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A Glimpse into Traditional Outlook Towards Health: A Literature Review

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Traditional healing processes are delivering health needs to a large number of people in many developing countries. This paper reviews traditional healers' knowledge about concepts of health, etiology, anatomical and physiological knowledge, diagnosis and treatment and management of abnormality.

> "Illness can be pleasant and rewarding when it is met as a challenge. Being sick is a joy, not suffering. The more painful it is, the more it is pleasant and enriching."
>
> Shundo Aoyama, 1990.

Traditional medicine is currently getting a center stage among researchers and national health planners. Once ostracized as it was overwhelmed by the innovation of medical technology and the triumph of "germ theory", the indispensable contribution of traditional medicine in the delivery of health services has once again gained momentum. Studies carried out in many parts of the world reveal that there are many individuals who meet their health needs utilizing the service of traditional practice (Akighir, 1982; Bellakhdar, 1989: Mutambirwa, 1989). A survey reported by Isenalumbe (1990) estimated that traditional birth attendants deliver 60-80 per cent of pregnancies in developing countries. A sense of communal support usually accompanied in many traditional healing rituals has been claimed to rehabilitate distressed individuals in harmony with their surroundings (Jilek et al., 1970; Erinosho, 1978).

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According to Bannerman et al. (1983) traditional medicine is a vague term used loosely to distinguish ancient culture-bound health care practices that existed before the application of science to health matters in official modern scientific medicine. The most common accepted definition of traditional medicine has been presented by Hughes (1968). Accordingly, traditional medicine is those beliefs and practices relating to diseases which are the product of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine. Adjectives often employed in the description of traditional medicine include indigenous healing rituals, alternative health, folk medicine, ethnomedicine and so forth. For the purpose of clarity we are going to use the term "cosmopolitan medicine" (Dunn, 1976; Katz & Katz, 1988) for what is often cited as "scientific" medicine and "traditional medicine" for the culture-bound practice of health. Bellakhdar (1989) has stated that although contemporary medicine has developed mainly in the West as the development of medicine has been connected with the development of technology, it must not be forgotten that many civilizations have contributed to the foundation of modern experimental medicine. Therefore, it should not be considered as Western medicine but universal or cosmopolitan medicine.

As a result of the United Nations' call for Health For All by the year 2000 (Alma-Ata declaration WHO, 1978), many governments are recognizing and beginning to integrate traditional health practitioners into the national health programmes. This arises partly because traditional medicine has abundant human resources that are rooted in the local culture, healers have an esteemed role in their respective societies, and the skyrocketing cost of running cosmopolitan health services from limited resources (Bellakhdar, 1989). Other workers have attributed the resurgence of traditional medicine to the crisis of confidence towards cosmopolitan medicine as it is accused of failing to live up to its standards to palliate suffering (e.g., Wolpe, 1982; Simpson, 1988; Foss & Rothenberg, 1987; Levin & Solomon, 1990). The long training of cosmopolitan medicine and its unique acculturation has left its practitioners cut off from the very societies which they are supposed to understand and for which they eventually hope to provide health care delivery. This disenchantment and disparity can be further seen in mental health services. The emphasis on the somatic domain has somewhat neglected the psycho-social realm and relevant ailments. Thus, in spite of the fact that psychological disorders are universal, we find that psychiatric services are limited to the urban settings. There is one psychiatrist for over a million people in India and one for four million in Nigeria (Littlewood & Lipsedge, 1984). In many developing countries, 80 per cent of the population reside in the rural areas where the overall health resources furnished by cosmopolitan medicine have remained marginal. In

the rural areas, physician to population ratio has been estimated to be 1 : 100000. It is not surprising, therefore, to find that rural based traditional healers have assumed a major responsibility for community health (Bannerman, 1983).

Traditional medicine provides a comprehensive health care service by which the distressed individual is cared for in his or her totality that includes physical, social, spiritual and psychological aspects. Traditional health care has its own health values, views on etiology, hygiene, disease transmission, treatment, management of complication, referral, recuperation and rehabilitation of patients (Mutambirwa, 1989).

The purpose of this paper is to review traditional medicine on the concept of health, causes of illness, healers' empirical knowledge of anatomy and physiology, diagnostic procedures and the eclectic approach to the management and care of those in distress. It is important to bear in mind that the traditional view on health and sickness does not translate itself into clear-cut classification and similarities. However, this paper will cite those works that lend themselves to orderly categorization. As Foster (1983) pointed out, many similarities in traditional medicine are found due to the principle of limited possibilities: there are only so many causes to which illness can be attributed, so many ways in which a patient can be treated. Thus, one relevant idea implicit in this view is that in spite of the fact that there are many variations and often conflicting theories of health and sickness, it is still plausible to draw some generalizations. This rationale of limited possibilities forms the building block of the ideas present in this paper.

CONCEPT OF HEALTH

In many developing countries around the world today, priest and physician are still one, while health and health matters are viewed from a religio-physical perspective (Davis, 1990; Mutambirwa, 1989). Griffith et al. (1988) have suggested that there exists a clear historical connection between religion and medicine. One's well-being cannot be isolated from the condition of the spirit. The word "health" and "holy" can be traced back to one source. Health is a state of balance, of harmony, and in most cultures, it is something holy (Davis, 1990). It is not surprising then that many believe what is healthy can be holy and what is holy can be healthy. There are parallel views in many traditional practitioners that suffering is a religious virtue and disease is not a manifestation of divine indignation. The prophet Mohammed is reported to have said: "He who dies on a sickbed, dies the death of a martyr and is secure against the inquisition of the tomb" (Short Encyclopaedia of Islam, 1974).

Different societies pledge different ideas on matters regarding health and sickness. In many traditional communities where traditional medicine furnishes many health needs, the impressions of health and sickness are attributed to a myriad of natural and supernatural events. In Graeco-Arab medicine or Unani Tibb, disease is viewed as an expression of the imbalance of the four humors (blood, phlegm, yellow bile, and black bile) or disturbance to their harmony, and of the failure of one or more parts of the body to eliminate pathogenic waste (Said, 1983). The building block that forms the basis of this theory of health is the idea of symmetry. It is by conserving symmetry in different spheres of life that a person can prevent disease and protect his or her health (Burgel, 1976). This concept of the balance and imbalance theory of health originated from humoral theory that has its root in ancient China and India and was later elaborated by the Hippocratic and Galen schools of medicine. Today, humoral theory remains the basis of traditional healing in Latin America and the Islamic world (Helman, 1986).

The fundamental view regarding health and sickness in many societies in Sub-Sahara Africa echoes the ideal of symmetry in humoral theory. The African view is based on the idea of balance between the component and the elements of nature such as earth, water, air, fire, metals and heavenly bodies such as the sun, the moon, and the stars. Each element is considered capable of having an influence on the organs of the body. Therefore, from birth an infant is subject to the control of the elements of nature, and survival depends on the capacity to establish equilibrium in an environment containing both favorable and unfavorable elements. A knowledge of the elements can give the power to preserve or disturb the equilibrium that represents health (Koumare, 1983). This concept of health forms the basis of beliefs among many tribal groups in Southern Africa, East Africa and Central Africa (Ngubane, 1977; Mutambirwa, 1989).

ETIOLOGY

The basic assumption of cosmopolitan medicine is that all diseases have recognizable physical causes and emphasis is placed upon the physicochemical aspect of health and disease (Kiev, 1964; Miller, 1980). The body is viewed as a machine, independent of psychological, unnatural and environmental factors. As such, disease, like malfunctioning in a machine, suggests the need for repair (Foss & Rothenberg, 1987).

Like their cosmopolitan counterparts, traditional practitioners have developed a body of knowledge that could be considered equivalent to the branch of pathology that deals with the cause of disease but its scope on etiology encompasses both visible and invisible, tangible and intangible

factors (Koumare, 1983). Without running the risk of oversimplifying this mosaic system of health, there are two theories depicting the origin of diseases. The first one assumes to answer "how" the malady developed and is called natural causation of disease. The second theory on the etiology of disease attempts to answer "who" caused the malady and has appeared under different names in literature including personalistic theory (Foster & Anderson, 1978), unnatural (Ahluwalia & Mechin, 1980), mystical and supernatural (Eskin, 1989), "usual and unusual" (Laderman, 1991) and spiritual (Laguerre, 1987). In order to avoid confusion, this paper will employ the term "unnatural" as contrasted to "natural". It is important to bear in mind that the demarcation between natural and unnatural is often fuzzy as sometimes "unnatural" may take the form of a "natural" disease when, for example, it is inflicted as an act of vengeance.

Foster and Andersen (1978) have provided the most comprehensible definition of "unnatural" illness. Accordingly, unnatural illness is believed to be caused by the active, purposeful intervention of an agent who may be a supernatural being (god or a deity), a nonhuman being (such as ghost, ancestor, or evil spirit), or a human being (witch-doctor or sorcerer). The sick person is literally a victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone. Ahluwalia and Mechin (1980) put forward the reasons that could invoke unnatural causes among the Zebolo of Zaire. The most common causes of unnatural illnesses are the violations of social rules including failing to fulfill certain rites, marriage, parental authority, conflicts in interpersonal relations and the violation of witchcraft. Sometimes the causes of unnatural illnesses are punishments for those who break the social taboos.

ANATOMIC AND PHYSIOLOGICAL CONCEPTS

Even those people who concede the effectiveness of traditional healing, nevertheless, are skeptical concerning the healers' knowledge of anatomy and physiology. Having no experimental depth in their body of knowledge while the dissection of cadaver is considered profane, it is conceivable to think that traditional healers have no background in the human anatomy and physiology. Yet, current information coming from many traditional communities and ancient records reveals a different picture than anticipated.

Ethnographical studies suggest that the healers' principles of body functioning can be said to be empirical and derived from meticulous observation. Winnick (1970) explained that the ancient Egyptians had detailed expertise on human anatomy and surgical stitching to close injuries, and that they were able to localize many functions of the brain. Laughlin

reported (1977) that among the Aleuts of the Bering Sea, the dead are dissected to find out why they died and also to become more familiar with the internal anatomy of humans. Studies reported from hunter and gatherer communities in the Equatorial belt of Africa show that the healers are well practiced regarding human anatomy and physiology, but their skills are acquired differently. Through hunting and cutting game, these healers' knowledge is transferred from animal to human. The generalization of knowledge from animal to human reflects on iconoclastic of many African communities; that is, there is a behavioral and biological continuity running from animals to humans. For this reason Ahluwalia and Mechin (1980) have concluded that healers know a certain number of organs, their names and their location in the body.

A direct reference to the body and its functioning appears in various degrees in traditional medicine. The fact that the practices of trephining, acupuncture, massage, mummification, cauterization and scarification are widely and systematically applied constitutes evidence that the mechanisms of the human body have long been an integral part of traditional healing. Traditional orthopaedics, bonesetting, in the treatment of dislocated bones and fractures is one of the glittering facets of traditional medicine. The bone setter in Nigeria, without the aid of X-rays, performs reduction, alignment, manipulation of joints and massaging (Oppong, 1989). Muslim surgeons used and developed a wide range of surgical instruments to perform Caesarean section and complicated eye operations (Khan, 1986). Laughlin (1977) urged that the Aleuts of the Bering Sea had acquired the principle of circulation prior to William Harvey's breakthrough. Similarly, an Arab scholar, Ibn al Nafis, has been credited for giving a correct description of the pulmonary circulation about four centuries before the discovery by William Harvey; and Thabit Ibn Qurra for using anesthesia in operations of the eyes (Bergel, 1976). According to Khan (1986), the general misunderstanding that controlled dissection of the human body in the Islamic community prevented the growth and development of anatomical and physiological knowledge is inaccurate. The study of human form has been an important aspect of Muslim scholarship to the extent that philosophers and mystics like Al-Ghazali thought it was important in their gnostic traditions. Unfortunately, this outstanding knowledge of the working of the human body has been drastically curtained in recent history as the result of colonial subjugation. On the other hand, Laughlin (1977) has pointed out that skepticism towards traditional healers' lack of anatomical and physiological knowledge developed partly because most of the earlier social scientists who conducted fieldwork in these communities were not well equipped with local linguistic proficiency and training in natural science.

DIAGNOSIS IN TRADITIONAL MEDICINE

In diagnosing a distressed individual, a healer often classifies the causes of illness either as natural or unnatural. An examination of the natural causes can be made by means of questioning the patient then followed by physical examination. In Unani Tibb, the healers analyze the patient's temperament, "vital force", by examining the patient's pulse and body temperature. Furthermore, Muslim healers have been known to give an important priority in using laboratory examination. The excretions and discharges from specific organs and orifices provides diagnostic indices. To Muslim healers, urine provides information about the function states of the kidney, digestive system, liver and the spleen (Said, 1983; Khan, 1986). Through this method of urine analysis, the Muslim scholars serendipitously discovered the link between sugar metabolism and diabetes.

Depending on the manifestation of the malady, diagnosis of unnatural cause starts with routine questions to either the patient or the person who brought the patient to the healer's attention. If the patient is possessed by a spirit, he or she is directed toward self-diagnosis. This is achieved by inducing the patient into a trance to permit the subconscious mechanisms to reveal themselves through the words of the patient. Edgerton (1977) reported that a patient may be made to act as an oracle in the selection of his own diagnosis and medication. The sense of being able to help oneself in diagnosis and medication increases one's confidence and brings about the feeling of wholeness and well-being.

Ahluwalia and Mechin (1980) described how healers in Zaire act the role of interpreters, utilizing a mechanical procedure to reveal unnatural causes. The mechanical procedure involves throwing of an object whereby the landing determines the diagnosis. Using this procedure, the healer determines the identity of the spirit or spirits which have been offended or incriminated (Feinberg, 1990). Among Azande, Miller (1980) writes of the "termite Oracle", a procedure in which the termite is invited to nibble two sticks, thus helping the healer to figure out a diagnosis. Traditional healers attach great importance to indicate a correct diagnosis. Sometimes, the healers may withdraw from the community and live an ascetic life, fast for several days, or keep track of the heavenly bodies' charts to establish the accurate diagnosis. While only in the late 19th century cosmopolitan scientists started to speculate on the importance of dream analysis, in traditional medicine, dream analysis has long been a tradition. Jilek-All (1976) reported that healers among the Wapogoro of Tanzania use dream interpretation in their diagnosis procedures.

Communication plays a far greater role in traditional healing than initially meets the eye. The interpersonal relations between the healer and

patient creates an air of sympathy and congruence and this in itself has a therapeutic value. Whereas cosmopolitan practitioners are accused of relegating the compassionate role of the healer to minor status (e.g., Korsch & Negrete, 1972), this practice has remained a cardinal principle among traditional healers. The diagnosis is rarely forced on the patient. Many traditional healers are sympathetic listeners, who act more like therapists, concerned elders, or intimate friends.

TREATMENT AND MANAGEMENT OF ABNORMALITY

All cultures not only recognize abnormality, marginality and crime, but also contrive appropriate techniques and specialists for curing, isolating or killing individuals perceived as sick, marginal or guilty (Kiev, 1964). In traditional medicine, upon assessing the sufferer's illness, the healer turns to treatment. The treatment in traditional medicine has many different therapies selected and adapted to both the general and the specific needs of an individual patient (Khan, 1986). This may either be directly curative or include protective or preventive factors. There are variations in methods of treatment but, in general, the therapeutic process may either involve the healer and his patient or it may involve the patient's family or the whole community.

A typical treatment often reflects the healers' specialization and local belief in the concept of health and disease. Traditional practitioners tend to view illness not as a misfortune, but as an occasion for a patient's personal growth — and to regard the practice of their professions as an opportunity for ongoing personal transformation (Gordon, 1990). In line with the humoral concept of the body in Latin America, the treatment in part consists of feeding "hot" foods for "cold" diseases and vice versa (Madsen, 1964). Among the bedouins who view diseases to be caused by disorder of the stomach, a proper diet is a main prophylactic against diseases (Burgel, 1976).

The herbalist's treatment involves prepared formulas from various natural substances such as the roots of plants, minerals or vegetables. These formulas come in the form of decoctions, infusions, tablets, powder, confections, syrups and aquas (Siad, 1983). Traditional herbalists have been well documented in making their vast contribution to the cosmopolitan pharmaceutics including quinine for malaria, ipecac for amoebic dysentery, rauwolfia for mental illness, curare for muscle spasms, foxglove for cardiac conditions and autumn crow for gout (Guldneck, 1962).

Another widely used treatment is derived from the herbalist-ritualists' tradition where patients with convulsions and syncope are given painful eye drops or are allowed to inhale a strong odor to break the psychosomatic withdrawal and reunite the patient with reality. Once the patient regains his or her health, a ceremony follows. This includes prayers to ancestors, chants and drum beats accompanying fumigation to invite the spirit to participate in the therapeutic actions (Ahluwalia & Mechin, 1980).

There are different treatments that fall under the heading of spiritualists including magical specialist, faith healing and religious cults which aim to increase a person's general vitality, zest and resistances towards diseases and strains and stresses of life (Skultans, 1976). The "hysterical trance" induced during ritual chanting of Zar, a traditional method of healing in Africa and the Middle East, has been reported to cure marital disharmonies, sexual dissatisfaction, insomnia, and depression with dramatic success to an extent that has been compared with "unmodified ECTs" (Okasha, 1966). In Zaire, patients attending spiritual healing are treated by the "scapegoat procedure" in which the healer takes an animal, places it on the patient's head, induces a trance, and then chases the animal into the forest (Ahluwalia & Mechin, 1980). Symbolically, the once possessed individual is now free and cured. Traditional healers use esoteric languages and rituals to restore balance and harmony, to translate the fearful, disruptive moments in the life of the individual into a cultural language that connect the individual to a large meaningful system (McGuire, 1983). This occurs when one family member is initiated as a privileged mediator between the spirit, the community and the assigned therapists of the family.

Traditional medicine serves far more numerous purposes and functions in the maintenance of a social system than what is presented in this paper. In many traditional communities where the role of healer in dispensing health services has remained central, the sickness is shared by the community. The healers attempt to reconstruct the patient's identity by calling the whole community to witness and share the misfortune of the distressed. This process helps to increase the patient's self value and reinforce the patient's relationship with the community. The importance of community in healing processes has been documented elsewhere. Jilek et al. (1970) have suggested that the chronic course of transient psychoses is averted when the community responds to the initial psychotic episode by sympathetic acceptance, benevolently protective attention and assistance in a culturally prescribed way. An individual is never alone as long as he has a clan or tribe to turn to for assistance.

CONCLUSION

In the past, the traditional practice of health care was suppressed by authorities under the pretext that this view of health was based on charlatan, witchcraft, "deviant sciences", and magic. It was not immediately recognized that the end result of these rituals is the integration of the distressed individuals back into the community. In traditional medicine, health matters are considered sacred while an illness is a religious virtue. Sickness is neither condemned nor condoned but an occasion to call the community to restore the order.

Currently, in spite of world wide mushrooming of science and technology, in health care delivery, traditional medical practice continues to serve a large clientele. It constitutes 80 per cent of the population in the developing countries (Bellakhdar, 1989; Akighir, 1982). This has been attributed to the respected status of the healers, accessibility of the practitioners, inexpensive treatment, personalized care and therapeutic techniques that are congruent with the local beliefs and traditions.

In response to the Alma-Ata declaration (WHO, 1978) to incorporate traditional medicine in line with cosmopolitan view, many investigators are examining the future of traditional medicine (e.g., Jordan, 1983; Oppong, 1989; Bannerman, 1983). Katz and Katz (1988) have pointed out that traditional medicine is not static but rather constantly evolving and adopting new ideas. The introduction of changes in traditional medicine due to the influence of science and technology has been reported elsewhere. The healers perform their "clinical work" wearing white coats, bonesetters using X-rays (Oppong, 1989), healers using stethoscope and thermometer in diagnosis. There are even wards for patients and full-time students learning traditional medicine (Last & Chavunduka, 1986).

It would lamentable if the current process of "modernization" should conspire to belittle the genuine contribution of traditional medicine. It is already beginning to show that the current merger between traditional and cosmopolitan medicine is not symbiotic but tilts in favor of the latter. There are workers in the field who prefer to put traditional medicine under scientific scrutiny (e.g., Anderson, 1991). The favorable results from traditional medicine have been demonstrated in herbal treatment but other efficacies of traditional medicine have failed to glitter under the eyes of experimental perspectives of cosmopolitan medicine. Some of the ardent supporters of traditional medicine (e.g., Bellakhdar, 1989) have not failed to justify why traditional medicine does not fare well in the light of experimentation. Unless proper ritual and protocol are carried out according to the beliefs, traditional remedy may loose its strength. According to

Bellakhdar (1989), any medication, traditional or modern, is likely always accompanied by a sort of ritual; it is only prescribed for a particular condition, to be taken at given times and in accordance with a given procedure. If this is ignored, the remedy loses its virtue — namely, its efficacy and its ability to establish a psychological predisposition to cure.

It is important to keep in mind, even if traditional medicine has fallen short of scientific expectation, science itself has not addressed all our tribulations, cured our diseases nor fulfilled our insecurities. On the other hand, the strength of traditional medicine comes from the prestige in the eyes of the masses where it remains virtually undiminished as it serves the majority of people in the developing countries. Traditional medicine has its own value and unique body of knowledge that includes concepts for understanding natural and unnatural, etiology of diseases, methods of diagnosis, knowledge of the anatomy and physiology of the human body and approaches to therapy. Therefore, it is safe to conclude that traditional medicine constitutes a genuine alternative to cosmopolitan medicine.

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REFERENCES

Andersen, R. (1991). The efficacy of Ethnomedicine: Research methods in Trouble. *Medical Anthropology.* 13(1-2): 83-97.

Ahluwalia, R. & Mechin, B. (1980). Traditional Medicine in Zaire. *International Development Research Center Monograph Series,* (137)E.

Akighir, A. (1982). Traditional and Modern Psychiatry: A Survey of Opinion and Belief among people in Plateau State, Nigeria. *International Journal of Social Psychiatry,* 28: 203-209.

Aoyama, Shundo (1990). *Zen Seeds: Reflections of a Female Priest.* Tokyo: Kosei Publishing.

Bannerman, R. H., Burton, J. & Ch'en Wen-Chieh (1983) (Eds.). *Traditional Medicine and Health Care Coverage.* WHO: Geneva.

Bellakhdar, J. (1989). A new look at traditional medicine in Morocco. *World Health Forum.* 10: 193-199.

Burgel, J. C. (1976). Secular and religious features of medieval Arabic medicine. In Charles Leslie (Ed.) *Asian medical systems: A comparative study.* Berkeley: University of California Press.

Davis, W. (1990). The power to heal. *Newsweek.* September 24.

Dunn, F. L. (1976). Traditional Asian medicine and cosmopolitan medicine as adaptive systems. In Charles Leslie (Ed.) *Asian medical systems.* Berkeley: University of California Press.

Edgerton, R. (1977). A traditional African psychiatrist. In David Landy (Ed.) *Culture, Disease and Healing: Studies in Medical Anthropology.* London: Colliers Macmillan.

Erinosho, O. (1978). Mental Health Delivery-System and Post-Treatment Performance in Nigeria. *International Journal of Social Psychiatry,* 26: 190-195.

Eskin, Mehmet (1989). Rural population's opinion about the causes of mental illness, modern psychiatric help-sources and traditional healers in Turkey. *International Journal of Social Psychiatry,* 35(4), 324-328.

Foster, G. M. & Anderson, B. G. (1978). *Medical Anthropology.* New York: Wiley.

Foster, G. M. (1983). An introduction to ethnomedicine. In R. H. Bannerman, J. Burton & Ch'en Wen-Chieh (Eds.) *Traditional medicine and health care coverage.* Geneva: WHO.

Feinberg, R. (1990). Spiritual and natural etiologies on a Polynesian outlier in Papua New Guinea. *Journal of Social Sciences & Medicine,* 30(3): 311-323.

Foss, L. F. & Rothenberg, K. (1987). *The second medical revolution: From biomedicine to infomedicine,* Boston: New Science.

Fuchs, S. (1964). Magic healing among Balahis in Central India. In Ari Kiev (Ed.) *Magic, Faith and Healing: Studies in Primitive Psychiatry Today.* New York: Free Press.

Gordon, J. S. (1990). Holistic medicine & mental health practice: Towards a new synthesis. *American Journal of Orthopsychiatry,* 6(3): 37-370.

Griffith, E. H. & Young, J. L. (1988). A cross-cultural introduction to the therapeutic aspects of Christian religious ritual. In Lillian Comas-Diaz & Ezra E. Griffith (Eds.) *Clinical guidelines in cross-cultural mental health.* New York: Wiley.

Guldneck, P. E. (1962). A perspective on folk medicine. *New York Folklore Quarterly,* 18: 163-172.

Helman, C. (1986). *Culture, Health and Illness.* Bristol: Wringt.

Hughes, C. C. (1968). Ethnomedicine. In: *International encyclopaedia of social sciences.* New York, Macmillan. Vol. 10, p. 9.

Isenalumbe, A. E. (1990). *World Health Forum: An International Journal of Health Development.* Geneva, WHO, 11(2): 192-198.

Jilek, W. G. & Jilek-Aall, L. (1970). Transient psychoses in Africans, *Psychiatria Clinia,* 3: 337-364.

Jilek-Aall, L. (1976). Kifafa: Tribal disease in an East Africa Bantu population. In J. Westermeyer (Ed.) *Anthropology of mental health: Setting new course.* The Hague: Mouton, 57-67.

Jordan, B. (1983). *Birth in Four Cultures.* London: Eiden Press.

Katz, S. S. & Katz, H. K. (1988). An evaluation of traditional therapy for barrenness. *Medical Anthropology Quarterly,* 1(4): 394-405.

Khan, M. S. (1986). *Islamic Medicine.* London: Routledge & Kegan Paul.

Kiev, A. (1964). *Magic, Faith and Healing: Studies in Primitive Psychiatry Today.* London: Collier.

Korsch, B. M. & Negrete, V. F. (1972). Doctor-patient communication. *Scientific American,* 227, 67-74.

Koumare, M. (1983). Traditional Medicine and Psychiatry in Africa. In B. H. Bannerman, J. Burton & Ch'em Wen-Chieh (Ed.) *Traditional Medicine and Health Care Coverage.* Geneva: W.H.O.

Laderman, C. (1991). Malay medicine, Malay person. *Medical Anthropology,* 13(1-2): 83-97.

Laguerre, M. (1987). *Afro-Caribbean Folk Medicine.* Massachusetts, Bergin & Garvey.

Last, M. & Chavunduka, G. L. (1986). *The Professionalization of African Medicine: International African Seminar,* New Series (1), Manchester University Press. (cited in Oppong).

Laughlin, W. S. (1977). Acquisition of anatomical knowledge by ancient man. In David Landy (Ed.) *Culture, disease, and healing: Studies in medical anthropology.* New York: Macmillan.

Levin, D. M. & Solomon, G. F. (1990). The discursive formation of the body in the history of medicine. *The Journal of Medicine and Philosophy,* 15: 515-537.

Littlewood, R. & Lipsedge, M. (1984). Ethnic minorities and psychiatry. In Nick Black, David Boswell, Alastair Gray, Sean Murphy and Jennie Popay. *Health and Diseases: A Reader.* Philadelphia: Open University Press.

Madsen, W. (1964). Value conflicts and folk psychotherapy in South Texas. In Ari Kiev (Ed.), *Magic, Faith, and Healing: Studies in Primitive Psychiatry Today.* London: Collier.

McGuire, M. B. (1983). Words of power: Personal empowerment and healing culture. *Culture, Medicine and Psychiatry,* 7: 221-240.

Miller, J. (1978). *The Body in Question.* London: Jolly & Barber.

Mutambirwa, J. (1989). Health Problems in Rural Communities, Zimbabwe. *International Journal of Social Science & Medicine,* 29(8): 927-932.

Ngubane, H. (1977). *Body and Mind in Zulu Medicine.* Academic Press, London.

Okasha, A. (1966). A cultural psychiatric study of el-zar cult in UAR. *British Journal of Psychiatry,* 122: 1217-1221.

Oppong, A. C. (1989). Healers in Transition. *Journal Social Science & Medicine,* 28(6): 605-615.

Said, H. M. (1983). The Unani system of health and Medicare. In R. H. Bannerman, J. Burton Ch'en Wen-Chieh (Eds.) *Traditional medicine and health care coverage.* Geneva: WHO.

Shorter Encyclopaedia of Islam. (1974). Shahid. In H. A. Gibb & J. H. Krammer (Ed.). Leiden: E. J. Brill.

Simpson, S. H. (1988). Some preliminary considerations on the sodada: a traditional treatment of gastrointestinal illness in Costa Rica. *International Journal of Social Science and Medicine,* 27(1): 69-73.

Skultans, V. (1976). "Empathy and healing: aspects of spiritualist ritual". In J. B. Loudon (Ed.). *Social Anthropology and Medicine.* London: Academic Press.

WHO/UNICEF. (1978). *Alma-Ata 1978 Primary Health Care.* Geneva: WHO.

Winnick, C. (1970). *Dictionary of Anthropology.* New Jersey: Rowman & Allanheld.

Wolpe, P. R. (1990). The holistic heresy: Strategies of ideological challenge in the medical profession. *International Journal of Social Science and Medicine,* 31(8): 913-923.