types of medicines stocked. For example, a local pharmacy in King William's Town also stocks a considerable range of patent medicines marketed specifically for Africans. Even the commercially manufactured medicines of Amafuta Enjayolwand and Doepa are stocked. The pharmacist on duty was not aware of what these medicines were taken for but said that they stock them because they get requests for them. The prices of these medicines were slightly lower than at **Herbal Health Services**. In Peddie the two supermarkets stock an extensive range of the same patent medicines and these were also cheaper than those stocked at **Peddie Herbal Remedies**, (see Table 13).

Table No. 13: A comparison between the prices of medicines at the amayeza stores, a supermarket and a pharmacy

Brand	Nozukile Supermarket - Peddie	PHR	Link Pharmacy - KWT	HHS
Quma - for teething and wind in babies.	R 5.69	R 8.99	R 5.24	R 6.43
Marienbajam - for constipation	R12.99	R19.99	R11.01	R15.73
Chamberlain's Cough Mixture	R 9.69	R12.99		R 9.79
Essence of Life - constipation	R 3.59	R 5.99	R 5.46	R 5.13

Table 13 shows that sometimes the customers of **Peddie Herbal Remedies** were prepared to pay as much as 53% more for certain medicines such as **Marienbajam**. In King William's Town customers paid 43% more for **Marienbajam**.

The herbal hawkers in King William's Town also stock the same herbal medicines that can be bought at the amayeza stores. The price discrepancy between them was not as great as is found with the patent medicines. There are approximately ten herbal hawkers (predominantly female) in King William's Town and they are all situated in a group near the bus ranks. The medicines that they sell are limited to those that they can collect locally, of which there are approximately twenty different herbal medicines. These are displayed on cardboard boxes in the street and each stand sells the same types of medicines (see plate no. 16). The women who are involved in the business are generally poorly educated and poverty stricken.

The question that comes to mind is, why go to an amayeza store when it is possible to purchase the same medicines from other outlets at a cheaper price? This can only be understood by considering what is perceived to be offered at amayeza stores which is beyond what one would receive from either Nozukile Supermarket, Link Pharmacy or the herbal hawkers.

For example, although Nozukile Supermarket offers patent medicines at a considerably cheaper price, they do not offer the perceived specialization which is attributed to **Peddie Herbal Remedies**. **Peddie Herbal Remedies** is perceived to offer a specialized service because they only sell medicines and create the ambience that allows customers to feel comfortable requesting medicines, including those taken for personal problems. From **Peddie Herbal Remedies** it is also possible to seek some advice from either Joyce or the owners. Due to their daily involvement in the sale of medicines they have become familiar with the uses of the various medicines³⁵. These supplementary services are not offered at Nozukile Supermarket. For example, it is difficult to request assistance in the supermarket because it is a self-service outlet. In addition, purchasing one's medicine is not very private because neighbouring shoppers can see what you are buying from the goods in your basket.

An appropriate analogy can be drawn between the services offered by **Peddie Herbal Remedies** and Nozukile Supermarket, and that which is offered by pharmacies and supermarkets such as O.K. Bazaars and Shoprite Checkers. Consumers are willing to pay an additional cost to be offered a more specialized service. This includes being offered assistance and being offered a larger selection of medicines in comparative privacy.

Although the services offered by amayeza stores can be likened to those offered by pharmacies, there are significant distinctions between the two. For example, even though the Link Pharmacy in King William's Town stocks limited selection of the same type of medicines they do not offer the appropriate specialized service as there are no adequate Xhosa speaking assistants employed in the pharmacy.

³⁵These services were however not frequently sought as the majority of customers all knew what they wanted without seeking advice.

When customers of amayeza stores in King William's Town were asked why they did not buy their herbal medicines from the herbal hawkers, the majority expressed strong feelings of mistrust towards the latter.

Case twenty-two: Two students currently studying at Fort Hare said "the medicines sold by the herbal hawkers have lost their power because they are out in the open and with all the people walking past they are losing their power."

Case twenty-three: Joyce, a 49 year old unemployed mother, said "I don't like to go to the herbal hawkers because they can lie to you about the uses of medicines."

Case twenty-four: Sixeko, a 31 year old mechanic, said "I don't like to buy my medicines from the herbal hawkers because you can't trust them. They can sell you bad medicines and because their stalls are not permanent it makes it difficult for you to find them if you wish to complain. "This never happens at an amayeza store because their stores are permanent. You can always go back and complain if the medicines are not right."

For most of the customers using amayeza stores, the permanent structure of the store was very important as it represented some sort of guarantee that the medicines were "good" and safe to use. In contrast the herbal hawkers were described as simply "doing their business" and "they lie to you and sell you bad medicine." In certain sectors of the population there existed the perception that the medicines and services offered by amayeza stores were superior to those received from the herbal hawkers. This idea is not only held towards medicines but to most goods and clothing, as the ones stocked in the stores are believed to be of a better quality than those sold by the hawkers in the street.

From amayeza stores one is additionally offered a wider selection of medicinal products. There also existed the perceived notion that the advice received from these

stores are more genuine because the sales assistants are considered to be more trustworthy than the herbal hawkers. It is evident that to a large extent the price of the medicines are secondary to the additional services that the consumer is seeking.

The practical advantages of going to an amayeza store

Amayeza stores also offer the following practical advantages which add to their attraction.

1. Amayeza stores are easily accessible as they are located in CBD's near taxi and bus ranks. This also makes it easier for those customers who come in from the rural areas (see Chapter One) to find their services.
2. They offer easy access to a wide assortment of medicines for minor complaints.
3. Their services are sought after to avoid the unpleasant experiences commonly associated with clinics and hospitals of long queues, poor service and a lack of medical supplies³⁶.
4. The services offered are a considerably cheaper alternative to the expensive consultations offered by private doctors in acquiring access to medicines.
5. They also offer easy and cheap access to herbal medicines as no lengthy consultation has to be paid for (which is commonly associated with traditional healers, except in the case of **Ginyabathakathi**).

Perceived differences between the services offered by amayeza stores and traditional healers.

³⁶ It is a commonly recorded phenomenon, as Van der Geest notes, that when public health care services are inadequate people will always seek alternatives (Van der Geest in Ugalde et al 1988:58). Logan found in Mexico that the long waiting periods commonly associated with public health services often encourages people to seek alternatives at services such as local informal pharmacies (Logan 1988; 116).

Besides providing access to OTCs, amayeza stores also offer access to medicines for culturally related needs such as protection from evil spirits and to increase one's fortune in business, and herbal remedies for physical ailments. This service is in direct competition with the services and medicines offered by traditional healers. The in-depth interviews conducted with respondents using amayeza stores revealed that they considered the services offered by the latter as more appropriate and sometimes even superior.

Case twenty-five: A middle-aged female teacher said "she did not like to go to an ixwhele because they say horrible things about your neighbours and relatives that you then believe." She therefore prefers coming to an amayeza store where "they simply give you what you want without telling you lies."

Case twenty-six: A young school girl said that she did not trust amaxwhele "because they give you medicines that make you fall in love with them."
(Amaxwhele are predominantly male.)

Other respondents pointed out that they had become so accustomed to medicines having labels informing them of the uses of the medicines – when they should be taken and what the contents are – that they now feel uncomfortable taking herbal remedies prepared by traditional healers, because their remedies lack this information. The lack of information with herbal remedies evoked negative responses from some respondents as they said that they did not know what type of medicine they were being given, and they claimed that traditional healers had the ability to prescribe harmful medicines without their knowledge.

From the above account, it is possible to observe how historical influences and the processes of modernization have assisted in modeling people's perceptions. Today, for some respondents, it has become of extreme importance that medicines should be appropriately packaged and have informative labels. For others, practical concerns were of more importance, such as the need to avoid lengthy and often costly

consultations with traditional healers. Consequently, amayeza stores successfully occupy a niche in the market as they offer a large assortment of medicinal products which one can simply request. This provides individuals with easy access to self-medication, which is a dominant form of therapy. (Van der Geest 1988: 339). This was recognized by some respondents using **Herbal Health Services**, as they described the store as a chemist which one goes to when suffering from a minor complaint or problem.

Perceptions of amayeza store survey

The services and medicines offered by amayeza stores also need to be compared with each other. This is necessary, since preceding chapters have shown how diverse both the services and medicines between the various amayeza stores are. In response to these differences individuals have acquired varied perceptions that have been influenced by advertising campaigns launched to promote the use of modern OTCs and biomedical services as discussed in the introduction. Similarly, an individual's cultural background and experiences associated with healing practices have played a considerable role in forming their perceptions. This is largely played upon, both consciously and unconsciously, by the owners of amayeza stores through the names given to the stores and the display techniques that they adopt. The names of the stores reinforce certain associations in the customers of each store. For example, **Ginyabathakathi** as we recall translates as 'The swallower of the witchcraft makers', which reflects strong symbolic meanings to customers. The name advertises that they can offer the appropriate medical services and medicines to treat such needs, whereas both **Peddie Herbal Remedies** and **Herbal Health Services** play down such an association, as very little emphasis is placed on traditional healing practices. These associations are reinforced when one enters each of the stores, since in **Ginyabathakathi** the appropriate traditional healing symbols are displayed and the store largely only sells traditional medicines. Paradoxically, both **Peddie Herbal Remedies** and **Herbal Health Services** predominantly stock patent medicines rather than "herbal remedies", despite what the store names suggest. Thus the names of

these two stores emphasize the type of service offered rather than the product sold. In contrast to this, Ginyabathakathi portrays a strong affiliation to specific traditional healing practices through the display of appropriate traditional healing symbols as well as the implication of its name.

The various amayeza stores investigated adopted very distinctive display techniques. For example, both **Peddie Herbal Remedies** and **Herbal Health Services** display their stock like pharmacies do as the medicines are all neatly laid out in rows according to the ailments and problems that they treat. In **Herbal Health Services** the herbal medicines are also neatly and visually displayed (see plate no. 7). In contrast, in **Ginyabathakathi** most of the medicines are not displayed but are contained in boxes that are stacked in a haphazard way (see plate no. 4). This, together with the skins and animal artifacts hanging from the ceiling, presents an authentic experience commonly associated with traditional healers. The paraphernalia customarily associated with traditional healing practices are also all displayed in prominent positions around the store, such as the patterned cloth, horse tail whisks, beads etc. The authenticity of the store is also reinforced by the open display of processing of herbal medicines in the front room. Furthermore the presence of the "private back room" increases the perceived power of the owner as it is well known that the more powerful medicines are kept there.

The private consultations offered by Mr. Kolla add to his perceived abilities to heal. Kearns notes that it is very important to create the correct associations as "faith in the authority and ability of a traditional healer can be aided if the traditional healer behaves in a particular way. Consequently, they are careful to preserve this image and remain faithful to the morals traditionally expected of African healers" (Kearns 1994: 99). The presence of several long term patients in the store on a daily basis helps to increase the reputation of Mr. Kolla, as they are witnessing his abilities to successfully treat culturally related problems first hand.

The image of credibility and professionalism is reinforced among educated clients by the display of a certificate in a prominent position in the store. This satisfies the need for confirmation of the credibility of the healer, as it communicates notions of authority and learning. Certificates are perceived as a means of informing the public that the individual is acknowledged as a qualified healer. The wearing of a white lab coat by both the owner and the two main assistants portrays the image of professionalism and authority commonly associated with biomedical doctors.

The display techniques used convey various strong symbolic associations that are then interpreted by the customer's of amayeza stores. These interpretations vary depending on the customer's understanding of the stores context. This is reflected in some responses received from the customers of the two amayeza stores in King William's Town. Several customers using **Herbal Health Services** expressed feelings of negativity towards the likes of amayeza stores such as **Ginyabathakathi**.

Case twenty-seven: Leno, a middle age women from Peddie, said, "I prefer **Herbal Health Services** because in **Ginyabathakathi** the medicines are hidden and they are not labeled. **Herbal Health Services** has nice medicines because they are neatly put out and clearly labeled."

Case twenty-eight: Mechanic, an elderly man, said, "I do not like to go to **Ginyabathakathi** because there are voices in the calabashes that talk to you and I am afraid of these things. There are "dirty medicines" there and I did not wish to associate with these kinds of things."

Case twenty-nine: A teacher, from Alice, expressed feelings of skepticism towards **Ginyabathakathi**. She was afraid to go into the store because "there are people there who have umafufunyana and I am scared that I will get it. I also don't like all the skins and such things that are hanging in the store. I much prefer to come to **Herbal Health Store** because you can see all the medicines and the store

is clean and tidy. There is not a funny atmosphere here like there is in **Ginyabathakathi.**"

Case thirty: Rosie, a pensioner from Peddie, preferred to buy her medicines from **Herbal Health Services** rather than **Peddie Herbal Remedies**. "I am too scared to go into **Peddie Herbal Remedies** because I have heard that Mr. Gwabeni owns umamlambo³⁷ – the power of the snake. His mother initially owned it, she was very wealthy and when she died she gave the snake to him. I have heard that Mr. Gwabeni is too young to handle the responsibility of owning one as he did not do all the things he was meant to. That is why umamlambo killed him"³⁸.

Rosie also said that when she visits King William's Town she prefers to go to **Herbal Health Services** and if they do not have what she wants she goes to **Ginyabathakathi**. "I don't like to go to **Ginyabathakathi** because I don't like the feelings I get in that store. I also don't like it because the medicines are hidden and

³⁷Umamlambo is a mythical animal. All mythical animals are believed to wield an enormous influence over those who believe in their power. Umamlambo is believed "to have great powers of metamorphosis and magic. To men it appears always as a woman of great beauty and sexual attractiveness. In this guise the man falls in love with her. Immediately he is in her thrall and she takes her place in his home. A man possessed by umamlambo seldom marries but he is usually wealthy and very lucky" (Broster 1981:60).

Several informants told me similar anecdotes. It is believed that it is possible to purchase umamlambo from very powerful traditional healers if you have enough money to do so. Many were aware of the extreme power that umamlambo has to make you very wealthy. They however expressed great trepidation at the prospect of owning one, because they were aware of the ability of umamlambo to kill their loved ones out of jealousy.

It is also believed that women can own umamlambo.

³⁸Mr. Gwabeni did pass away a few months after I left the store.

they are not labeled. I much prefer **Herbal Health Services** because everything is open and the medicines are clearly labeled".

These feelings were not expressed by all, since for others the ambience of **Ginyabathakathi** was so much a part of what they expected to experience that they expressed no feelings of mistrust. Some however interpreted the ambience in **Ginyabathakathi** as reflecting the superiority of service one would receive and that the medicines are more powerful than those at sold at **Herbal Health Services**.

Case thirty-one: Jennifer a middle-aged woman with a standard ten, said that she prefers **Ginyabathakathi** because the medicines are more powerful.

Case thirty-two: Alfred, a pensioner with a standard five, said "I like to come to **Ginyabathakathi** because the medicines here are more powerful than those at **Herbal Health Services** which are weak and never make you better."

These opinions were expressed even though **Herbal Health Services** sells several of the same types of medicines and also provides the services of a trained igqirha to assist customers. Evidently, the ambience created by the display techniques invokes strong associations which individuals then act upon, as demonstrated by their opinions.

How can we begin to understand how these preferences are made? To a large extent, by focusing on the display techniques used in each amayeza store we can begin to comprehend the customers' reactions. As Bauman notes, "when items of material culture are on display they put the world on display, and thus allow the viewer to reflect on his or her own world (Kearns 1994: 102). An exhibited object puts aspects of social experience on display, which are then reflected on by the viewer, but a single object displayed, or even the overall effect created in a particular amayeza, store can provoke different interpretations. This is because the interpretation is based on a particular person's understanding and experiences associated with the objects displayed. The important issue raised here is the "textuality" of objects. Kearns explains this as:

"the variety of texts people can apply to an item of material culture.

An item of material culture can be understood as being a text; it had an authorship, and it will consequently have several readings, depending on the knowledge individuals bring to bear on the subject. A single object can thus evoke a variety of responses in people, depending on the cultural and contextual resources they bring to bear on the experience of contemplation (Kearns 1994: 107).

This explains why for some the display of calabashes and the paraphernalia associated with traditional healers can reinforce perceptions of superiority of the medicines, whereas for others these associations provoke feelings of mistrust and suspicion. These differing interpretations and preferences are not easily broken down into demographic categories such as the customer's age, sex, educational level and religious affiliation, as the responses received varied considerably in terms of the above demographic distinctions. These interpretations are rather based on individuals' personal preference and experience and what they are accustomed to, rather than the level of schooling they have received or which religious group that they belong to.

Survey of medicines sold

People's perceptions have also altered to accommodate the incorporation of patent medicines into the market, particularly towards those used for culturally related needs, such as those manufactured by **Natal Herbal Supplies**. From an outsider's perspective it appears to be a contradiction in terms to purchase mass-produced substances such as Itshe Abelungu and Amafuta Wenhlanla Abelungu for culturally related needs from an amayeza store, particularly when it is possible to consult a traditional healer and obtain the genuine herbal medicines. An understanding of this behavior can only be acquired by studying people's perceptions and opinions of health care services. As shown in previous discussion amayeza stores offer a distinctive service that for some is considered more appropriate than that offered by traditional healers. This together

with the negative responses expressed towards herbal medicines has altered people's preferences.

Case thirty-three: A young school girl, said, "the herbal medicines make my skin itch [Intelezi causes this reaction] and they have a bad smell. I like to use Amafuta Abelungu [a patent medicine manufactured by **Natal Herbal Supplies**]. It has a nice sweet smell so I can wear it during the day without people knowing that I am using a medicine."

Additionally, patent medicines are easier to hide from one's family members as they are packaged in small containers and they can simply be smeared onto the body or can be taken privately as a purgative. With most herbal remedies, particularly those for culturally related customs, it is often necessary to follow elaborate procedures. For example, it is necessary to do at least two of the following with herbal medicines: to steam one's body, to burn the mixture on the stove to smoke the house, to spray the corners of the house, to wash one's body, or to take it as an emetic. These methods make it difficult to keep one's personal affairs private. It is also common practice for these medicines to be sold in large quantities, making it difficult to keep it hidden from family members, as most people live in crowded accommodation.

It would be inaccurate to assume, however, that herbal medicines are being replaced by the patent products sold by amayeza stores. The use of herbal medicines is definitely not declining, but expanding. As shown in Chapter 3 the dispensing of herbal medicines is no longer confined to the domain of traditional healers. There are still large sectors of the population who prefer to make use of herbal medicines.

Case thirty four: Wellington, a thirty-year-old Agricultural Technician, said, "I don't like to use patent medicines (for culturally related needs) because they have been tested in laboratories and this has made them less powerful."

Cultural motivations

The following in-depth case studies show the strong cultural motivations behind the use of medicines. Not all the examples given are directly related to individuals making use of amayeza stores to obtain access to medicines. The cases given are less concerned with the behaviour of the customers in the amayeza stores than with establishing a general cultural orientation in which medicinal solutions are sought for a range of problems and cultural categories are used to explain pathological conditions. The cases provide insight into how medicinal solutions are sought, not only for protecting oneself from harm but also for appeasing one's insecurities, as a means to seek revenge and gain a stronger sense of control over one's life. Case 35 deals with a young and financially insecure woman's struggle with cultural insecurities and personal difficulties, and how she makes use of a wide range of avenues to obtain access to medicines to assist her. Case 37 shows how medicines are readily used to seek revenge on those by whom one feels unfairly treated. Case 38 provides insight into how cultural solutions and medicines for social and financial insecurity are relied upon, even by those who are economically competent. Additionally, cases 38 and 36 show how those who are financially independent are continuously aware of the dangers of being threatened by jealous relatives, neighbours and so forth, of being bewitched.

Case thirty-five: Ntombi is a twenty-five-year-old single woman. She is currently unemployed and lives in a shack in Zwelitsha and has been looking for a job for the last three years. She also has a small child of seven years who lives with her mother in Keiskammahoek. Last year she started experiencing things that she could not explain. Late at night she heard strange noises on the roof: "It sounded like an animal with four legs which was pulling a chain. At the time I was too afraid to go outside or scream and I felt as though I was being held down as I could not move. A few days later I went to see a herbalist whom I heard was very good. He told me that my shack was "dirty" and that evil spirits were present

in my home. The herbalist warned me that the thing on the roof was an imfene³⁹, a half-man half-baboon type animal. It is very dangerous because it will try to separate me from my boyfriend because it wished to have sex with me. The herbalist gave me medicines with which to wash, steam and purge with as well as to smoke the house. I went back regularly for medicines until I felt safer and no longer heard the noise. I was asked to pay R450 for the full treatment. I am however worried that it has returned because the other night my boyfriend saw a big male organ facing me while I was sleeping. My boyfriend and I suspect that it is the baboon's penis and I am desperate to get more medicines to smoke out the house and chase it away but I am worried about the how much it would cost."

Last year Ntombi also consulted a faith healer in Keiskammahoek, her home town, to help her try to find work: "My brother suggested that I go and see the same faith healer he was seeing. At the time, my brother and his wife were having problems as she could not fall pregnant and there was tension between them. He was given medicines to cleanse his body. I was given medicines with which I had to wash and purge. I was also told to bring my body lotion into which medicines were mixed. Incisions were also made into my skin and medicines rubbed into them. I was charged R10."

The following case was overheard by Esther while we were sitting in **Ginyabathakathi**:

Case thirty-six: Over the weekend a wealthy man in Keiskammahoek tried to shoot his brother, girl friend and himself. The brother was injured and is currently in hospital. The other two are dead. It is rumoured that one of his relatives is a witch, and that she bewitched him. This gave him the power to try

³⁹Imfene is a mythical baboon which has been recorded as being used to transport its owner. At night the baboon takes the man for long rides. It is believed to be used to harm animals and raid cows' udders (Broster 1981:60; Hunter 1979:287).

to kill his brother and himself. It is believed that the relative was jealous of him.

Case thirty-seven: Three young boys came into **Ginyabathakathi** and bought Indian Pills, which are very strong pills to treat constipation. One was a taxi conductor who was upset with his boss, the driver, because he was "greedy with his money." He and his friends wished to get revenge on him, so they mixed an overdose of the Indian Pills into a carton of guava amasi (sour milk) and gave it to him to drink. I was later informed that an overdose of these pills could kill someone because they are so strong⁴⁰.

Case thirty-eight: Skippa is a young wealthy businessman in his mid-thirties. He owns his own company – a cleaning business – and a BMW (which I had to be shown and told about). Skippa had the following to say: "As a Black person I am forever "on the look out" because I am surrounded by jealous people, who are always trying to get something out of me. I am always having to protect myself from these jealous people so there is a continuous need for me to buy medicines."

"I regularly buy medicines to bring me luck in my business. I sometimes pay up to R400 for this type of medicine. I however have to be very careful when I use it because it does not only bring lots of customers to my business but it can also bring lots of women who declare their love to me. This can be very dangerous because, as Xhosa men, we believe that women can destroy men by taking their luck away. So one must always try and remain faithful to only one partner." Skippa did however tell me that there had been times when he was unfaithful, but in these instances he always made use of a medicine, which he smears over his body before and after sex, to protect himself.

⁴⁰This was not the only case that I heard as one day I overheard people talking in **Ginyabathakathi** about the following incident: A greedy taxi driver, who regularly over-charged and short-changed commuters was given a powerful medicine (a purgative), by a commuter. It was so strong that he eventually had to be taken to the hospital and nearly died.

Skippa also purchased medicines to ensure that his girlfriend came back to him. "My girlfriend started seeing another man. At the time I was very upset and I consulted my herbalist in Lusikisiki. He gave me medicines that would bring her back to me. I was instructed to mix the medicines with some of her personal belongings as this would allow me to speak through them and call her back. I still had a photograph of her and some of her clothes which I mixed with the medicines and called her name over and over again. It worked because a few days later she came back to me. Since then I have not felt safe about people whom I know to do my washing because I don't want any woman to mix medicines with it and "speak her wishes through them." I have seen how powerful they can be. I now prefer to either do my own washing or take it to the dry cleaners".

Skippa also regularly buys medicines to ensure that his girl friend remains both faithful and attracted to him. "I was told by my herbalist to mix the medicine that he had given me into her food. One evening just before we were about to eat, I asked her to go to the Spaza shop to buy some cool drinks and while she was out I sprinkled the medicines over her food. When she came back she noticed that there was something on her food and refused to eat it. I did not give up as a few nights later I went out and bought Kentucky Chicken burgers for supper and sprinkled the medicine onto her burger and she ate it without noticing. Since then she has been crazy about me and does not wish to be with anybody else". Skippa also frequently buys Ecstasy, which is a medicine to make his girlfriend only attracted to him. He buys it from an Indian store in East London for R90 a bottle.

Skippa has also on several occasions considered acquiring access to the power of umamlambo – the snake that has the power to make one very wealthy. Skippa said that his herbalist is powerful enough to give it to him, and that it would cost R7000. Skippa did not consider this to be excessive as he said that he could easily pay it and anyway your returns are soon covered. In less than three months you make three or four times as much. Skippa said that he was more

concerned about the snake's dangerous side because if it becomes jealous it can easily kill his partner and children.

Skipa obtains most of his medicines from a Pondo herbalist who lives in Lusikisiki. He prefers to consult traditional healers who are of a different cultural background to himself, as he believes them to be more powerful. He also regards the Bhaca traditional healers to be powerful as they are good at controlling lightning to kill their enemies.

Mr. Kolla later informed me that Skipa had also been a regular patient of his after he had lost most of his money and his wife left him. After this he came and stayed with Mr. Kolla for many months, recovered and returned to his business and started making lots of money again. However Mr. Kolla has heard that he is losing it again and he believes that Skipa will come and see him for more help.

These case studies assist in providing insight into the important role that medicines fulfil in individuals' lives, and puts into perspective why individuals are so motivated to make use of the medicines. Medicines are perceived as providing individuals with power to achieve results that they personally are not in a position to do. Acknowledgment needs to be given to the fact that, due to African cosmology, magic and witchcraft still play an important part in the lives of contemporary Africans. This is because it is believed that a strong relationship exists between nature, man and the supernatural. Consequently, it is believed that the environment is capable of controlling one just as one is capable of controlling it, and that anything from the environment can be used by enemies to destroy one. Medicines are perceived as being one of the key sources which can be used as a means to control the environment (Longmore 1958: 242). This explains why medicines are often sought at great expense of money, time and energy. Medicines are still perceived as having the power to offer individuals more control over their lives as they have the ability to influence outside factors. In today's environment this is important, as extreme dangers exist, against which one needs to protect oneself, and also to influence and control, as shown by Skipa (see case 38).

These cases all assist in putting into perspective the important role that medicines perform in individuals' lives. They also assist in putting into perspective the case studies discussed in Chapter Three, where medicines are shown to be predominately purchased from amayeza stores to protect oneself and, particularly, younger family members from evil spirits, and to assist during times of insecurity and from difficulties.

Concluding remarks

Amayeza stores fill an important niche in the market as they offer easy access to a diverse range of medicines in surroundings in which customers feel comfortable. This ambience is not created in local pharmacies, chain stores or supermarkets, and is obviously considered very important as most of the customers are prepared to pay the additional costs charged. Amayeza stores attract customers who wish to acquire easy access to self-medication medicines for both physical and culturally related problems, and who also wish to avoid going through a lengthy and costly consultation period with either a traditional healer or a biomedical practitioner.

The customers' familiarity with various medical services strongly influences the type of service they consequently wish to use. Due to the diverse range of items which are offered by the various amayeza stores, they have managed to successfully meet the needs of large sectors of the population.

We have seen that health care for the majority of South Africa does not merely consist of using the services offered by biomedical services and traditional healers, but is made up of a diverse range of options. Individuals also rely on their own knowledge, or advice that they may have received in times of sickness and misfortune, and consequently acquire their medicines from various outlets. We also need to become familiar with the fact that, in order to obtain access to medicines for culturally related needs, it is no longer a necessity to consult a traditional healer, or for that matter even make use of herbal medicines, as manufactured medicines have penetrated the market and have been readily accepted.

The case studies show that medicines fulfill a vital role in the lives of large sectors of the African population. Medicines do not only fulfil medical needs but also culturally related and personal needs. This is why strong motivations exist to obtain access to them.

CONCLUSIONS AND RECOMMENDATIONS

The main objective of this research was to investigate the operations of amayeza stores by observing three of them in the Eastern cape. An emphasis was placed on acquiring information on the business histories, the running of the shops, and, in particular, the perceptions and choices of a sample of the customers in each case. The following key findings emerged from the research undertaken.

Amayeza stores⁴¹

1) Amayeza stores do not represent relics of traditional healing practices.

Contrary to popular belief, amayeza stores are owned by entrepreneurs and run as business enterprises in the CBDs of most towns and cities. The owners of these stores make use of modern day technology such as telephones and cash registers to run their businesses, and have business expenses such as accounts, wages and rent to pay. They are very much a part of the modern world. The owners of these stores have also adopted various marketing strategies to appeal to various sectors of the population. This is reflected in the names and the display techniques used in the various amayeza stores. **Peddie Herbal Remedies** and **Herbal Health Services** function primarily as dispensaries and have adopted the same display techniques of formal pharmacies, by displaying all their medicines clearly and neatly (see plate no. 7). In contrast, **Ginyabathakathi**, has adopted symbolic associations strongly tied to traditional healing practices. The appropriate traditional paraphernalia is prominently displayed by the owner and the medicines are chaotically arranged, creating an impression of disarray (see plate no. 4). At first glance **Ginyabathakathi** may seem to be a traditional practice. However, on closer examination it can be seen that it is in fact a well run and clearly designed business enterprise.

⁴¹The primary reference is obviously to the three amayeza stores investigated, but it is likely that the findings will apply to other stores in the Eastern Cape and urban South Africa generally. Further research is necessary to establish the limits of the generalizations of these findings.

2) Amayeza stores are deeply entrenched in the commercial sector.

Amayeza stores do not occupy unstable peripheral positions in the economy but form a vital link in a complex supply chain of dispensing medicines to consumers. Medicines from both the formal economy, i.e. pharmaceutical companies and manufacturing firms, and the informal sector, i.e. herbal gatherers and freelance collectors, are fed into these stores (refer to diagram 2). This shows that their position is secure in the commercial sector.

Owners of amayeza stores

1) Owners of amayeza stores seldom have medical knowledge or training in the medicines they sell.

The owners of amayeza stores are businessmen and -women. Training of any kind in the uses of the medicines or in specific healing practices is not a prerequisite to owning an amayeza store. Those store owners who are in a financial position to do so employ appropriately trained staff members such as amaggirha and amaxwhele. Those owners who are trained offer a more specialized service to their customers through private consultations, during which period the clients' medical or personal problems are discussed and the appropriate medicines prescribed.

Training in the uses of medicines is no longer a necessity, because the commercialization of medicines has resulted in them no longer being confined to the domain of the professional medical sector. This has made it possible for entrepreneurs to turn cures into business. Van der Geest (1989) notes two important factors which have made this possible. Firstly, strong symbolic associations are attached to medicines. Medicines are perceived as possessing the inherent ability to heal, and this survives despite a change of ownership. Thus it is possible for anybody who acquires them to make use of their power. Secondly, the tangible nature of medicines has allowed them to become removed from the medical profession.

Stock in trade in amayeza stores

1) Amayeza stores stock a wide range of medicinal products.

The mass commercialization of medicines has also made it possible for entrepreneurs to sell a wide range of medicinal brands and types of medicines in their stores. We find them stocking medicines of the following diverse origins:

- a) Traditional herbal medicines and animal products sold either in their natural state or as remedies prepared by the appropriately trained staff members.
- b) Commercially patented brands of herbal and animal remedies which are manufactured, synthesized and have adopted modern packaging styles (see p. 59 for examples and plates no. 13 & 14).
- c) Patented OTCs which are marketed specifically for the African market. These products have modern packaging which resemble those of biomedical OTCs. The key distinctions between these OTCs and those commonly associated with formal pharmacies is that the former have African brand names and motifs (see p. 57 and plate no. 10).
- d) Patented brands which resemble neither traditional herbal nor biomedical medicines. These products consist of brightly coloured viscous liquids and salts, yet are commonly purchased for culturally related needs (see p. 60 and plate no. 15).
- e) Biomedical OTCs. (see p. 57)
- f) Dutch and Eastern Remedies (see p. 58 & 59 and plates no. 11 & 12).

The reasons for this diverse emergence of different brands can only be understood by paying close attention to the historical, political and economic influences of the time which have had an effect on modeling the medical needs of contemporary Africans. Since the early '50s the pharmaceutical industry has launched advertising campaigns to steer urban Africans away from traditional remedies towards patent OTCs (Dauskardt 1994: 174). Urban Blacks have been faced with a barrage of advertisements emphasizing the superiority of modern medicine and depicting them as essential components of a desirable urban lifestyle (Dauskardt 1991: 92). These transformations were set in motion by the economic incentive to tap into the considerable consumer market that the urbanized African population began to represent. The traditional medical sector did not remain unchanged but retaliated and adapted to the changes taking place by also advertising their products making use of modern packaging styles and refining the contents of medicines to suit the needs of their modern consumer. In addition, medicines of various cultural origins have been incorporated into local African medical kits through the familiarity which was created by immigrants bringing their remedies to this country. This has resulted in contemporary Africans purchasing a wide assortment of medicinal brands for various medical needs. The mass commercialization of these medicinal brands has increased their accessibility and consequently increased individuals' familiarity and use.

Customers of amayeza stores

1. Who are the patrons of amayeza stores?

Amayeza stores are not simply patronized by the poorly educated, low income and elderly sectors of the population, since one finds that these stores are utilized by a wide spectrum of consumers varying in age, education, status and religious affiliation. The dominant groups were those of middle age, and who had received secondary education, and were either unemployed, employed in semi-skilled occupations or housewives. The housewives were buying on behalf of their families, particularly their children, more than for themselves. The unemployed and retired were also buying on

behalf of those employed in full time occupations, and hence not in a position to purchase during business hours. Amayeza stores were also well patronized by local traditional healers and faith healers, who purchased medicines to prepare their own medicines for their clients.

2. What was bought from amayeza stores?

The customers of amayeza stores primarily bought medicines for culturally related needs. The types of medicines purchased for these needs invariably did not include herbal medicines, but included either Dutch or Indian Remedies or commercially manufactured brands (see cases: no. 2 p. 78; no. 5 p. 80; no. 17 p. 98; no. 18 p. 99). Medicines were also purchased for minor physical complaints such as stomach aches, kidney infections and chest complaints. Distinct brands and types of medicines were preferred for these ailments.

The commercialization of medicinal products has increased the level of self-medication as today it is possible for individuals to acquire easy access to medicines without having to consult professional medical practitioners such as biomedical practitioners or traditional healers. Amayeza stores have become important outlets in acquiring medicines.

In response to these developments individuals have acquired access to more medical knowledge as information is invariably printed on packaging of manufactured medicines, and advice is received from friends and neighbours. This has also allowed individuals more control over health as during periods of self-medication they are not only treating themselves for minor physical complaints but also for specific culturally related needs. The medicines which were considered most effective, in these instances, were personally well known, or knowledge had been acquired from neighbours, friends or relatives, and distinct brands were chosen.

3) The services offered by amayeza stores suit the needs of the modern consumer.

The services offered by amayeza stores have come to suit the needs of modern day consumers as the stores are easily accessible, being centrally based in most CBDs. A quick and trouble-free service is offered which suits those individuals who wish to avoid the free yet time-consuming services offered by the public biomedical services, or those who wish to avoid the often lengthy, costly and "inappropriate" consultations offered by traditional healers (see cases: no. 25, 26 on p. 122). The services offered by amayeza stores are considered to be more appropriate than and superior to those offered by the herbal hawkers (see cases: no. 22, 23 & 24, on p. 120).

The distinct variation in the type of medical services offered between the various amayeza stores, these stores have managed to attract a diverse range of the consumer needs (see cases: no. 27, 28, 29 on p. 125; no. 31, 32 on p. 127). This suits the needs of modern consumers as they appreciate being offered a wide choice.

Theoretical significance

1) Limitation of the medical pluralism model.

The medical pluralism model has confined the analysis of health care within the stale dichotomy of western biomedical versus traditional healing practices. This has resulted in a lack of attention being paid to medical services offered outside these domains. Cosminsky has noted that while many studies have analyzed health care behaviour in terms of the utilization of traditional and modern medicines, such a dichotomy is too simplistic for understanding the complex situation, the alternative resources, and the different levels at which people use and understand the different systems (1994: 103). Whyte has called for the need to recognize the alternative systems which exist both within an indigenous/traditional system as well as between it and a Western one (1982: 2055).

This study reinforces the call for such an approach, as the dichotomy does not allow for attention to be paid to the different range of medical alternatives and are utilized by

individuals. The alternatives which have arisen cannot simply be dismissed as poorly integrated artifacts of contact between western and traditional medical systems. Phenomenon such as the amayeza stores have emerged out of a complex set of historical, political and economic factors. The major factor is large-scale commercialization of medicines which has broken the former close relationship which existed between a doctor or healer and his/her medicines. These developments made it possible for small scale entrepreneurs, with no medical knowledge, to open retail businesses mainly concerned with manufactured non-scheduled medicines. Today these stores have become an integral part of self-help health care, and the entrepreneurs are gaining in wealth and influence as the sector expands.

2) The commercialization of health care.

Internationally, attention has primarily focused on the commercialization of biomedical pharmaceuticals, which has been described as being supported by the promotion of medicines by manufacturing companies, both by multi-nationals and through local salesmen, the mass media and radio commercials (Cosminsky et al 1980: 276). Locally, however, commercialization includes African traditional herbal remedies, and other medicines of diverse cultural origins have become patented and mass-produced by large manufacturing firms and have penetrated the commercial sector. These products have also been promoted through advertisements and radio commercials. This has radically increased the number of medicinal choices that are now available to individuals⁴².

The commercialization of medicines has also had the effect of commercializing health care as individuals have become influenced by the penetration of exotics and modern

⁴²At the same time, the relatively greater control of scheduled drugs in South Africa has limited the spread of drugs such as antibiotics, to the informal trade, creating a somewhat different situation from that found in West Africa, South America and Asia (Van der Geest 1988; Ferguson 1988; Logan 1988 & Wolffers 1988).

packaging styles which have been deliberately introduced by manufacturing firms to increase the sales of their products.

3) Self-medication

The study has shown the prominent role that self-medication, as a form of health care, is playing, as individuals are readily making their own decisions by purchasing what they consider to be effective treatments for various physical problems and dis-ease. This has important theoretical implications, as the study of health care can no longer be confined to the domain of the medical professionals of the various medical systems. Future research needs to establish the implications of these trends in the overall health of local communities, and to investigate ways of improving the medical knowledge of the general public so that they do not become victims of the commercial sector.

4) Health care has become more individualistic.

Whyte (1982) has noted, in eastern Africa, that therapy has become more individualistic as people are no longer seeking treatments which involve a long and complicated ritual therapy with one's kin and neighbours. Instead, more of an emphasis is placed on receiving the appropriate medicine. Whyte notes that this trend has increased over the last 50 years (ibid. 2062). Locally, individuals are following the same trend. Amayeza stores have come to satisfy this need as they provide easy access to medicines which are considered effective.

5) Indigenization of "foreign" medicines

Our international colleagues have paid particular attention to the process of the indigenization of pharmaceuticals, by means of which traditional popular concepts are employed to learn to use and identify different medicines. Locally, however, these processes are not only applied to pharmaceuticals, but also to Dutch and Indian Remedies and new brands marketed for Africans. This is reflected by the fact that the uses of some of these remedies have altered to suit the needs of their users.

Recommendations

Preamble

As South Africa moves from an elitist health system, which focuses on curative medicine and high technology to a Primary Health Care (PHC) approach, emphasizing less technology and preventive medicine, it may avoid some of the negative developments that have surfaced in other developing countries.

It has been found that the medical services offered by PHC are often underutilized due to inadequate stocks of essential medicines (Ugalde et al 1988: 58 & Raynal 1985: 92). Invariably, individuals making use of these services have to spend considerable amounts of cash in transport costs to reach clinics, only to find that they have run out of supplies and be told to return later. In addition to this, the free dispensing of essential drugs has fostered overutilization and paradoxically increased out-of-pocket health expenditures. This has resulted in individuals generally being dissatisfied with the health care treatment offered by public medical services (Ugalde et al 1988: 57) and seeking alternatives in the form of private institutions, local pharmacies in town and illegal medicine vendors.

Similar findings have been recorded in Zimbabwe, where medical services are more regularly sought from local stores selling medicines, because they stock a wider range of medicines and offer a more reliable service (as they are less likely to be out of medical supplies, which is a common occurrence at the local public clinics). The stores follow more regular hours than the public health services. The customers also consider store keepers to be more friendly and more interested in pleasing their clients than the busy public health staff (Raynal 1985: 92).

Despite these problems, government departments continue to fund the infrastructure and manpower of public health care centres at great expense to taxpayers.

In the light of these findings our international colleagues have come to recognize the valuable service offered by non-registered pharmacies, drug stores and street vendors in most developing countries. This is because these outlets have come to offer a more reliable service in terms of the supply of easy access to essential drugs. The disadvantages of non-professionals engaging in the dispensing of powerful drugs, sometimes resulting in "misdiagnoses, overdosing and the prescription of inappropriate medicine" (Logan 1988: 124) have been acknowledged. It has however been advised by Van der Geest that "to liquidate these services would rob part of the population of its only source of modern medicine" (Van der Geest 1988: 143). He suggests that "realistic solutions be found by aiming to maintain and improve the services offered by these outlets" (ibid. 145) because they already offer a service which is "low cost, convenient, fast and easy and uncomplicated" (Logan 1988: 124).

The pilot study of Ugalde et al (1988) in the Dominican Republic established a communal pharmacy from which local inhabitants could **buy** essential generic drugs. The study showed that it reduced erratic uses of the clinic. The services offered by the pharmacy actually reduced the amount of medical costs carried by the local inhabitants, as they no longer required the expensive medical services offered by private practitioners, which were normally sought after receiving unsatisfactory service from the clinic (Ugalde et al 1988). This shows the need to consider the above options seriously, as it is often the policy of governments to focus on regulating the supply of medicines and making them available free of charge to everyone who needs them. Van der Geest (1988) points out that such a strategy could be very problematic because petty corruption and illegal private use often replaces commerce (ibid. 350), and results in individuals being unable to obtain essential medication.

In South Africa the current Department of Health, under Dr. Nkosazana Zuma, is seeking solutions to provide easy access to medical care. Its aim to increase the number of PHC facilities and provide free medical service to pregnant women and children under the age of two has already overloaded the existing medical structures. The Interim Pharmacy Council has suggested that people not qualified as pharmacists

be allowed to own dispensaries in areas where the population has no access to medical services (Daily Dispatch, December 1996).

Consequently, there is a pressing need for the Department of Health to recognize the important medical role that is being offered by amayeza stores. With recognition, could come training to increase the medical knowledge of the store owners and their staff in the proper use of medicines. This could be achieved by paying attention to the following:

Recommendations

1. A form of cooperation between amayeza store owners and the Department of Health should be developed. Amayeza store owners and staff should receive training in simple diagnostic skills for common conditions, medication indications, dosages, frequency, as well as possible side effects, contra-indications and toxicity.
2. This could be achieved by incorporating necessary information into diagnostic flow charts⁴³ which would be easy for the owners of these stores and staff employed to understand.
3. In addition, the charts could incorporate questions that would enable the store owners to screen their clients for more serious conditions that require referral for professional medical assistance. This would reduce the delay in individuals presenting more serious conditions to

⁴³Such charts have already been developed and used successfully in Tanzania.

appropriate health care services, thereby reducing the cost to cure and increasing the service rate.

4. In order to ensure that such training remains up to date regular training courses will need to be offered, to ensure that stores owners and staff remain conversant with developments in PHC. Certificates should be issued to those who completed their training. These certificates would act as a guarantee for customers, as well as an incentive for amayeza store owners and staff.
5. If these steps are undertaken effectively, high schedule drugs, such as cardio-vascular, anti-asthmatic and diabetic medications, could also be tentatively introduced at the amayeza store level, with appropriate training. This would ensure that individuals receive appropriate medication regularly, even when public health departments are out of supplies or individuals have to wait in long, time-consuming queues (Raynal 1985).
6. Where self-medication appears to be a growing trend, in amayeza stores, educational programs on radio and T.V. could inform the public of the use and dangers of medicines (Logan 1988: 124).

Finally it is hoped that this research will constitute some input into the current fragmentary account of the utilization of health care services locally. This study has provided a novel contribution to knowledge of the range of medical services and types of medicines available in South Africa. The research has highlighted the pressing need for medical anthropologists to pay attention to empirical developments in health care,

which lie beyond the medical services offered by both biomedical and traditional practitioners. Not only are these developments of interest in academic circles, but also to policy makers. It has been found that, during times of illness and dis-ease, individuals across the socio-economic spectrum are often resorting to self-medication and turning to the commercial sector to acquire access to medicines. This is because the services offered by amayeza stores are more in tune with the needs of contemporary Africans than *either* the official system of clinics, hospitals, general practitioners and formal pharmacies *or* the traditional-oriented system of amagqirha and amaxwele. As it is in the nature of amayeza stores to be flexible, a closer relationship between this sector and the Department of Health, as recommended above, is viewed as entirely practicable as well as highly desirable.

APPENDIX A:

A LIST OF THE PATENT BRANDS OF MEDICINES SOLD IN THE THREE AMAYEZA STORES

No	Brand name	Taken for	Store	Price
1	Boss	Pain Reliever ⁴⁵	PHR HHS	R13.99 R11.75
2	Ejax Pain Remedy	Pain relief	HHS	R8.23
3	K.O. Pain	Pain relief	HHS	R6.27
4	Sloan's Liniment Rub	Aches and pains	PHR	R3.99
5	Doan's Pain Relief Pills	Pain relief	PHR	R15.00
6	Tiger Balm	Pain relief ointment	PHR	R8.13
7	Deep Heat	Aches and Pains	PHR HHS	R14.99 R11.76
8	Menthol Camphor Ointment	Aches and pains	HHS	R6.50
9	Wintergreen Ointment	Aches and pains	HHS	R4.28
10	M.C.D.	Aches and pains	HHS	R4.04
11	Afgel Antacid	Heartburn	PHR	R12.99
12	Imbiza Iyeza Ledliso	Constipation	PHR	R11.99
13	Statosal Bile Mixture	Constipation & Congestion	PHR HHS	R14.99 R9.47
14	Essence of Life	Constipation	PHR HHS	R5.99 R5.13
15	Indian Pills	Constipation	PHR HHS	25c each
16	Inyongo Health Salts	Constipation	PHR HHS	R5.99 R4.79
17	Inyongo Health Tablets	Constipation	HHS	R9.09

⁴⁵The uses of the medicines have either been taken from the staffs' knowledge or from the instructions given on the labels of the medicines.

18	Freshen Health Salts	Constipation	PHR HHS	R5.99 R7.49
19	Freshen Health Tablets	Constipation	HHS	R4.11
20	Marienbajam	Constipation	PHR HHS	R19.99 R15.73
21	Imbiza Yempilo	Constipation	PHR	R10.99
22	Imbiza Yegazi	Constipation	HHS	R7.17
23	Surge	Constipation	HHS	3.56
24	Epsom Salts	Indigestion	PHR HHS	R3.29 38c
25	Brooklax Choc Laxative	Constipation	PHR HHS	R7.99 R4.88
26	Laxa	Constipation	HHS	R4.31
27	Udlekala	Constipation	HHS	R7.25
28	Imbiza - salts	Constipation	HHS	R4.79
29	Imbiza - tablets	Constipation	HHS	R4.79
30	Mahlabe Kufeni	Constipation	HHS	R9.28
31	Phillips Milk of Magnesia	Constipation	PHR	R11.30
32	SOK Milk of Magnesia	Constipation	PHR	R5.52
33	Mpendulo	Constipation	HHS	
34	Sifezenke Mpuphu	Constipation	HHS	R5.32
35	Senna Leaves	Constipation	HHS	R4.08
36	Buche Leaves	Constipation	HHS	R2.71
37	Idliso Sejeso	Constipation	HHS	R10.25
38	Umxube Wedliso Sejeso	Constipation	HHS	R7.75
39	Idliso Sejeso	Constipation	HHS	
40	Lion Sejeso	Constipation	HHS	R7.87
41	Skin & Pimple Mixture	Constipation	HHS	R8.31

42	Skin and Blood Mixture	Constipation	HHS	R9.21
43	Tonic of Life	Constipation	HHS	R9.10
44	Udlekala	Constipation	HHS	R9.28
45	Hamburg Tea	Constipation	HHS	R11.50
46	Stotosal	For bile	PHR	R14.99
47	Remed Bile Tonic	For bile	HHS	R6.77
48	Quma	Heartburn	HHS	R6.43
49	GR Krampdruppels	Flatulences	HHS	R3.11
50	Indian Maptis	Stomach cramps	HHS	
51	Diarrhoea Mixture	Diarrhoea	PHR	R7.99
52	Ejax Diarrhoea Mixture	Diarrhoea	HHS	R7.42
53	Qeda Diarrhoea Mixture	Diarrhoea	HHS	R8.36
54	Helmont herbs	Stomach aches	HHS	R3.84
55	GR - Krampdruppels	Flatulence	HHS	R3.11
56	Camphor	Wind	PHR	
57	Chamberlain's Traditional Colic Remedy	Stomach aches	HHS	R12.01
58	Stomach Mixture - Kowie	Stomach ache	PHR HHS	R10.99 R8.36
59	African Blood Mixture	Purgative	HHS	R8.10
60	Blood Mixture	Purgative	HHS	R7.60
61	Cubuluza	Diarrhoea in children	PHR	R7.99
62	Diarrhoea Mixture	Diarrhoea in children	HHS	R7.22
63	Muti Abantwana	Constipation in infants	HHS	R6.78
64	4-Day Mixture	Rheumatic Pain Treatment	PHR HHS	R13.99 R11.57

65	Rheumatic Mixture	Rheumatic Pain Treatment	PHR HHS	R12.99 R7.71
66	Ezamathambo	Tablets for rheumatism	PHR	25c each
67	Umhlabela Omhlophe - Sulphur Ammoniac Block	Rheumatism	PHR	R3.50
68	Rheumatic Mix	Rheumatism	HHS	R8.62
69	Rheumatic Ointment	Rheumatism	HHS	R3.65
70	Rheumatic A Rub	Rheumatism	HHS	R12.86
71	GR - Stuidruppels	Nerves, pains	PHR HHS	R3.99 R3.59
72	GR Entressdruppels	Nerve Tonic	HHS	R3.47
73	Heart & Nerve	Nerve Tonic	HHS	R8.66
74	Dr William's Pink Pills	Blood and Nerve Tonic	PHR HHS	R10.99 R8.22
75	Lion Fits	Blood Tonic	HHS	R8.31
76	Lion Blood Mix	Blood Tonic	HHS	R8.31
77	Mahlabe Kufeni	Tonic	PHR	R10.99
78	Yinyoni Engcolile	Tonic improves appetite	PHR	R12.99
79	Bidomak Fe Tonic	Health Tonic	PHR	R29.99
80	Resmed Bile Tonic	Tonic	PHR	R9.99
81	Umahlabe Kufeni	Tonic	PHR	R10.99
82	Lion Fleshbuilder	Tonic taken when feeling weak	HHS	R8.31
83	GR Balsem Vitae	Tonic	HHS	R3.02
84	GR Rooi Laventel	Tonic	HHS	R2.86
85	Scott's Emulsion	Vitamin Supplement	PHR HHS	R13.99 R29.69
86	Ocean Gold Hake Liver Oil	Vitamin A & D Supplement	PHR	R10.29

87	Ocean Gold Vitamin	Vitamin Supplement	HHS	R10.00
88	Malt with Cod Liver Oil	Tonic	HHS	R9.15
89	Multivitamin	Vitamin Supplement	PHR	R15.99 R10.34
90	All-U-Need	Multivitamin supplement	HHS	R15.52
91	Sanatogen Multivitamin	Multivitamin supplement	HHS	R28.79
92	Woodward Multivitamin Syrup	Multivitamin supplement	HHS	R19.23
93	Bioplus	Vitamin Supplement	HHS	R13.01
94	Amandla Enkunzi	Vitamin Night Mixture	PHR	R16.99
95	Bangalala Mixture	Vitamin Night Mixture	PHR HHS	R11.99 R8.31
96	Powder Mixture	Aphrodisiac	HHS	R9.63
97	Chinese Super Gold	Aphrodisiac	HHS	R7.30
98	Silver Bullets	Aphrodisiac	PHR	R9.99
99	Amandla Enkunzi	Aphrodisiac	PHR HHS	R7.99 R16.71
100	Vus - Nuku	Aphrodisiac	HHS	R5.12
101	Power Up	Aphrodisiac	HHS	R15.20
102	Vuka - Mama - Double	Aphrodisiac	HHS	R7.00
103	Instant Desire	Aphrodisiac	HHS	R19.81
104	Tong Yong	Chinese balm for men	HHS	R14.50
105	Prostox	Bladder Infection	PHR	R10.99
106	Kidney & Bladder Mixture	Kidney and Bladder infections	PHR HHS	R12.99 R10.11
107	Kidney & Bladder Tablets	Kidney infections	HHS	R9.10
108	Woshe Pipe Pills	Kidney & Bladder infections	PHR	

109	Citro Soda	Bladder infection	PHR	R20.99
110	Kowie - Balsem Kopiva	Kidney infection	HHS	R4.18
111	Kidney & Blood Mixture	Kidney infection	HHS	R10.04
112	Imbiza Yezintso Nesinye	Bladder infection	HHS	R4.11
113	Imbiza Nezintso	Kidney problems	GINY	R3.00
114	"G" Mixture	Kidney problems	HHS	
115	BB Tablets	Kidney problems	HHS	R7.29
116	Ventolin	Asthma pump	PHR	R19.99
117	Sokasma	For asthma	PHR	R11.39
118	Muti Asthma & Bronchitis Mix	For asthma	HHS	R9.03
119	Panasma/ Ezesifuba	Tablets for chest relief	PHR	37c each
120	Asthma Mixture - African Medicines	For asthma	HHS	R8.82
121	Borstal Cough Mixture	Cough Remedy	PHR HHS	R10.99 R14.00
122	Borstal Cough Mixture Peppermint Flavour	Cough Remedy	PHR	R10.99
123	Scott's Cough Mixture	Cough Remedy	PHR	R13.99
124	Chief - H	Cough Remedy	PHR	R7.99
125	Stern's Pine Tar & Honey Cough Syrup	Cough Remedy	PHR	R7.99 R18.03
126	Vicks Cough Syrup	Cough Remedy	PHR	R11.99
127	Vicks Acta Plus	Cough Remedy	PHR	R9.99 R12.31
128	Wood's Great Peppermint Cure	Cough Remedy	PHR HHS	R9.99 R8.46

129	Chamberlain's Peppermint Cough Remedy	Cough Remedy	PHR HHS	R12.99 R9.79
130	L-C-C-P	Cough Remedy	PHR	R9.99
131	Chest and Lung Tonic	Cough Remedy	PHR HHS	R10.99 R11.92
132	Olion Chest and Lung Tonic	Cough Remedy	HHS	R10.04
133	Kowie Chest & Lung Tonic	Cough Remedy	HHS	R8.22
134	Chamberlain's Cough Mixture	Cough Remedy	PHR	R12.15
135	Puma Cough Mixture	Cough Remedy	HHS	R12.14
136	Borsdrupples	Cough Remedy	PHR	R3.89
137	Futa	Cough Remedy	PHR	R2.00
138	Ejax Yesifuba Chest & Lung Tonic	Cough Remedy	HHS	R10.25
139	Lennon Cough Mixture	Cough Remedy	HHS	R8.54
140	Vidol	Cough Remedy for infants	PHR	R15.99
141	Chest & Lung Tonic Kowie	Cough Remedy for children	HHS	R7.75
142	One-day Flu Cure	Relieves flu	PHR HHS	R10.99 R12.14
143	Cold & Flu Relief	Relieves flu	HHS	R10.41
144	Hot Ginger	Cold and flu remedy	PHR	
145	Eucalyptus Oil	Cold and flu remedy	HHS	R3.57
146	Pando Syrup	For pain and fever	PHR	R10.99
147	Impilo Yabafazi	For pain and fever	HHS	R13.45
148	Grandpa Headache Powders	For headaches	PHR	R4.99
149	Aspro Clear	For headaches	HHS	R6.11

150	Pain Go	For headaches	HHS	R7.62
151	Super Taxi Snuff	Headaches	PHR	
152	Liquid Snuff	Headaches	PHR	R6.99
153	Umxube Wabafazi	Iron Deficiency for women	PHR	R7.99
154	Female Mixture	Cleanse the womb	HHS	R8.93
155	Femix - Female Mixture	Cleanse the womb	HHS	R6.86
156	Felung pills	Iron deficiency	HHS	R6.93
157	Felima Mixture	Tonic for women	HHS	R8.99
158	Fem - O - Vita	Tonic for women	HHS	R6.62
159	Female Pills	Tonic for women	HHS	F3.75
160	Female - 4 - 1 Mixture	Iron deficiency	HHS	R8.51
161	Isikumo Lion Mixture	For menstruation pains	HHS	R8.05
162	Ishlambeza Mixture	Laxative for pregnant women	PHR GINY HHS	R12.99 R6.99 R9.60
163	SOK Ishlambezi Mixture	Heartburn in pregnant women	PHR	R12.99
164	Owenkatazo	Mixture for cleansing women after giving birth	HHS	R7.14
165	Women's Aid	Mixture for cleansing women after giving birth	HHS	R8.31
166	Special Female Mixture	Mixture for cleansing women after giving birth	HHS	R10.91
167	Behoedmiddels	Teething	HHS	R2.34
168	Quma	Teething and wind in infants	PHR	R8.99
169	Umthuthuzeli	Wind and gripes in infants	PHR	R10.99

170	Muthi Wenyoni	Wind in infants	PHR	R8.99
171	Vimbela	Protects infants from the evil spirits	PHR	R6.99
172	Special Doepa	Protect infants from the evil spirits	PHR GINY HHS	R5.99
173	Amafuta Enjayolwand (seal fat)	Protect infants from the evil spirits	PHR GINY HHS	R3.50 R5.60 R3.75
174	Imbotyi	Protect infants from the evil spirits	HHS	
175	ENU	Bed wetting	PHR	R5.50
176	Fissan Baby Paste	Nappy Rashes	PHR	
177	Five Babies Gripe Cure	For gripes	HHS	R7.77
178	Woodward's Gripe Water	For gripes	HHS	R9.95
179	Saceheria Syrup	For gripes	HHS	R6.68
180	Mrs Winslow's Soothing Syrup	For gripes	HHS	R10.69
181	Infants Corrective Mixture		HHS	R6.68
182	GR Behoedmiddel	Infant's constipation	HHS	R4.17
183	Baby's Own	Infant's stomach ache	HHS	R7.09
184	SOK Cough Baby Syrup	Infant's cough remedy	HHS	R7.51
185	Skin & Pimple Mixture	Skin problems	PHR	R8.99
186	Boracic Powder	Complexion	PHR HHS	R1.99 R1.35
187	Persivate Salf	Skin problems	PHR	R15.99
188	Intlahla No 1	Pimples and scabies	PHR HHS	R6.99 R5.29
189	Qwesikhumba	Pimples and ringworm	HHS	R3.65

190	Sulphur	Sores	PHR	R2.99
191	Mecurochrome	Sores	HHS	R2.75
192	Calamine Lotion	For cuts and sores	PHR	R5.99
193	GR Che - Cha Healing Ointment	Healing wounds	PHR GINY HHS	R6.99 R5.00 R3.50
194	Parsey Ointment	Cuts and bruises	PHR	R3.09
195	Germolene Ointment	Healing wounds	PHR	R9.45
196	At Ointment	For wounds	HHS	R10.50
197	Healing Ointment	For wounds	HHS	R3.77
198	Staaldruppels	For bleeding wounds	HHS	R6.27
199	Zinc Ointment	For wounds	HHS	R2.19
200	Iodine	For wounds	HHS	
201	Burn Ointment	For burns	HHS	R6.45
202	Utshile Lotion	For burns	HHS	R6.13
203	Rooi Poeier	Rash	PHR	R3.99
204	Wesikumba	Pimples, lice, scabies	PHR GINY	R6.99 R4.99
205	Yalta Corn Salve	For corns	PHR HHS	R7.99 R4.72
206	Kroko	For corns	PHR HHS	R7.99 R6.91
207	Corn Cure	Corn remover	HHS	R8.94
208	Traxa Ointment	Corn remover	HHS	R14.75
209	"Stone"	Luck	PHR	
210	Love Bean "Intendeli"	Lucky Charm	PHR	R8.19
211	Lucky Bean	For luck	PHR	20c each
212	Itshe Abelungu	For good fortune	PHR GINY HHS	R5.99

213	Amafuta Wenhlanla Abelungu	For good fortune	PHR GINY	R7.00
214	Love Drops	Attract sexual partner	PHR GINY HHS	R5.99 R4.00
215	Green Special	Attract sexual partner	PHR	R3.50
216	Incense Sticks	For luck	PHR	
217	Inqubo Mokhosi	For luck	PHR	R3.50
218	Laxmi Dhoop	For luck	HHS	
219	Special Mpepo	For protection from the evil spirits	HHS	R8.95
220	Nkanyamba	Protection	PHR GINY	R3.50 R5.60
221	Zaneke	For protection	PHR	R3.50
222	Tokoloshe	Protection	PHR GINY HHS	R3.50 R5.60 R2.85
223	Haarlemensis	Used for protection. Directed for kidney infection	HHS	R3.09
224	Care - Disinfectant	Used by <u>amagqirha</u>	PHR	
225	Iyeza Le Tanki (Carbon sulphide - poisonous)	Used by <u>amagqirha</u>	PHR HHS	R20.00
226	Scrub's Ammonia	Used by <u>amagqirha</u>	HHS	
227	Holly Powder	Mixture used by <u>amagqirha</u>	PHR	R11.99
228	Heart & Nerve Restorant - Kowie Medicines	Faintness & Heart Palpitations	PHR	R6.99 R4.05
229	Dr Rumney's Snuff	For nerves	HHS	R2.67
230	Taxi Snuff	For nerves	HHS	R1.36
231	Ntsu Snuff	For nerves	HHS	R1.47
232	Singleton Snuff	For nerves	HHS	R1.06

233	Duiwelsdruk druppels	For nerves	HHS	R3.24
234	Entressdruppels	For nerves	HHS	R3.47
235	Clock Tower Nerve Pain Remedy	For nerves	HHS	R15.06
236	Blood Mixture	Cleaning the blood	PHR	R10.99
237	Umbulali Ntshulube Worm Syrup	For worms	PHR	R6.99
238	Worm Syrup	Worms	PHR	R6.99
239	Hamba Worm Syrup	Worms	HHS	R6.49
240	Rid Worm Syrup	Worms	HHS	R6.65
241	Imbiza Worm Syrup	Worms	HHS	R6.65
242	Toothache Essence	Toothache	PHR	R3.29
243	Eye-gene	Painful eyes	HHS	R8.47
244	Pupuma	For earache	HHS	R2.53
245	Alum Lumps	Sore throats	HHS	R2.83
246	Saltpeter	Sore throat	HHS	R2.03
247	Iodised Throat Tablets	Sore throat	HHS	R5.92
248	Doan's Back ache Pills	Backache	PHR HHS	R8.69 R8.43
249	Cape Aloe Lumps	Multiple purposes	PHR	R2.99
250	Potassium Permanganate "Potash" / Zifo Zonke	Multiple purposes	PHR HHS	R4.99 R2.69
251	Camphor oil	Multiple purposes	HHS	
252	Regmakers Wide Awake Tablets	Alert Tablets	PHR	R8.15
253	Alert Keep Awake Tablets	Alert tablets	HHS	R4.50
254	Karoo Inflammation Oil	For inflation	HHS	R10.06
255	TCP	Disinfectant	PHR	R6.99
256	Surgical Spirits	Disinfectant	HHS	R3.72

257	Econo Petroleum Jelly		PHR	R1.99
258	Bandages		PHR	
259	Condoms		PHR	R1.99
260	Sweeteners	Sugar Supplements	PHR	
261	Crowden Rubber Syringe	For enemas	PHR	R15.99
262	Bob Martin	Dog Tablets	PHR	R14.99
263	Bluestone	d.k.	PHR	R2.99
264	Senna Leaves		HHS	R5.48
265	Fire - Bark Tea	No information & d.k.	HHS	R4.94
266	Silvervita	d.k.	HHS	R8.48
267	Sejeso - Idliso	d.k.	HHS	R6.68
268	Muti - ibomve - Natal Herb Suppliers	African Steam bath	HHS	R6.68
269	Phalaza - Gapa - Natal Herb Supplies	African vomiting mixture	HHS	R6.80
270	Izifozone - Amazing Mixture Traditional African Herbal	African vomiting mixture	HHS	R6.88
271	Umuthi Wentlahla Woku Geza - Natal Herb Supplies	For good fortune	HHS	R30.74
272	Enyamazane - Natal Herb Supplies	For good fortune	HHS	R7.99
273	Peppermint Druppels - Kowie Medicines	d.k.	HHS	R3.12
274	Izizwe - Muti Medicines	No information, d.k. ⁴⁶	HHS	R2.75
275	Izizwe Ezinandwayo - African Medicines	No information, d.k.	HHS	R2.50

⁴⁶The uses of these medicines were not known by the owners of the staff employed in the stores, nor were their instructions given on the labels.

276	Izizwe Ezikotwayo - African Medicines	No information, d.k.	HHS	R2.50
277 Fats	Mamba (ancestral snake)	No information, d.k.	HHS	R2.75
278	Indhlovu (elephant)	No information, d.k.	HHS	R2.75
279	Ngonyama Khlosi (lion)	No information, d.k.	HHS	R2.75
280	Bhubesi (lynx)	No information, d.k.	HHS	R2.75
281	Impisi (hyena)	No information, d.k.	HHS	R2.75
282	Intlwati	No information, d.k.	HHS	R2.75
283	Ngwenya (crocodile)	No information, d.k.	HHS	R2.75
284	Sandawane	No information, d.k.	HHS	R3.75
285	Nkanyamba (snake)	No information, d.k.	HHS	R2.85
286	Insimango (monkey)	No information, d.k.	HHS	R2.75
287	Nyengelezi	No information, d.k.	PHR HHS	R2.75
288	Imvuya Manzi	No information, d.k.	HHS	R2.75
289	Intini (cat fish)	No information, d.k.	HHS	R2.75
290	Mfene (baboon)	No information, d.k.	HHS	R2.75
291	Ibululu Marabe	No information, d.k.	HHS	R2.75
292	Shaka	No information, d.k.	HHS	R2.75
293	Fudo (turtle)	No information, d.k.	HHS	R2.75
294	Nkomolwandle (whale)	No information, d.k.	HHS	R2.50
295	Nkomo (cow)	No information, d.k.	HHS	R2.50
296	Ihashe (horse)	No information, d.k.	HHS	R2.50
297	Nkwazi	No information, d.k.	HHS	R2.75
298	Indlulamiti (giraffe)	No information, d.k.	HHS	R2.75
299	Pumalimele	No information, d.k.	HHS	R2.75
300	Sothamlilo	No information, d.k.	HHS	R2.75
301	Imbulu	No information, d.k.	HHS	R2.75

302	Uxam lakabane (leguaan)	No information, d.k.	HHS	R2.75
303	Mpundulu Tlali (ancestral lightning bird)	No information, d.k.	HHS	R2.75
304	Doepa Mnyama Paste	No information, d.k.	HHS	R4.99
305	Imikundosisutu	No information, d.k.	HHS	R4.07
306	Xalanga (vulture)	No information, d.k.	HHS	R2.75
307	Ingwe (leopard)	No information, d.k.	HHS	R2.75
308	Inkawu Tsoenyane (monkey)	No information, d.k.	HHS	R2.75
309	Mpafu Phafu	No information, d.k.	HHS	R2.75
310	Igogo Sekane	No information, d.k.	HHS	R2.75
311	Jakalsi Phokojoe (jackal)	No information, d.k.	HHS	R2.75
312	Isikova Sephooko (owl)	No information, d.k.	HHS	R2.75
313	Isibunga	Good luck in business	GINY	R2.00

APPENDIX B:

A LIST OF THE HERBAL MEDICINES SOLD IN THE THREE AMAYEZA STORES AND KNOWN BY VARIOUS COLLECTORS

No	Vernacular name & collection number	⊙ ⁴⁷	◆ ⁴⁸	Price	Use and preparation (as told by informants)
1	<u>Intelezi</u> <i>Gasteria bicolor</i> <i>Dracaena aletiformis</i> Dold 1517, 1697, 1762 Cocks 20	L	*HHS #H/S ~GINY `PHR ⁴⁹ Ida Joko Travis	*R2.50 #R1	*#~` Leaves are pulped. Multiple purpose. Used either as a body wash - <u>iyeza kuhlamba</u> , an emetic - <u>ukugaba</u> , an enema - <u>ukucima</u> or sprayed around the house to chase away the evil spirits - <u>ukutshiza</u> . Ida, Joko, Travis
2	<u>Maphipha</u>	b	*HHS #H/S ~GINY `PHR	*R5 #R1 ~R3 `R5	*#~` The bark is ground, boiled in water and taken as an emetic - <u>ukugaba</u> to cleanse the stomach and to remove gall.

⁴⁷⊙ Refers to the part of the plant which is used for medicinal purposes:
L = leaves; b = bark; B = bulb; T = tuber; R = root; S = stem and w/p = whole plant.

⁴⁸◆ Refers to which amayeza stores the medicine are sold in and whether they were also sold by the herbal hawkers: *HHS = **Herbal Health Services**; ~GINY = **Ginyabathakathi**; `PHR = **Peddie Herbal Remedies** and #H/S = Herbal Hawkers stalls.

The various individuals' names given refer to the collectors' names. Ida and Griffith = herbalists from a rural village; Joko = herbal hawker who sold her supplies to both **Ginyabathakathi** and **Herbal Health Services** and Travis = herbal collector for **Peddie Herbal Remedies**.

3	<u>Izintlwa</u> <i>Psychotria capensis</i> <i>Protorhus longifolia</i> Dold 1817, 1751	B	*HHS #H/S ~GINY Joko	*R3 #R1 ~R3	*#Can be used either as an emetic - <u>ukugaba</u> , a purgative - <u>ukucima</u> , as a wash - <u>iyeza kuhlamba</u> or it can be smeared onto the body for luck. - Joko ~Used as an <u>ukugaba</u> to cleanse the blood and to increase one's appetite.
4	<u>Mbomvana</u> <i>Cassine papillosa</i> Dold 1812	b L	*HHS Joko	R2.50	*The bark and leaves are thrown onto coals to smoke out lightning - <u>izulu</u> which has been sent to you by people who are jealous of you - <u>umthakhati</u> . Joko
5	<u>Isidumo</u>	b	*HHS #H/S ~GINY `PHR	*R3 #R1	*#~`Taken as an emetic - <u>ukugaba</u> for luck.
6	<u>Mfazonengxolo</u>		*HHS `PHR ~GINY	*R3	No information given.
7	<u>Cithi-bunga</u> <i>Rhoicissus digitata</i> <i>Rhoicissus tridentata</i> Dold 1717, 1764, 1692, 1749.	T	*HHS #H/S ~GINY `PHR Travis Joko	*R4.50 #R1 ~R2	*`The tuber is sliced and soaked in water and used as an emetic - <u>ukugaba</u> or as a wash - <u>iyeza kuhlamba</u> for protection from the evil spirits - <u>ukutshiva</u> . #Or as a steam - <u>ukufuta</u> to bring good fortune in court cases. Joko ~Used as an <u>ukugaba</u> to cleanse the body. Used for acute headaches. Travis

8	<u>Mzana</u>		*HHS	*R5	*Used for sore feet which is caused by an illness associated with the river ancestors - <u>umlambo</u> .
9	<u>Mrateni</u> <i>Ornithogalum sp</i> ex. hort	B	*HHS #H/S ~GINY 'PHR	*R3 #R1 ~R2	*#~Used as a wash - <u>iyeza kuhlamba</u> when going for a court case, for good luck and an itchy body.
10	<u>Phuncuka pembhethe</u> <i>Talinum caffrum</i> Dold 1675	B	*HHS #H/S 'PHR	*R2.50 #R1 'R1.50	*#'Used as a wash - <u>iyeza kuhlamba</u> and as an emetic - <u>ukugaba</u> when one wishes for things to go well.
11	<u>Skolpati / Skilpad</u> <i>Dioscorea sylvatica</i> Cocks 5	T	*HHS #H/S ~GINY	*R7 #R2 ~R2	*#~It is mixed with <u>ntsema</u> and used as a wash - <u>iyeza kuhlamba</u> for protection from the evil spirits - <u>ukutshiza</u> that causes bad and itchy skin.
12	<u>Labatela</u>		*HHS	*R3	*Used as a wash - <u>iyeza kuhlumba</u> and as an emetic - <u>ukugaba</u> for an itchy and tired body.
13	<u>Mwelela</u> <i>Tulbaghia</i> (ex. hort)	B	*HHS #H/S ~GINY 'PHR	#R1 ~R2	*It is mixed with <u>maysake</u> , <u>iqwili</u> and <u>mavumbuka</u> , a mixture is made for poison in the stomach. #Used as a wash - <u>iyeza kuhlamba</u> and as an emetic - <u>ukugaba</u> for luck in a court cases. ~'Used to call someone back to you, i.e. a loved one.

14	<u>Mavumbuka</u>		*HHS 'PHR ~GINY		*' ~ Ground into a powder and smeared on the face or used as a steam - <u>ukufuta</u> for rash or pimples.
15	<u>Tswelana</u> <i>Bulbine sp.</i> (ex. hort)	B	*HHS #H/S	R3 50c	*#It can be drunk or be taken as an enema - <u>ukucima</u> for stomach aches.
16	<u>Memezi</u> <i>Cassipourea</i> <i>flanaganii</i> Dold 1743	b L	*HHS 'PHR Joko	*R2	*'The bark is ground into a powder and used as a facial paste, for lightning ones skin. The leaves are boiled for steam - <u>ukufuta</u> or as a wash - <u>iveza kuhlamba</u> for luck. Joko
17	<u>Phawula</u>		*HHS	*R3	*Taken as an emetic - <u>ukugaba</u> and as a wash - <u>iveza kuhlamba</u> for gall problems and bad luck.
18	<u>Nkuphulawa</u>		*HHS	*R3	*Taken as an emetic - <u>ukugaba</u> for gall problems.
19	<u>Dolo le nkonyane</u> <i>Rumex steudelii</i> <i>Rumex lanceolatus</i> Dold 1519	R	*HHS Ida	*R3	*Taken as a wash - <u>iveza kuhlamba</u> for sore feet and knees. The rootstock is pulped and infused in cold water and drunk for relieving kidney pains. Ida
20	<u>Hobo-hobo</u>		*HHS	R3	Bird's nest, it is used by <u>amagqirha</u> to put their money into it.

21	<p><u>Ncebe</u> <i>Polygala serpentaria</i></p> <p>Dold 1832</p>	R	<p>*HHS 'PHR ~GINY Joko</p>	<p>*R3 ~R4</p>	<p>*'~The roots are soaked in water and can be mixed with <u>ngcana</u> and either be taken as an emetic - <u>ukugaba</u> or as a wash - <u>iyeza kuhlamba</u> to bring good fortune. Joko</p>
22	<p><u>Mgquma - gquma</u></p>	T	<p>*HHS #H/S ~GINY</p>	<p>#R1 ~R2</p>	<p>*It is taken either as an emetic - <u>ukugaba</u>, as a wash - <u>iyeza kuhlamba</u>, steam - <u>ukufuta</u> for protection from the evil spirits - <u>ukutshiza</u> and <u>ukuchila</u>. #Grind and mix with boiling water, it is either drunk or used as an enema - <u>ukucima</u>, when one wishes to send the <u>ukutshiza</u> back to its sender. ~Taken as emetic - <u>ukugaba</u> to cleanse the stomach.</p>
23	<p><u>Iyeza lamasi</u> <i>Senecio sp</i> (ex. hort)</p> <p><i>Nidorella</i></p> <p><i>Senecio coronatus</i></p> <p>Dold 1691, 1809</p>	R	<p>*HHS #H/S ~GINY 'PHR Travis Joko</p>	<p>#R1 ~R2</p>	<p>*#~The root is boiled in water and given to infants to drink or as an enema - <u>ukucima</u>. It is good for weaning infants, to get the sour milk and wind out of the child's stomach. Travis, Joko.</p>

24	<u>Iphuzi</u> <i>Gunnera perpersa</i> Dold 1808 <i>Centella sp.</i> (ex. hort)	R	*HHS #H/S		#It is mixed with <u>Dololenkonyane</u> and used to heal sore knees. *The rootstock is grated and bottled in water, this is drunk to relieve body itches caused by drinking and bathing in unclean water.
25	<u>Ngcana</u> <i>Dianthus thunbergii</i> <i>Drimia anomala</i> Dold 1801 (ex. hort)	S	*HHS #H/S ~GINY `PHR Joko	#R1 ~R3 `R3	*#~` An infusion is taken as an emetic - <u>ukugaba</u> and as a wash - <u>iyeza kuhlumba</u> to bring good luck. Joko
26	<u>Mbetwa</u>		*HHS		*Used as a steam - <u>ukufuta</u> to keep out bad fortune.
27	<u>Isicimamlilo</u>	R	*HHS #H/S ~GINY `PHR	#50c ~R3 `R2.50	*It is drunk to help with <u>ukuchila</u> and help with pains in the body. ~Used as a wash to heal wounds or burns. `If you are afraid of the lightning - <u>izulu</u> it will protect you. #For kidney infections.
28	<u>Yakayakana</u> <i>Bulbine abyssinica</i> <i>Bulbine asphodeloides</i> Dold 1510 Cocks 21	R	*HHS `PHR Ida Griffith		*It is taken as an enema - <u>ukucima</u> and drunk by children suffering from stomach pains and wind. Griffith. `Rootstock is sliced up and boiled to make an infusion for bladder infections. Ida

29	<u>Nolelazimhlophe</u>		*HHS		*Used as a wash - <u>iyeza kuhlamba</u> and as an emetic - <u>ukugaba</u> .
30	<u>Ityholo</u> <i>Clematis brachiata</i> Dold 1821	L	*HHS Joko		*The leaves are boiled in water and used as a steam - <u>ukufuta</u> to bring good fortune. Joko
31	<u>Nyenye</u>		*HHS		*It is mixed with <u>Tyholo</u> and used as a steam - <u>ukufuta</u> for luck.
32	<u>Isiqhumiso</u>		*HHS		*It is burnt on the stove to chase away the evil spirits - <u>ukutshiza</u> and used for luck in business.
33	<u>Phewule</u>		*HHS		*It is mixed with water and used as a steam - <u>ukufuta</u> .
34	<u>Iphamba</u> <i>Eulophia streptopetala</i> <i>Polystachya</i> Dold 1836, 1746	B w/p	#H/S 'PHR Joko	#50c '50c	#'The whole plant is used as a wash - <u>iyeza kuhlamba</u> , to bring about good fortune in court cases and relationships. Joko
35	<u>Nongwe</u>	B	#H/S ~GINY	#R1 ~R2	#Either taken as a wash - <u>iyeza kuhlamba</u> or as a mixture to drink for rashes - <u>irawuzela</u> caused by the evil spirits - <u>ukutshiza</u> . ~Either taken as an emetic - <u>ukugaba</u> or as a steam - <u>ukufuta</u> when you want people to be proud of you.

36	<u>Mnonono</u>	b	#H/S ~GINY 'PHR	#R1 ~R2 'R2:50	#~'For poison in the stomach and <u>ukuchila</u> . The bark is chewed.
37	<u>Mkhwenkwe</u>	b	#H/S ~GINY 'PHR	#50c ~R5	#~'Ground into a powder and taken either as an emetic - <u>ukugaba</u> or as an enema - <u>ukueima</u> to remove gall.
38	<u>Mhahleni</u>	b	#H/S ~GINY	#R1.50 ~R2	#~'Made into a mixture and taken as an emetic - <u>ukugaba</u> for <u>ukuchila</u> and for cleansing the stomach.
39	<u>Gwetyube</u> <i>Iridaceae</i> (ex. hort)	B	#H/S ~GINY 'PHR	#R1 ~R2	#The bulb is boiled in milk and taken as an enema - <u>ukucima</u> for impotency. ~'Taken as an <u>ukucima</u> for stomach problems.
40	<u>Mayisake</u> <i>Cissampelos</i> <i>capensis</i> Dold 1712	T	#H/S ~GINY 'PHR Travis	#R1 ~R2	#~'The smoke of the burning powder of the tuber is inhaled for good luck in court cases or it can be smeared onto the eyebrows for good luck. 'Or it can be mixed with <i>Capparis sp</i> and a decoction is made for the relief of sore chest and blocked arteries. Travis

41	<u>Tuvishe</u> <i>Kedrostis foetidissima</i> Dold 1710	T	#H/S ~GINY Travis	#R2 ~R2	#~A mixture is made and taken as an enema - <u>ukucima</u> to increase one's appetite and for runny stomachs. A tonic is made from <i>Kedrostis foetidissima</i> , <i>Capparis sepiaria</i> and <i>Capparis fascicularis</i> for ill health. Travis
42	<u>Impinda - phindamshaye</u>	S	#H/S ~GINY	#R2 ~R10	#~Mixed with <u>chiti-bunga</u> to spray the house to return the evil spirits - <u>ukutshiza</u> to its sender.
43	<u>Hlungu - hlungu</u>	S	#H/S ~GINY	~R2	#Boiled and mixed with <u>iphuzi</u> for the river ancestors - <u>umlambo</u> . ~It is used as an emetic - <u>ukugaba</u> for cleansing the body and to have good dreams.
44	<u>Qwili</u>	R	#H/S `PHR ~GINY	#R1 `R3	#Chewed when one has a fever. ~For stomach poison.
45	<u>Impendulo</u> <i>Rubia petiolaris</i> Dold 1831	R	#H/S ~GINY Joko	#R1 ~R3	#The roots are soaked in water and given to infants as an emetic to relieve rash - <u>irawuzela</u> . Joko ~You can either wash - <u>iyeza kuhlamba</u> with it or take it as an emetic - <u>ukugaba</u> for luck.
46	<u>Ntsema</u>	w/p	#H/S	#R1	#To spray around the house for evil spirits - <u>ukutshiva</u> .

47	<u>Iathile</u>	b	#H/S ~GINY	#R1	#Sold as a mixture for good luck it can either be taken as an emetic - <u>ukugaba</u> or it can be smeared onto the body.
48	<u>Ngwavume</u>	b	#H/S	#R1	#A mixture is made to help protect one from lightning - <u>izulu</u> .
49	<u>Isithithibala</u> <i>Ledebouria sp.</i> <i>Eucomis sp.</i> Cocks 22	B	#H/S ~GINY `PHR Griffith	#R1	#Taken as a tonic. ~Taken as an enema - <u>ukucima</u> . `Ground into a powder and mixed with water for fits or the plant can be planted outside of one's house for protection from the evil spirits - <u>ukutshiza</u> . The tunic of the bulb is ground and boiled and taken as an <u>ukucima</u> to relieve back-ache. Griffith
50	<u>Umthunye - kelelwa</u>	b	#H/S		# Boiled in water and a mixture is made for <u>ukuchila</u> .
51	<u>Storom</u> <i>Cadaba aphylla</i> Dold 1672	R	`PHR Ida		`The root is burnt and the smoke inhaled to relieve headaches. Also commonly used to ward off lightning - <u>izulu</u> sent by evil or jealous people - <u>umthakhati</u> . Ida
52	<u>Umchomo</u> <u>Wemfene</u>		`PHR ~GINY	`R3.50~ ~R7	`~The dassie urine is seeped in water and drunk by pregnant women to induce delivery.

53	<u>Umfazi Onengxolo</u>	b	`PHR		`Bark is ground and mixed with <u>ubulawu bethafa</u> and <u>ngoma makhosi</u> and made into a mixture with cold water. Used to attract one's loved one.
54	<u>Ishwadi</u>	B	`PHR ~GINY	~R2.50	`~Used as a bandage for circumcision wounds of <u>abakwetha</u> .
55	<u>Umfanejacile</u>	R	`PHR	`R1.50	`Used to make your husband come back to you. You chew the root.
56	<u>Uvutha</u>		`PHR		`Used in cases of witch-craft - <u>umthakathi</u> to burn one's enemies. It is mixed with <u>umhlabelo</u> and glycerine.
57	<u>Umhlabela</u>		`PHR		`Used to heal sores. It is mixed with cold water and smeared onto the sore.
58	<u>Umlomo Mnandi</u>		`PHR ~GINY	`R3	~`Used to get someone to say yes to whatever you want them to say yes to. You chew it while you are talking to them. Good for court cases.
59	<u>Mahlabe Kufeni</u>		~GINY		~Used for dizziness and sharp pains.
60	<u>Isdumo esimhlophe</u>		~GINY	~R5	~Used to chase away evil spirits - <u>ukutshiza</u> .
61	<u>Mlomomnandi</u>	b	`PHR ~GINY	~R2	`~Used to make someone say nice things about you. The bark is chewed.

62	<u>Umthombothi / sandalwood</u>	b	~GINY `PHR	~`R6	~Used for infants' rashes - <u>irawuzela</u> . It is either ground into a powder and mixed with water and smeared over the infant's body. Or given to infants to drink.
63	<u>Umhlabela omhlophe</u>		~GINY	~R7	~Used to heal wounds inflicted through witchcraft - <u>umthakathi</u> . The powder is licked.
64	<u>Umthuma</u>	R	~GINY		~The roots are boiled in water, this water is used as an enema - <u>ukucima</u> , to cure STD and to increase fertility. Also for healing snake bites.
65	<u>Umhlantlo</u>	sap	~GINY		~Used to remove gall and to cleanse the intestines.
66	<u>Umgcamtsi wehashe</u>		~GINY	~R7	~Umbilical cord of a horse, seeped in water and drunk by pregnant women to induce delivery.
67	<u>Mayime</u>		~GINY		~Used to expel spells cast by evil spirits - <u>umthakathi</u> .
68	<u>Pasmani</u>		`PHR	`R3	`It can be drunk or smoked when you wish to sleep well.
69	<u>Izizwe Ezikhoth-wayo</u>		~GINY	R3.50	~Used to protect oneself from ill fortune.

70	<u>Isidikili</u>	R	`PHR ~GINY		`Used to protect oneself from the <u>Tokoloshe</u> . ~Used for complexion problems.
71	<u>Mabopha</u>		`PHR	`R15	`Taken as an emetic - <u>ukugaba</u>
72	<u>Mathanjana</u>	R	`PHR	`R3	`Root is boiled in water and one bathes in the water for painful joints.
73	<u>Ubulawu Bethafa</u>	R	`PHR	`R1.50	`Roots ground into a powder and mixed with water and drunk as an emetic - <u>ukugaba</u> to cleanse the body.
74	<u>Umlabalaba</u>	b	`PHR ~GINY	`R6	`The bark is boiled and strained through a cloth, and taken as an enema - <u>ukucima</u> for impotency.
75	<u>Imphepho</u> <i>Helichrysum odoratissimum</i> Dold 1761	L	`PHR ~GINY Joko	`R2	`~The leaves are used for a steam - <u>ukufuta</u> , and burnt to smoke out evil spirits - <u>ukutshiza</u> .
76	<u>Mathunga</u>	b	~GINY	~R7	~Used to heal wounds believed to be inflicted through witchcraft - <u>umthakathi</u> .
77	<u>Umvuthuza</u> <i>Clematis brachiata</i>		~GINY	~R3	~Used to cure pig lice disease. It is boiled in water.
78	<u>Mbangandla</u>		~GINY		~Used to heal skin problems.
79	<u>Intsizi Ekhothqyo</u>		~GINY		~Used to heal wounds inflicted by evil spirits - <u>ukutshiza</u> .

80	<u>Umthathi</u> <i>Ptaeroxylon obliquum</i> Dold 1503, 1820	b L	Ida #H/S		The bark is steeped in cold water and mixed with <i>Brachyleana ilicifolia</i> , for diabetes - <u>iswekile</u> . Ida #The leaves are boiled in water and used as a mouth wash to relieve toothache - <u>izinyo</u> .
81	<u>Umsenge</u> <i>Cussonia spicata</i> Dold 1709, 1741	b L R	#H/S Travis		#The bark of the root is crushed, boiled in water (with other herbs) and drunk as a cure for cancer. Travis
82	<u>Nenongwe</u> <i>Hypoxis zeyheri</i> <i>Hypoxis sp</i> Dold 1720		#H/S Travis		# Taken for bad skin. It is ground into a powder and mixed in water and smeared onto the face. The tuber is grated and mixed with <i>Dianthus sp.</i> and water. 2 Tablespoons are taken a day, for kidney pains. Travis
83	<u>Itshangwe</u>	b	~GINY		~Taken to protect infants from the evil spirits - <u>ukutshiza</u> . The bark is ground into a powder and mixed with water and given as a enema - <u>ukucima</u> .
84	<u>Isibindi</u> <i>Ganoderma sp.</i> Dold s.n.		~GINY	~R2	Used during circumcision rites.
85	<u>Ifutha</u>		~GINY	~R20	<u>Ifutha</u> is a clay which is used during circumcision rites.

86	<u>Ubulawu</u> <i>Silene sp.</i> Dold 1502	R	*HHS Ida		* Sold as a remedy for luck. Roots are crushed and steeped in cold water, the infusion is warmed and drunk, induces vomiting. Ida
87	<u>Ibubusi</u> <i>Pteronia incana</i> <i>Becium burchellianum</i> Dold 1500 Cocks 16	L	Ida		The leaves are boiled in water and drunk as a tea 2-3 times a day for coughing - <u>ukukhohlela</u> . Ida
88	<u>Icubamfene</u> <i>Nicotiana glauca</i> Dold 1501	L	Ida		A leaf is warmed on a fire and strapped over a boil - <u>ithumba</u> , as a compress to draw out the infection. Ida
89	<u>Umggeba</u> <i>Brachylaena ilicifolia</i> Dold 1504	b	Ida		Bark is mixed with the bark of <u>umthathi</u> - <i>Ptaeroxylon obliquum</i> , steeped in cold water and 2 spoonfuls taken 3 times a day for diabetes - <u>iswekile</u> . Ida
90	<u>Nzinziniba</u> <i>Lippia javanica</i> Dold 1505	L	Ida		The leaves are boiled in water and added to milk and one cupful taken 3 times a day for coughs - <u>ukukhohlela</u> . Ida

91	<u>Umhlonyana</u> <i>Marrubium vulgare</i> <i>Rumex acetosella</i> Dold 1506 Cocks 10	L	Ida Griffith		The leaves are boiled in water and drunk for coughs - <u>ukukhohlela</u> . Ida, Griffith
92	<u>Umjinga</u> <i>Aloe tenuior</i> Dold 1507	L	Ida		The leaves are chewed to relieve heart-burn. An infusion of the sap is used as an enema - <u>ukucima</u> for constipation - <u>uqhinile</u> . Ida
93	<u>Ubuhlungu</u> <i>Teucrium trifidum</i> Dold 1508		Ida		Mixed with <i>Hermannia sp.</i> and an infusion is made by boiling it in water. This is given to goats with stomach cramps. Ida
94	<u>Rooiwater</u> <i>Bulbine alooides</i> Dold 1509 Cocks 18	L	Ida Griffith		Crushed leaves are boiled in water and can be mixed with <u>skorpaati</u> , <i>Dioscorea sp.</i> , and drunk as a tea to relieve bladder infections. Ida, Griffith. It can also be mixed with <i>Dioscorea sp</i> and used to heal broken bones. Griffith
95	<u>Iflowa</u> <i>Vinca major</i> Dold 1511	b	Ida		Bark is scraped off and steeped in cold water and drunk for diabetes - <u>iswekile</u> . Ida

96	<u>Ubushwa</u> <i>Arctotis arctotoides</i> <i>Arctotis discolor</i> Dold 1512 Cocks 12	w/p	Ida Griffith	A decoction is made by boiling the plant in water. Taken as an enema - <u>ukucima</u> by children with sore stomachs. Must be used sparingly as an over strong decoction can be dangerous. Also used for livestock with stomach complaints, a small amount is poured onto a cloth and bound onto the animal's nose. Ida The leaves are ground, mixed with water, and sieved through a cloth. The extract is rubbed into incisions on the skin for skin ulcers. Leaves are ground and mixed with half a cup of water taken to stop vomiting. The same extract can be used for ear infections. Griffith
97	<u>Ventrit</u> <i>Ruta graveolens</i> Dold 1513		Ida	An infusion is mixed with brandy in a teaspoon full of mother's milk and given to a baby with wind - <u>nemoya</u> . Ida

98	<u>Jongilanga</u> <i>Malva parviflora</i> Dold 1514, 1682	L	Ida Travis		A decoction is made by boiling the leaves in water, this is used as a gargle for toothache - <u>izinyo</u> . Ida The pulped leaf is used as a bandage to heal cuts and wounds and boils. Travis
99	<u>Umvenyati</u> <i>Exomis microphylla</i> Dold 1515		Ida		An infusion in cold water is made. This is drunk for rashes - <u>irawuzela</u> caused by eating freshly killed meat. Also taken for scabies - <u>iratshalala</u> , picked up by children who swim in dams that pigs wallow in. Ida
100	<u>Ubuvimba</u> <i>Withania somnifera</i> Dold 1516	R	Ida		Rootstock is peeled and pieces are chewed to relieve coughs - <u>ukukhohlela</u> . Ida
101	<u>Kreketsane</u> <i>Ledebouria revoluta</i> Dold 1518	B	Ida		The bulb is pulped and used as a wash - <u>iyeza kuhlamba</u> to chase away <u>ukuchila</u> and bad luck. Also boiled in water and given to children to alleviate wind - <u>nemoya</u> . Ida
102	<u>Uredeni</u> <i>Urginea sp.</i> Dold 1704	B	Travis		The bulb is boiled and drunk for stomach ailments. Travis

103	No name given <i>Indigofera sessilifolia</i> Dold 1706	w/p	Travis		Taken for kidney infections. Travis
104	<u>Umphafa</u> <i>Ziziphus mucronata</i> Dold 1711	R	Travis		The roots are boiled in water and drunk to relieve back ache. Travis
105	<u>Ntlungunyembe</u> <i>Acokanthera oppositifolia</i> Dold 1713	S	Travis		The wood is burnt inside a house, the smoke drives away the evil spirits - <u>ukutshiza</u> . Travis
106	<u>Mabinda</u> <i>Capparis fascicularis</i> Dold 1714		Travis		Mixed with <i>Capparis sepiaria</i> - <u>Sihlo limbomvu</u> and <i>Cissampelos capensis</i> - <u>Mayisake</u> for chest complaints. Travis
107	<u>Sihlolibomvu</u> <i>Capparis sepiaria</i> Dold 1721		Travis		Mixed with <i>Capparis fascicularis</i> , boiled in water and taken for chest complaints. Travis
108	<u>Nomgushe</u> <i>Gerbera viridifolia subsp. natalensis</i> Dold 1718	T	Travis		The tuber is grated and used with <i>Hypoxis sp.</i> - <u>nenongwe</u> for kidney infections and stomach aches. Travis
109	<u>Komoventaba</u> <i>Dianthus</i> Dold 1719		Travis		It is used as an enema - <u>ukucima</u> and as a wash - <u>iveza lokuhlamba</u> to cleanse away bad luck. Travis

110	<u>Umaelebele</u> <i>Sarcostemma viminale</i> Dold 1666	S	Ida		The stems are dried, powdered and mixed with water, this is given to cattle to encourage lactation - <u>isaghaga</u> . Ida
111	<u>Umkumiso</u> <i>Pelargonium reniforme</i> Dold 1667	R	Ida		The roots are boiled in water and the infusion is taken for bloody stools - <u>siso se gaza</u> . Ida

APPENDIX C:

PLATES

Plate no. 1: Entrance to Peddie Herbal Remedies.

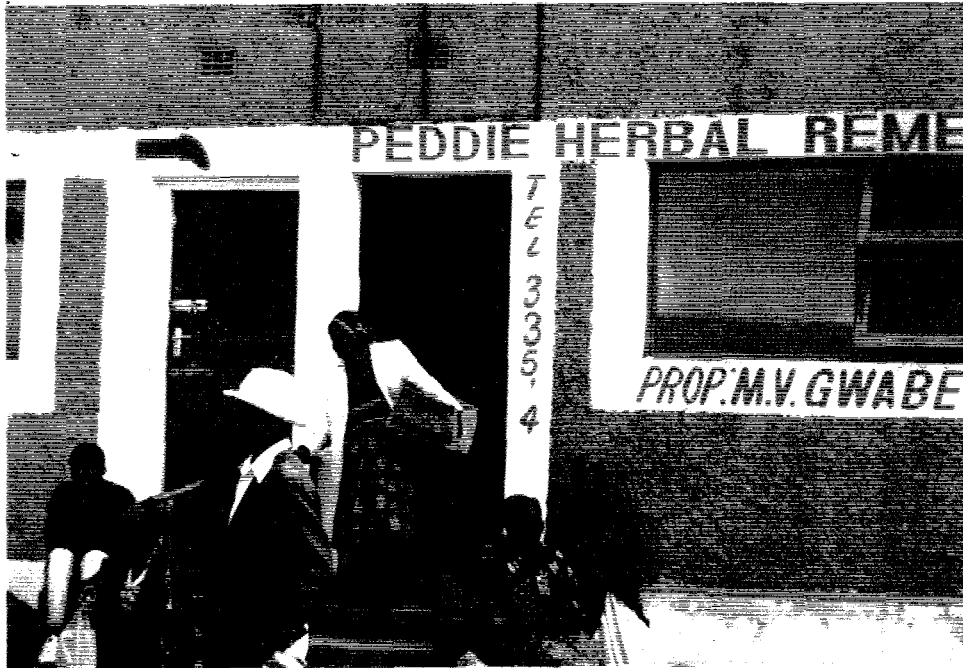


Plate no. 2: Entrance to Ginyabathakathi.



Plate no. 3. Entrance to Herbal Health Services.



Plate no. 4. Interior of Ginyabathakathi.



Plate no. 5. Assistants preparing herbal remedies in Ginyabathakathi.

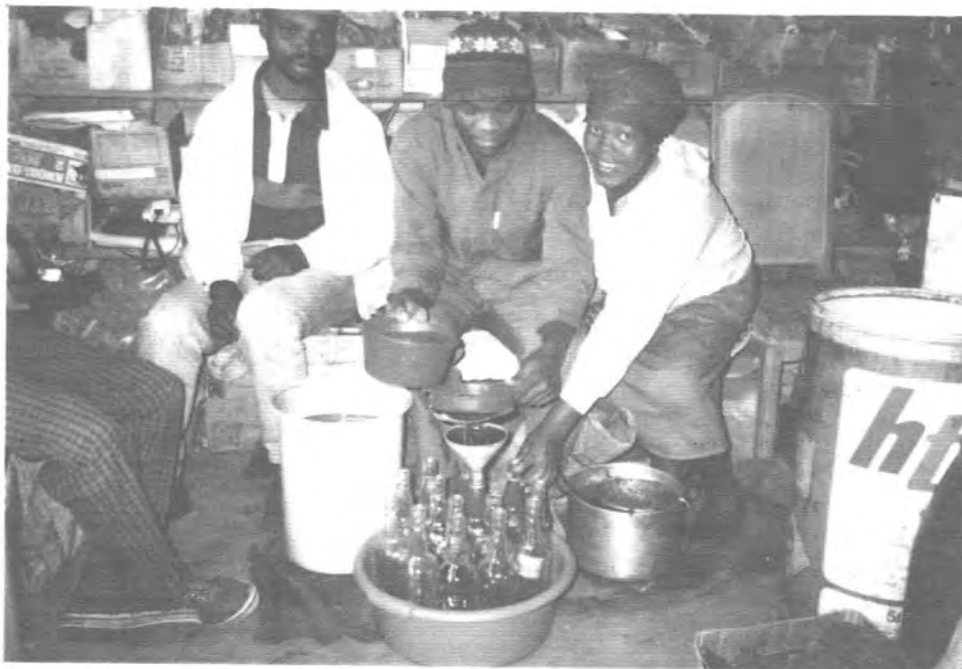


Plate no. 6. Shuter, an assistant working behind the counter in Ginyabathakathi.



Plate no. 7. Interior of Herbal Health Services.



Plate no. 8. Monica, a staff member employed at Herbal Health Services.



Plate no. 9. Nomvuselelo, the igqirha employed in Herbal Health Services.



Plate no. 10. Examples of OTCs marketed for the African market.

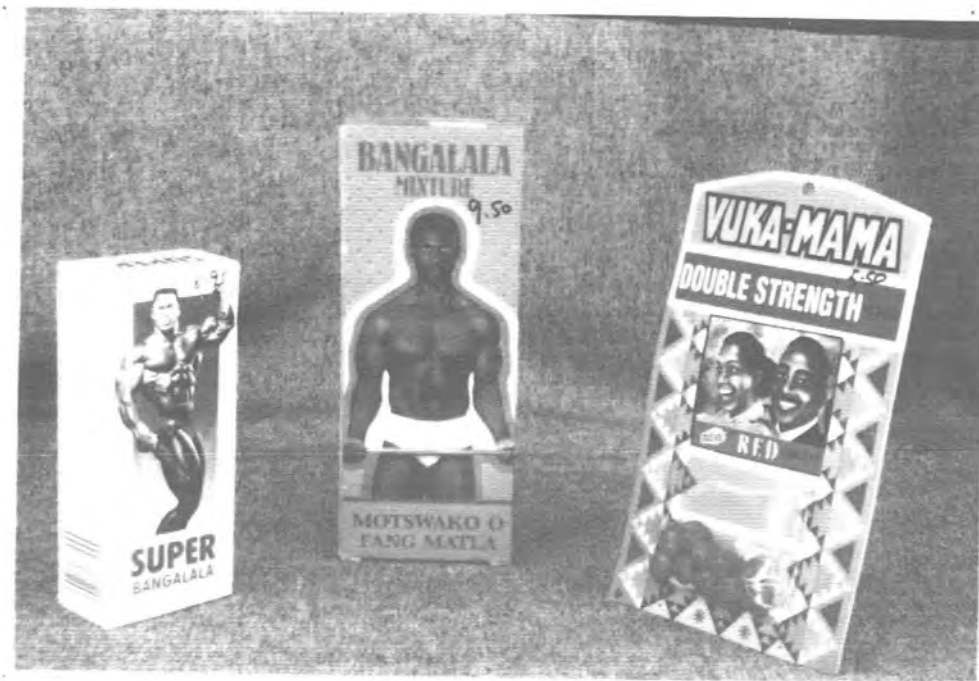


Plate no. 11. Examples of Dutch Remedies.

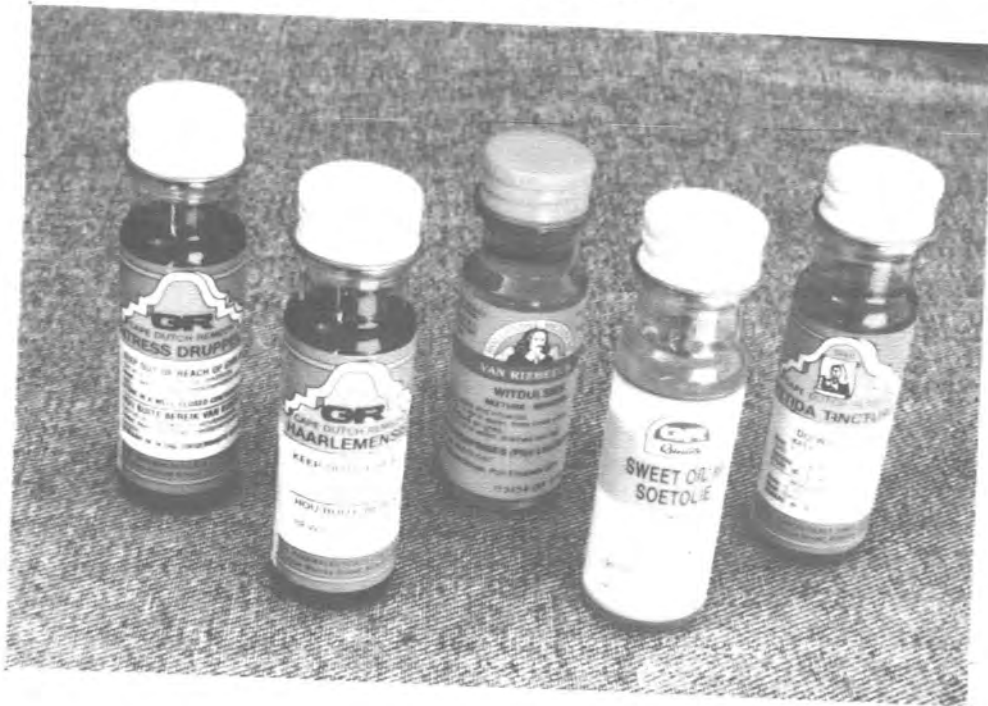


Plate no 12. Examples of Indian Remedies – incense sticks.



Plate no 13. Examples of commercially-patented traditional remedies.



Plate no 14. Examples of commercial patented animal products.



Plate no 15. Examples of novel brands marketed for the African market.

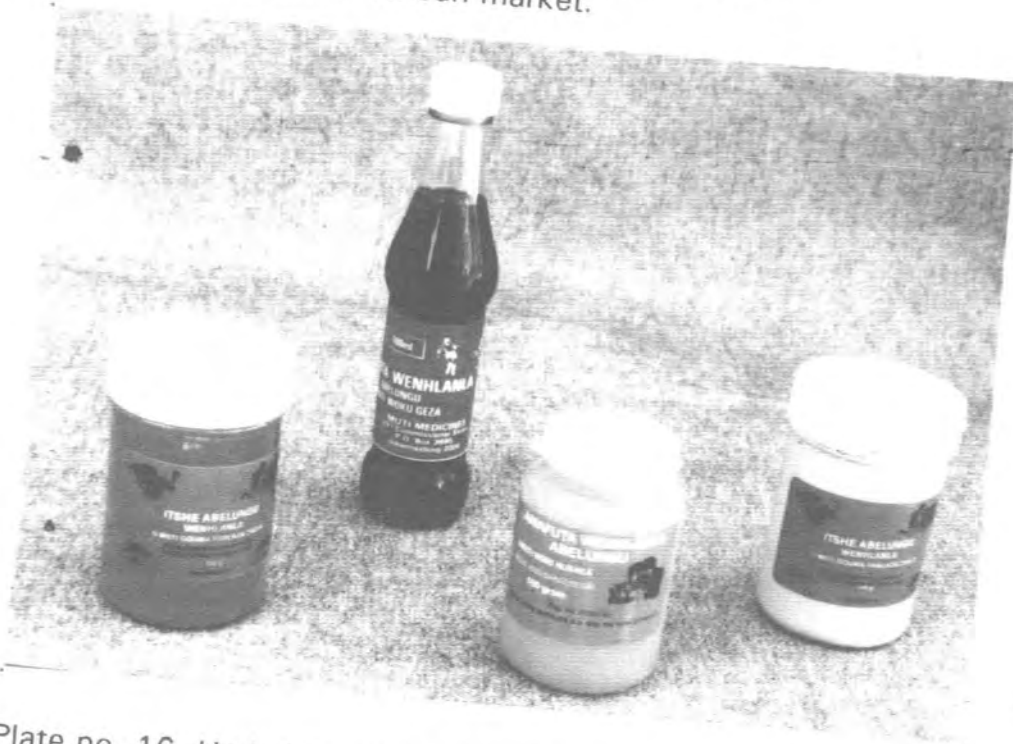


Plate no. 16. Herbal hawkers at their stalls.



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