Use of indigenous and indigenised medicines to enhance personal well-being: a South African case study

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Abstract

An estimated 27 million South Africans use indigenous medicines (Mander, 1997, Medicinal plant marketing and strategies for sustaining the plant supply in the Bushbuckridge area and Mpumalanga Province. Institute for Natural Resources, University of Natal, Pietermaritzburg, South Africa). Although herbal remedies are freely available in amayeza stores, or Xhosa chemists, for self-medication, little is known about the motivations of consumers. According to African belief systems, good health is holistic and extends to the person's social environment. The paper makes a distinction between traditional medicines which are used to enhance personal well-being generally and for cultural purposes, on the one hand, and medicines used to treat physical conditions only, on the other. Drawing on an eight-month study of Xhosa chemists in Eastern Cape Province, South Africa, in 1996, the paper identifies 90 medicines in stock which are used to enhance personal well-being. Just under one-third of all purchases were of medicines to enhance well-being. Remedies particularly popular included medicines believed to ward off evil spirits and bring good luck. The protection of infants with medicines which repel evil spirits is a common practice. Consumer behaviours indicate that the range of medicines available is increased by indigenisation of manufactured traditional medicines and cross-cultural borrowing. Case studies confirm that self- and infant medication with indigenous remedies augmented by indigenised medicines plays an important role in primary health care by allaying the fears and anxieties of everyday life within the Xhosa belief system, thereby promoting personal well-being.

Keywords: Indigenous medicine; Indigenised medicine; Well-being; Xhosa culture; South Africa
Background to the study

That Africans have retained elements of traditional world views is well documented in the literature. For most Africans good health requires not only a healthy body but also a healthy environment. It is believed that ancestral spirits, sorcerers with evil intentions, and witches may all be causally related to ill-health (du Toit, 1998; Gelfand, 1957; Buhrmann, 1986). It is possible to absorb harmful elements from the environment that can cause misfortune and ill-health (Ngubane, 1977, pp. 22–27). Africans take measures to protect themselves by strengthening their own resistance and that of family members to withstand harm. It is important to establish and maintain a form of balance with one's surroundings (Ngubane, 1977, p. 31). To achieve this balance, a number of activities are engaged in to maintain one's health at a conceptual or symbolic level. Communication with the ancestors is important. Within the realm of social relations, maintaining one's dignity, avoiding envy and jealousy, limiting the effects of bad luck, and giving support to the sick are regarded as strategies for maintaining good health. Using medicines and remedies and wearing protective necklaces are further health maintenance strategies (du Pisani, 1988).

All ill-fortune is blamed on supernatural powers or witchcraft. The concept of chance, or bad luck, does not exist within the world view of most African cultures. There is always a need to know why as well as how something happened. The blame for ill-fortune is generally attributed to a breach of customs and traditions of the ancestors (Longmore, 1958), or to evil spirits who are instructed to do harm by sorcerers or traditional healers at the request of an enemy. The average person will seek magical powers as protection from these malevolent external forces that might cause a person misfortune and illness (Maimela, 1980, p. 10). The treatment or prescription may call for animal sacrifice but will almost always call for certain forms of treatment such as purification (enema or vomiting) or herbal medicines (du Toit, 1980, p. 31). Belief in medicine as a means of controlling natural phenomena is very strong (Longmore, 1958).

Rituals and measures to ensure good health have been well recorded in the literature in the case of individuals seeking professional help, mainly from traditional healers (Hammond-Tooke, 1989; Hirst, 1990; Hunter, 1936; Ngubane, 1977). However, very little reference is made in the literature to cases of individuals medicating themselves to enhance general well-being. One possible reason for this omission in the literature may be that health care is generally considered to be the domain of skilled practitioners and formal medical bodies rather than that of personal care. This in spite of estimates that the family manages 70% of all illness among Africans (Simon, 1989). The little reference which has been made to the role of family in African primary health care has tended to focus exclusively on the treatments sought for physical ailments such as tuberculosis, measles, influenza, diarrhoea, pneumonia, headaches, etc.
Rationale

This paper argues that lay persons are involved in self-diagnosis and self-medication to promote not only physical health but general well-being. A significant proportion of the medicines which lay persons require and consider appropriate for the medication of self and family can be obtained from *amayeza esiXhosa* stores (also known as *muthi* stores in Zulu-speaking regions of South Africa). An estimated 27 million South Africans use indigenous medicines which are generally available at *amayeza* and *muthi* stores (Mander, 1997). Shrouded in mystery, the transactions involving purchases of indigenous medicines have not been well documented in the health or subjective well-being literature. This paper focuses on herbal and related medicines sold in these stores and the manner in which they are used to protect Africans in their social environment and promote happiness. The paper reports on a study of three *amayeza* stores in the Eastern Cape which describes the significance of Xhosa traditional medicines in ensuring personal safety and well-being in line with African world views.

African chemists

*Amayeza* stores can best be described as ‘African chemists’. Directly translated from the Xhosa language, *amayeza esiXhosa* means ‘Xhosa medicines’, comprising medicines for physical illness and for culturally related afflictions. One misconception is that these stores only stock traditional Xhosa medicines. The term Xhosa medicine is used by Xhosa people to refer to traditional herbal medicines and animal artifacts used as medicines. Nonetheless, *amayeza* stores also stock an extensive range of commercially manufactured medicines and a large assortment of other remedies derived from the Dutch, Indian, and Chinese cultures.

Commercialisation of medicines has increased the availability of medicines outside the domain of professional practitioners. Commercialisation applies to traditional herbal medicines as well as the mass production of pharmaceuticals. Today herbal remedies are processed and distributed by large commercial firms. Herbal gatherers trade their wares semi-formally on South African streets. The large assortment of borrowed medicines which has expanded the range of medicinal services and products on offer is due to the rich diversity of cultural groups in South Africa.

Definitions of medicines

In this paper “indigenous” and “traditional” medicines are essentially used as synonyms and refer to both animal- and plant-derived medicines used by amaXhosa people in the study site. “Herbal” medicines refer to plant-derived medicines, of both African and extra-African origin. Examples include exotic naturalised weeds, European and Asian herbal remedies and modern-day herbal medicines such as the well-known St John's
“Indigenised” medicines refer to modern medicines and medicines adopted from other cultures which have been incorporated into the array of indigenous medicines (Etkin, Ross, & Muazzamu, 1990, p. 919). The adopted medicines have largely become absorbed into people's knowledge and have 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 (OTCs).

**The study context**

The research reported was conducted in two towns in the Eastern Cape province of South Africa. The Eastern Cape is home to 15.5% or 6.3 million of South Africa's population of 40.6 million in 1996. The province includes two of the former ‘homelands’ of the apartheid era, the Ciskei and the Transkei, where many aspects of traditional culture are still part of everyday life. Some 86% of the Eastern Cape population is African, 37% is urbanised and 41% of households live in traditional dwellings—typically circular mud huts with thatched roofs. Comparative figures for South Africa are 77% African, 54% urbanised and 18% living in traditional dwellings. The legacy of economic neglect is most evident in the former homelands and shows up in provincial statistics. The people of the Eastern Cape tend to be more traditional and rural but also significantly poorer and less developed than other parts of the country. Among the nine provinces, the Eastern Cape ranks second lowest on the Human Development Index with 0.507 compared to 0.677 for South Africa as a whole. The unemployment rate (expanded definition) in the Eastern Cape is 49% compared to 25% nationally, and the proportion earning R500 or less accounts for 31% compared to 25% nationally (South African Institute of Race Relations, 1999).

Three *amayeza* stores in the Eastern Cape were studied in detail, one in Peddie, a small town in the former Ciskei ‘homeland’, and two in King William's Town, the former capital of Ciskei. The three stores exhibited very different characteristics. The store in Peddie was owned by a black novice traditional healer and sold equal amounts of medicinal plants in their natural state and manufactured brands. The second store in King William's Town was owned by a well-known traditional healer. He predominantly sold herbal medicines and only a small percentage of manufactured brands. The third store, also in King William's Town, was owned by a white entrepreneur who employed a traditional healer. He sold mainly manufactured brands and only a small percentage of herbal medicines.

**Research methods**

The analysis reported here is part of a much broader study on the role of Xhosa medicine stores in primary health care (Cocks, 1997; Cocks & Dold, 2000). The research was undertaken over a period of eight months in 1996 and included five data collection
methods: questionnaires, in-depth interviews, participant observation, empirical recordings and botanical specimen collection.

A total of 120 standardised questionnaires were administered to customers in the three amayeza stores investigated, 40 in each store. The questionnaires were administered over a five-month period in order to obviate end of the month and seasonal bias. No recorded information exists on the demographic composition of the customers of amayeza stores. The survey aimed to compile a demographic profile of the customers of amayeza stores to fill the gap in knowledge. Survey respondents were asked the reason for the purchase of medicines, for whom the medicine was intended, and who had recommended the medicine.

Forty qualitative interviews were conducted with as wide a range of customers as possible so as to include custodians of different knowledge of medicinal use. The customers selected represented the following categories: housewives, pensioners, the unemployed, scholars, semi-skilled workers and skilled professionals. Examples of this information are presented by means of the mini-case studies cited. A further nine interviews were undertaken with shop owners and their assistants.

Participant observation of the transactional and interactional processes between the customers and the owners and staff of the stores was recorded in all three stores. Empirical recordings of all commodities sold in the three stores were made.

For purposes of the present analysis, a distinction was made, based on the Xhosa literature and observations in the field, between herbal and related medicines used to treat physical conditions only and medicines used holistically to promote general health and well-being and for culturally related purposes. The latter category of Xhosa medicines are called ‘well-being enhancing medicines’. An inventory was compiled of all well-being enhancing medicines stocked in the three amayeza stores studied.

The focus of this paper is on self-medication using well-being enhancing medicine. The paper mainly presents data from the questionnaire survey and the qualitative interviews with customers and is informed by findings from the other methods outlined above. The results cover the profile of customers, an inventory of medicines used to promote general well-being, relative popularity of these medicines, and case studies that illustrate users’ motivations.

**Results**

**Profile of customers**

The profile of customers in the three amayeza stores under study is shown in Table 1. According to results from the questionnaire survey, the stores cater equally for both men
and women. Patrons represent all age groups but are predominantly adults, particularly young and middle-aged adults between the ages of 25 and 39 years. The higher proportion of middle-aged customers appears to be due to the fact that they are purchasing medicines both for themselves and family members.

Contrary to popular perception, the *amayeza* stores are popular not only among the illiterate or barely literate. The largest group of customers had at least some primary school education and sizeable proportions had secondary and tertiary education. Customers tended to be affiliated to a specific church group; mainly to Christian churches.

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<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
<th>Residence</th>
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<tr>
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<td>47</td>
<td>Urban/local resident</td>
<td>71</td>
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<tr>
<td>Female</td>
<td>53</td>
<td>Rural</td>
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<th>Age in years</th>
<th>%</th>
<th>Church affiliation</th>
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<td>36</td>
<td>African Independent Church/Zionist</td>
<td>25</td>
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<tr>
<td>40–59</td>
<td>29</td>
<td>Pentecostal</td>
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<td>60–79</td>
<td>21</td>
<td>None</td>
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<th>Occupation</th>
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<td>Standard 5–8 (7–9 years of schooling)</td>
<td>Scholar</td>
<td>14</td>
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<tr>
<td>Standard 9–10 (10–11 years of schooling)</td>
<td>Pensioner</td>
<td>18</td>
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<tr>
<td>Tertiary education</td>
<td>Unskilled, semi-skilled worker</td>
<td>18</td>
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<td></td>
<td>Professional</td>
<td>8</td>
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Table 1. *Amayeza* stores: Customer profile
or to an African Independent Church or a Zionist Church. Results show that customers came from all walks of life. In terms of self-reported occupational status, customers included housewives, the unemployed, pensioners, scholars, unskilled through semi-skilled workers, and professionals. In the majority of cases, customers lived in the town where the store was situated. About one in three customers came from the surrounding rural areas and had to travel distances of up to 60 km to access the store. Rural customers reportedly combined the purchase of Xhosa medicines with other errands in town such as food and clothes shopping and health care. State old-age pensioners visited the amayeza stores after collecting their pension allowances at urban pension payout points.²

**Purchase for own use**

The purchase of medicines for own use or use by other persons differed according to occupational category. Between 66% and 85% of purchases by housewives and female professionals, who were also mothers, were for infants. Some 55% of purchases by the unemployed were for other people. Included in the category of unemployed are traditional healers who bought medicines for their clients. Many of the healers classified themselves as unemployed because they did not consider their calling as professional employment despite the fact that they do generate an income from their patients. The substantial proportions of purchases for personal use by the unemployed (44%), pensioners (57%), and scholars (83%) indicate that medicines are affordable for low-income categories. Purchases for own use among school going youth are likely to increase during periods of stress such as end-of-year examinations and sporting competitions. Purchase for own medication was highest, some 85% of purchases, among the employed customers.

**Inventory of well-being enhancing medicines in amayeza stores**

The full range of medicines available from amayeza stores to enhance well-being is extensive. Customers are offered brand-name medicines which consist of scented viscous liquids, vaseline and salts; incense sticks; Dutch and Indian remedies; various ammonia; processed herbal remedies manufactured by local firms, such as African Suppliers and Natal Herb Suppliers, synthetic processed fats bottled by African Suppliers and herbal remedies sold either in their natural state or crudely processed into mixtures.

An inventory was compiled of the well-being enhancing medicines sold in the three amayeza stores. The inventory identifies medicines under three headings: brand name, synthetically manufactured fats, and herbal medicines in their natural state.³ A synopsis of information in the inventory is given below.
**Brand name medicines:** 31

Brand name medicines stocked in the *amayeza* stores included 13 good luck charms and medicines to promote good fortune, 9 medicines used to protect infants (4) and others (5) from evil spirits, 2 medicines to attract sexual partners, 4 items used by *amagqirha* (diviners), 2 emetics (vomiting mixtures), and 1 steam bath. Prices ranged from R0.20 for a single lucky bean to R30.74 for a pack of good fortune medicine which includes a range of mixtures. Two of the most expensive items were ones bought by diviners to treat patients. The average price was R6.91.

**Animal fats:** 36

The synthetically manufactured fats included ones characteristic of the ancestral snake and lightning bird, animals of the bush such as lions and elephants, and monkeys. Prices ranged from R2.50 and R4.99, the average being R2.85.

**Herbal medicines:** 23

The herbal medicines made use of different parts of the plant including bulbs (6), leaves (5), roots (4), tubers (3), stems (2), bark (1) and the whole plant (1). Some of the medicines were prepared for use in several ways including as a body wash (14), emetic (vomiting mixture) (9), smoke or steam (7), enema (2), to be sprayed or planted around the house (2), or smeared on the whole body or body parts (2). Multiple uses to which the medicines were put included: for good luck/good fortune or to chase away or cleanse bad luck (11), specifically to bring good luck in court cases (5) and in love (2), and to protect from, chase away, ward off or smoke out evil spirits and protect from lightning (9). Prices were available for 17 herbal medicines and ranged from R0.50 to R4.50. The average price was R2.50.

**Purchase of medicines to enhance well-being**

The survey recorded a total of 182 medicines purchased by the 120 respondents, an average purchase of 1.5 items. Purchased medicines were classified according to categories of use. Medicines intended to enhance the well-being of consumers accounted for just under one-third (31%), a significant proportion of all purchases. About one in two medicines (51%) were purchased for physical ailments such as stomach and chest complaints, urinary infections and complexion problems. Significantly smaller percentages of purchases were bought for resale by traditional healers (14%) and for cultural needs (4%) such as diviner accessories and for circumcision rituals.
The target market for well-being enhancing medicines

The majority of the medicines purchased by respondents in the survey for enhancing well-being (44%) were for self-medication. A further 32% were purchased for infants followed by 16% for resale and 8% for miscellaneous. Medicines purchased for resale refer to those medicines purchased by healers to medicate their own customers/patients. A miscellaneous category refers to purchases for other households members and domestic animals.

Specific uses of well-being enhancing medicines

The medicines for enhancing well-being purchased by the customers in the survey can be grouped under five headings as shown in Table 2. Medicines are used primarily as protection from evil spirits, for luck both in a general sense as well as in relationships and in the court room, for cleansing the blood, for removing poison inflicted through witchcraft, and for other mainly customised purposes.

| Specific use to which medicines are put | %
|----------------------------------------|---
| To protect from the evil spirits        | 61 |
| For luck                               | 23 |
| To cleanse the blood                   | 5  |
| To remove poison from witchcraft       | 5  |
| Other and customised uses              | 6  |
| Total                                  | 100 |

Survey findings on motivations for buying medicines and case studies show the manner in which medicines are believed to enhance well-being in the Eastern Cape.

Medicines for protection from evil spirits

Medicines for protection from evil spirits were by far the most popular, accounting for 61% of purchases by survey respondents. Medicines for protection from evil spirits were predominantly bought by the housewives in the study for their infants. Mothers stated that they constantly feared for their infants’ well-being and considered it very important
to protect their new born infants. This phenomenon has been well recorded in the literature. For example, Ngubane 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 (1977, p. 28). According to survey respondents, the symptoms of infants being troubled by evil spirits were indicated by continuous crying. It is thought that infants can see the evil spirits.

The majority of mothers purchased manufactured products such as *Amafuta Enjayolwandla*, R3.75; *Doepa*, R5.99, and *Vimbela*, R6.99, rather then herbal medicines in their natural state to protect their infants from the evil spirits.

*Amafuta Enjayolwandla* is literally translated as the “fat of the sea-dog” (seal). 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* of the baby. This is considered to be a weak point for the entrance of hazards such as the evil spirits that a child needs to be protected against (see Ngubane, 1977, p. 28).

*Vimbela* is a manufactured product. It is a 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.

In addition to these brands, medicines from other cultures have also been adopted to ward off evil spirits, for example, *Duiwelsdrek* (literally devil's excreta), R3.24, and *Haarlemenis*, R3.09, which are both Dutch remedies. Although *Haarlemenis* is directed in the case of kidney infections, it is popularly considered to be a powerful protective medicine due to its strong smell and unpleasant taste.

Two case studies below illustrate the use of both brand and herbal medicines to protect infants.

Nobukele is a 31 year-old mother and housewife with a Standard 7 level of education who belongs to the Methodist church. She bought *Itshangwe*, a herbal medicine 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) inside 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.”
Nozululo is a 32-year-old mother and housewife with a Standard 6 education. She does not belong to any church group. Nozululo bought Doepa for R5.99 and Duiwelsdrek for R3.24 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 Duiwelsdrek over her body. My husband suggested that I try these medicines. I have already tried Haarlemensis, R3.09, but this didn’t work. I hope that using the two medicines together will help my baby.”

Protection from evil spirits is not restricted to infants. Adults also purchase medicines for their own personal use, to protect themselves from states of vulnerability and misfortune. The environment is considered to be riddled with undesirable elements against which one needs to protect oneself (Ngubane, 1977, pp. 22–27).

The type of brands purchased for adults varied to those purchased for infants. For example, brands such as Tokoloshe,6 R3.50, and Nkanyamba, R3.50, were preferred for adults. 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 characteristics of the animal whose fat is used (Hirst, 1990). These medicines are smeared onto the body. Adults also tended to make use of herbal medicines in their natural state as in the case below. As the case study shows, educated people also purchase herbal remedies for culturally related needs.

Christian is a 50-year-old woman with a Bachelor's degree from Fort Hare, an Eastern Cape university, who belongs to the Presbyterian Church. She bought Imphepho-Helichrysum odoratissimum. “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. My brother-in-law knows his medicines and when we need some he prepares them for us.”

**Medicines purchased for luck**

Medicines purchased for good luck, to be used “when one wishes for things to go well”, featured as the second most popular category in the survey, accounting for 23% of purchases. Medicines and charms are very often sought in situations where the ultimate outcome or goal is uncertain to the actors concerned: e.g. obtaining a desired paramour; retaining the affections of a spouse or lover; obtaining employment; gaining promotion at work; starting or expanding a business or enterprise; obtaining a favourable judgement in a criminal or civil court case; passing school or university examinations, etc. (Hirst, 1990). These types of medicines were predominantly purchased for personal use rather than for infants and other household members. Manufactured products were preferred to the herbal medicines to ensure good luck. The case below is an example.
Wills is eighteen years-old and in Standard 7 at school. He belongs to the Zionist church. He purchased *Itshe Abelungu* and Love Drops. “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.

The following case studies highlight the extent to which individuals try to gain control over their lives by applying Xhosa medicines to promote well-being over a wide spectrum of life domains, ranging from love life, business, and recreation.

Skippa, a young wealthy businessman provided the following insights and anecdotes to explain how important traditional medicines are to his peace of mind. Skippa is in his mid-thirties and runs his own cleaning business. “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. However I 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 the researcher 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.

Skippa also purchased medicines to ensure that his girlfriend came back to him.

“My girlfriend started seeing another man. I bought 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.”

Even school children sought medicines to bring them luck in schooling activities such as examinations and sports competitions.
Bongani, a 17-year old, is in Standard 7 at school and belongs to a Zionist church. He bought Nyengelezi, a synthetic fat, for R3.75. “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.”

Not only do individuals purchase luck potions for their own use; traditional healers also patronise amayeza stores to purchase such medicines for their clients/patients. Winston, a traditional healer from Keiskammahoek in King Williams Town's rural hinterland, bought Umlomo Mnandi, a medicinal plant, for R3. Umlomo Mnandi is considered to bring one luck in a court case.

**Medicines purchased to remove poison inflicted through witchcraft**

Five percent of the medicines purchased by the respondents were for removing poison, diagnostically attributed to witchcraft. Witchcraft forms an integral part of the majority of South Africans’ belief system (Hunter, 1936). This belief rests on the assumption that there is no such thing as chance in life. Events are always caused and the prime cause of sickness and misfortune is the witch (Hammond-Tooke, 1989). In everyone's life there are jealousies and hatreds between persons in close contact with one another. Accusations of witchcraft are expressions of these hatreds (Hunter, 1936).

Amayeza stores provide access to medicines which can alleviate these interpersonal problems. The customers who purchased such medicines were either traditional healers themselves (see below) or they consulted traditional healers in the stores who diagnosed the problem and recommended prescriptions.

Malunge, an igqirha from the Katberg rural area outside King Williams Town, came into the store and bought Intsizi ekhothayo, for R10. “I will use the Intsizi ekhothayo to remove the poison lodged in my patient's body. The poison was placed in my patient's body through witchcraft. I will make a mixture and spray it over my patient's body.”

Other customers were victims who sought advice from traditional healers employed in the stores to prescribe medicines. The symptoms of the bewitchment were described as manifesting themselves in various ways such as a painful leg, a bloated stomach, loss of weight, impotency and bad dreams. In these instances the customer would be charged a R50 consultation fee. Generally speaking, a patient is not told who the evil-doer is. In all cases, the prescription was a mixture prepared by the traditional healer plus a bagful of intelezi-Gasteria bicolor chopped up into small pieces. The use of intelezi has been commonly recorded as a medicine which is prescribed during times of illness and hardship to protect people from the intention of evil-doers (Simon, 1988; Hammond-Tooke, 1989).
Cleansing the blood

Five percent of the medicines purchased by survey respondents were to “cleanse the blood”. Applying medicines to purge or clean the body internally is a common health practice among Africans and it has been well recorded in the literature. Purgatives are either taken routinely as a type of preventive health measure, or with the onset of any illness symptoms. This precaution is consistent with the African world view that illness is to be attributed to either natural or supernatural causes. The idea is that “contamination” enters 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, pp. 3–6). Therefore purging in all its forms is usually the first course of action in the quest for a cure for any and all illness (Leclerc-Madlala, 1994). From the information received from the informants the cleansing of the blood was a cure-all. Medicines purchased were either taken as an emetic or as an enema. Both brand names and herbal remedies were purchased.

Other uses

The final category of “other” uses shows the extent to which medicines are sought to maintain a healthy situation in all concerns of life (Ngubane, 1977). For example, customised purposes included the purchase of medicines to stop fighting with one's partner and to strengthen a customer's dog.

Buyisihe is a 14-year old boy in Standard 8 at school who belongs to the John Wesley Church. He bought umbheso, a herbal remedy, for R3 for the 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.”

The products purchased for customary purposes included circumcision rites (see 4) and as traditional healers’ accessories. For circumcision rites white clay was purchased. Traditional healers purchased parts of animal skins such as a grey mongoose—Nomatse—for R15, red duiker—Mpunzi—for R20, a wild cat—Nywagi—for R15, and jackal skin—impungutyke—for R45. The skins 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 (Hirst, 1990).
Discussion and conclusions

This study identified medicines thought to enhance well-being among the array of medicines stocked by amayeza stores in the Eastern Cape. A range of some 90 herbal remedies, brand medicines and synthetic fats were commonly used to allay fears and anxieties in everyday life. Consumer behaviour in three African pharmacies of the Eastern Cape highlights the significance of medicines used to protect from evil and invite good fortune and good luck, thereby ensuring the safety and general well-being of consumers.

Findings indicate that remedies to enhance well-being are purchased and consumed by a cross-section of the African population. Contrary to popular wisdom, traditional and adopted traditional medicines were not only purchased by social categories typically associated with people steeped in traditional customs and beliefs such as rural people, the poorly educated, the elderly, and religious traditionalists. It is apparent that allegiance to Christianity did not prevent patronage of amayeza stores, even when herbal medicines were purchased for luck and protection from evil spirits. Du Toit and Abdalla note that most Christian Africans readily accept both Christian dogma and church rituals while simultaneously recognising their ancestors and sacrificing to them. For the majority no contradiction exists between these two belief systems (Du Toit & Abdalla, 1985, p. 157). When questioned, customers in the present study did not appear to think that the use of traditional medicines challenged their religious beliefs.

Patrons of the amayeza stores in the study were from social groupings representing all levels of education, religious affiliations and income groups. The findings on the social background of customers are consistent with Hirst's study of the clientele of traditional healers operating in Grahamstown, a university town some 90 km from one of the study sites. Hirst concludes that social background and religious morality appear to bear little relation to the various kinds of healers people are likely to consult or the type of health care services they are likely to patronise (Hirst, 1990).

The dominant groups of consumers in the present study were the middle-aged, persons with some secondary education, and either housewives or unemployed persons. The fact that unemployed persons were prominent among consumers of medicines is an indication not only of their significance for this consumer category but also their affordability for lower income groups. On average, herbal remedies and fats were somewhat less expensive than brand name medicine. However, preferences for the herbal remedies over brand name medicines appeared not to be related to cost or the socio-economic background of consumers.
The study showed that housewives predominantly bought on behalf of their families, particularly infants. The unemployed and pensioners bought for their own use and for working members of the family who are not in a position to purchase during business hours. Amayeza stores are also well patronised by local traditional healers, who purchase medicines to prepare their own remedies for their clients.

Findings clearly indicate the extent to which medicines are being sought to enhance feelings of well-being in a number of spheres. Although herbal medicines used to invite luck and good fortune slightly outnumbered the ones which are thought to prevent and protect from evil in the inventory of items on offer in the three stores, consumption patterns clearly identified medicine to ward off evil as the most popular. Strong-smelling medicines are considered more effective in protecting against evil while luck potions tend to be sweeter smelling.

The need to give babies a good start in life increased the consumption of medicine to protect them from the evil spirits. In African culture, infants are considered to be particularly vulnerable to harm from evil spirits. This fear may be reinforced by the fact that the infant mortality rate for the Eastern Cape is the third highest in South Africa, with 55 deaths per 1000 live births in 1995 (South African Institute of Race Relations, 1996, p. 11).

An important finding is the indiscriminate use of herbal remedies and commercially produced brand name medicines and synthetic fats. The commercialisation of traditional medicines has increased the availability and range of products on offer to promote well-being. Unlike other consumer goods, preference for one or the other type of medicine appears not to be linked to social class or prestige factors.

The incorporation of popular remedies from the Dutch, Indian and Chinese cultures has expanded the range of health products on offer to local Africans over the years. The study found evidence of adoption of foreign medicines through a process known as indigenisation. As discussed in the literature, medicines borrowed from other cultures have been readily incorporated not as alternatives to indigenous medicines but rather as indigenous medicines. The literature notes that popular medical concepts that have developed in relation to traditional substances are being applied to pharmaceuticals and over-the-counter medicines (Mitchell, 1983). In such instances new medicines become absorbed into people's knowledge and re-interpreted in terms of popular medical conceptions (Etkin, Ross, & Muazzamu, 1990; Cosminsky, 1994). For example, the Hausa in Nigeria associate the symbolic colour of red with wounds and this has resulted in the selection of red plant medicines (which are antimicrobial and haemostatic) and also red antibiotics (Etkin & Tan, 1994).
In the present study indigenisation applies mainly to Dutch remedies and the manufactured products of *Vimbela* and *Doepa* used to ward off evil from infants. In the case of protection for infants, brand names and folk remedies adopted from other cultures, particularly Dutch remedies, were generally preferred to herbal remedies prepared in their natural state. Often the intended use of the medicine is altered to suit the needs of the current user. The Dutch remedies *Duiwelsdrek* and *Haarlemensis* are preparations to remedy physical ailments but are commonly considered by Xhosa people to be more effective in warding off evil spirits. Typically these substances have strong odours which match the traditional use of strong-smelling potions to protect against evil. Brand names medicines have also been adopted to secure good fortune. The most popular brands in the study were *Ithe Abulunga* and *Love Drops*. In contrast to the brands used for protection from evil spirits these medicines have a sweet-smelling odour. Genuine animal fats, such as lion and seal fat, were traditionally used as protective medicines against evil spirits. The most popular fats in the present study were the brand name *Amafuta Enjayolvwandla*, seal fat, brand name *Tokoloshe*, and the synthetically manufactured *Nkanyamba* fat of the snake. The coloured synthetic fat compounds manufactured in South Africa by commercial herbal suppliers have been indigenised, and today the products are considered to be highly effective in ensuring protection from evil spirits. The most popular herbal remedies in the study were *Intelezi* (*Gasteria bicolor*, *Dracaena aletriformis*; see 8) and *Imphepho* (*Helichrysum odoratissimum* [Asteraceae]). Traditionally, herbs such as *Imphepho* were burnt to smoke out evil spirits or used as a steam for good luck. Similarly, the smoke and scent produced from various Indian incense sticks have now been indigenised and are used to appeal to the ancestors for good fortune.

The bulk of all medicines used to enhance well-being were purchased without seeking advice or assistance from staff members, the exception being to remove the infliction of witchcraft. This finding suggests that customers feel competent in diagnosing and medicating themselves and their family members to safeguard their families and enhance their well-being.

In conclusion, self-medication using traditional Xhosa remedies, augmented by indigenised commercial products and adopted foreign remedies, is a flourishing trade in *amayeza* stores. Findings on indigenisation of manufactured and borrowed medicines generally confirm the notion put forward by Ferguson (1988) that the introduction of pharmaceuticals into developing countries has not produced a radical modification regarding aetiology and diagnosis among local consumers. Rather, the Eastern Cape consumers under study have adopted imported medicines to suit the needs of popular belief. Thus, self and family medication with Xhosa medicines coupled with belief in the efficacy of medicines to guard against evil and bring luck and good fortune plays an important role in uplifting general well-being among the population. A further topic of research for quality-of-life scholars will be to assess the long-term effects of consumption of traditional and indigenised medicines on individual perceptions of well-being.
References


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1 The Zulu equivalent of the Xhosa amayeza store is the *muthi* store. Earlier studies in Zulu regions of South Africa, particularly KwaZulu-Natal, have popularised the designation of *muthi* stores.

2 Most older Africans belong to the pensioner category. South African women over 60 years and men over 65 years are eligible for a non-contributory pension which is means-tested. The pension was worth R430 per month in 1996. The pension is commonly considered a right by most older Africans; the take-up rate among Africans is approximately 90% (Van der Berg, 1998, p. 6).

3 The full inventory is not shown here for lack of space but can be obtained by writing to the first author. The inventory includes information on some 25 brand medicines, 36 synthetically manufactured animal fats, and 23 herbal medicines sold in Eastern Cape *amayeza* stores. The details include (a) manufactured brands: brand name, popular and intended use, price; (b) synthetic animal fats: name, reference animal, price; (c) herbal medicines: botanic and vernacular name, part used, preparation and use, and price where available.

4 Circumcision as a manhood initiation rite is practised in Xhosa communities in both the urban and the rural setting. The majority of Xhosa males undergo the ritual between the ages of 15 and 25 years (Meintjes, 1998).
In the 1970s, in the rural parts of Transkei, the other former Eastern Cape ‘homeland’, Amafuta Enjayolwandla was eagerly sought after as it was believed that if an expectant mother smeared this ointment 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. The preference for self-medication over professional health care often caused unnecessary birth complications (Broster 1981, p. 107). Today, Amafuta Enjayolwandla is readily available in most amayeza stores and even pharmacies stock it. Its use has also altered from protection in pregnancy to protecting infants from evil spirits.

The brand medicine most certainly takes its name from the Tikoloshe, a spirit believed to be human like in shape but very diminutive, thickly covered in hair, and though visible to some, invisible to others. The danger attributed to the Tikoloshe is that he may be used as a familiar spirit with which to bewitch people, which provides him great powers of destruction (Hunter, 1936). Sterility in women is often attributed to an expectant mother having vivid dreams of him (Soga, 1931).

Itshe Abelungu consists of brightly coloured viscous liquids and salts which are packaged in plain plastic containers and manufactured by companies in Durban, which cater mainly to the Zulu muthi market.

The use of intelezi has been well documented in the literature as a plant which is sought for its magical powers. In order to counteract the effects of sorcery and witchcraft, use is made of intelezi which can comprise a range of different plant species (bulbinies, gasterias and aloes) (Broster, 1981; Hunter, 1936). Intelezi is also sought after to protect the house from being struck by lightning. It is either prepared into a mixture and sprayed onto the walls or the plant is planted on the top of the roof and encouraged to grow (Dold & Cocks, 2000; Hunter, 1936; Soga, 1931).