



THE MANAGEMENT OF DISEASE IN A TRADITIONAL MEDICINE PERSPECTIVE: THE CASE OF NAMPULA, NORTH OF MOZAMBIQUE

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Abstract

Within a province (Nampula) of one of the world's poorest countries, Mozambique, the spread of traditional medicine is particularly significant. This study aims to delve into the main figures of traditional medicine as well as the way in which they manage the care pathways in Nampula City. This treatment must be framed within a very specific cultural, cosmological, and ethical context, that of the Makhuwa culture, the largest language group in Mozambique. The research was carried out through direct observation work between 2015 and 2018, with the advantage that the author is a Nampula-born researcher and a native Emakhuwa speaker. This circumstance allowed her to understand the dialogues and interviews done on site without the need for interpreters. The result was that important local cultural elements, together with the almost total absence of modern hospital facilities and conventional doctors made the city of Nampula an urban center where traditions of medical care related to traditional knowledge still prevail, and where caregivers perform social, pedagogical and medical functions.

Keywords: local knowledge, Emakhuwa Culture, medical dialogue, diseases

Introduction

The Amakhwa¹ constitute the leading linguistic-cultural group in Mozambique. They represent about 26% of the whole Mozambican population, occupying a great part of the North of this country, namely the provinces of Nampula, consistent parts of the Provinces of Cabo Delgado and Niassa, and the North of Zambezia (Medeiros, 2007). Lately, many Amakhwa have moved to Southern Mozambique, especially the capital, Maputo, where they have tried to reproduce their traditional religious customs and beliefs, as in Bairro Mafalala in Maputo (Laranjeira, 2016).

The Amakhuwa have been traditionally excluded from the political as well as the economic Mozambican national system carried out by FRELIMO (Front of Liberation of Mozambique), the incumbent party since the independence obtained from Portugal in 1975. FRELIMO has historically managed power through a close alliance between its most prominent representatives of the South (as Eduardo Mondlane, Samora Machel, Joaquim Chissano and many others) with the Makonde fighters of the North, in this moment represented by the Chief of State, Filipe Nyusi, the General Chipande, the General Pachinuapa and many others (Bussotti & Nhaualeque, 2022).

Amakhuwa people show a particular culture and social organization clearly distinct from these of the South of Mozambique: they have a matrilinear society that – according to important research (Geffray, 2000) – has developed over the time a sort of dependency of man in relation to woman; they maintain a complex traditional religion and specific local habits and cultures. Emakhuwa cultures and language (with its different varieties) have survived to the process of

1 Plural of “Makhuwa”.

inculturation carried out in a first time by Islam mainly in the coast, and thus, starting from the 16th century, by Christianity, especially in inland territories, as in the case of Nampula capital province, Nampula city (Bonate, 2007; Machele, 2019).

As in many cases in African cultures, Amakhuwa too have been building a holistic system of thought and values, integrating religion, social habits and organization, ethics. Inside this conception, the respect for the nature, for the body care, for the ancestral spirits became the reference point to frame disease and its treatment (Behrens, 2010; Postioma, 1968; White, 2015).

The study here presented aims to show the main conceptions and procedures regarding the traditional treatment of the disease in Nampula City. For a long time, traditional medicine in Africa was downgraded to mere empirical knowledge, at best. At worst, it was associated with witchcraft, superstition and an anti-scientific dimension that should have been overcome and even fought against. In the 20th century the competition between Western colonial medicine and traditional African medicine was very pronounced. This gave rise to “struggles all over the colonies over the status of indigenous medicine” (Pemunta & Tabenyang, 2020, p. 47). In Mozambique, at the end of the 19th century, the Portuguese crown decided to implement an initial health system in the colonies as well. In a country like Mozambique, this meant dispersing the knowledge that had been accumulated in various parts of that territory by traditional doctors, imposing an 'official' and 'scientific' system (Roque, 2014).

With the end of colonialism, the situation did not change significantly. In Mozambique, the watchword of the socialist government headed by Samora Machel was 'kill the tribe to make the nation'. In this short phrase was summed up the logic with which the enlightened socialist regime looked at everything traditional and religious: to do away with any colonial remnants to form a “new man” (Farr3, 2015). Many traditional curators and “regulos” (local chiefs) were sent to re-education (but it would be more correct to say concentration) camps in Niassa Province, from where few returned. As stated by Meneses, traditional medicine was fought by both colonialism and the post-colonial socialist regime that wanted to overthrow colonial remnants (Meneses, 2007). With the end of the socialist experience, the Mozambican State passed more tolerant regulations towards local leaders, including some traditional medicine practices in the new national health strategies. However, traditional healers continued to be viewed with great suspicion. This was true both within a Mozambique whose dominant paradigm continued to be that of Eurocentric biomedicine and through studies conducted mainly by Western scholars or funded by Western institutions. The latter, imbued with a modernizing logic, in most cases showed extreme difficulty in accepting the holistic view of disease that traditional curators proposed, especially in Makhuwa society. Here, traditional medicine went hand in hand with other traditional practices, such as initiation rites. These practices were interpreted as violating the human rights of young women, favoring forced and early marriages and school drop-outs (Jos3, 2016; Os3rio & Macu3cua, 2013; Vahocha & Piedade, 2021).

Even the few works on Makhuwa traditional practices have been written by European authors, including missionaries, with all the merits and limitations that such studies have entailed (Martinez, 1989; Medeiros, 2007).

The same must also be said for the very few studies that, of the Makuwa culture, take into consideration the theme of cure, its treatment and the main figures of traditional doctors who intervene in this process (Gaspari, 2015).

There is therefore a problem of knowledge of how, in an ethnic group comprising some 7 million people, the disease is conceived, treated, and cured. Hence, the importance of this study, one of the first to attempt to address these issues, starting from an empirical groundwork, and conducted almost entirely in Emakhuwa language and according to a Makhuwa perspective.

This first work cannot exhaust the study of such a complex phenomenon within Emakhuwa culture. Traditional healing practices, unlike what people think, are rather permeable to even significant changes. This is due, for example, to the increasingly close relationship between traditional and conventional medicine, to the socio-cultural general changes which also influence the way Amakhuwa represent illness and, consequently, imagine treatment. In addition,

the study conducted here was carried out in the city of Nampula, in an urban context that may differ from the more rural environments in which the Amakhuwa live in the various provinces of the north of the country. Different religious tendencies also play a very important role in the different perceptions of illness and care as well as in its management: while in Nampula city the religious prevalence is of the Catholics, along the coast from Nampula to Cabo Delgado those who prevail are the Muslims. All these decisive variables were not considered in this research, which is a case-study limited to the urban context of the city of Nampula.

Research Methodology

This research adopted a qualitative approach, taking the form of a case-study. The groundwork was carried out in Nampula City from 2015 to 2018. Besides direct observation, a series of semi-structured interviews were conducted with some privileged witnesses, namely traditional medicine practitioners. The direct observation consisted in assisting to various moments of the care pathway managed by traditional physicians. They allowed access to the treatment practice only after having explained to patients the meaning of the presence of a stranger at such a delicate moment as the treatment of a disease. Due to the scarcity of bibliographical sources, the empirical data collection represented the pivotal moment of this research; the idiom to carry out the fieldwork has been almost exclusively Emakhuwa.

Research Results

Amakhuwa Cosmology

African cosmology has been the object of various works, especially in the field of philosophy and religious studies. In general, African cosmology is framed inside the relation between the man and the universe, with a strict interconnection with the supernatural dimension (Kanu, 2013). Despite a part of African philosophy, namely the analytical school, does not share the idea of a relationship between philosophy, myth, and cosmology, it is worth remembering that, at least in the Makhuwa case, this relation is evident, as shown below. The case of the Igbo from Nigeria represents good evidence to demonstrate this interrelation. The medium between sky and earth is represented by local oral tradition as well as by specific figures who know the origins of the evil and how to treat it (Udefi, 2012). Although it is not possible to generalize, many illustrious African philosophers state that – analyzing African mythology - evil would not be originated by God, since God created the universe in harmony and peace (Mbiti, 1969). Evil is brought by members of society used by malefic forces. Their actions can provoke disorder inside the community; for, they need to be neutralized because social order is sacred (Daniel, 2009).

African traditional medicine is part of the African religions and philosophy; in a broad sense, “it deals with everything that can be used to heal, kill or possess, power, health, fertility, personality, to maintain order or cause disorderliness” (Ajima & Ubana, 2018, p. 2). It is in this dimension of maintaining individual and social order that the intervention of physicians and traditional caregivers must be seen.

The Amakhuwa fit into this cosmological and religious tradition, with some features of their own. For the Amakhuwa, the universe started with a myth of origins, that of the Namuli mountains (Nhauелеque, 2012). Namuli is a name given to a mountain range known as the *Giro Namuli* formation. It starts in Zambezia Province (District of Gurué), where it reaches the height of 2419 meters. The typical Makhuwa expression to designate the origins of this people from Namuli mountains is the following: “*Miyo kokhuma o Namuli*” (“I was generated by Namuli Mountain”) (Martinez, 1989).

The Amakhuwa identify the Namuli with a generating deity. It is said that it was on that mountain - when the land was still deserted and totally uncovered - that a deity immersed from

the great depths, all beings and things of all species, gender and race that cover the land, the seas, the plateaus. All water and earth resources, minerals, and all that exist and populate the universe, were generated in the Namuli.

According to oral sources interviewed in Nampula City, the mountain was inaccessible because of its sacredness. When someone tried to reach the top of the hill, a group of dwarves would cut and claw their way down, causing the person to wander until they returned².

From the Namuli also man was begotten; and in early times the Supreme Being begot the *Makholos* (first fathers of families or ancestors) of the *Mahimos* (clans).

The Namuli - the Amakhwa say – also generated all talents, vocations, knowledge, skills, abilities, strength, beauty, all given to man at creation as a gift. This means that for these people man was created endowed with certain qualities that were probably designed as means or mechanisms for survival.

The Myth of the Namuli is like a profession of faith of the Amakhwa. Consequently, it seems legitimate to say that the Namuli myth is the first religious manifestation for this people regardless of their revealed religious belongings. If nature, human beings, skills and propensities were originated by Namuli mountains, the pivotal idea of Emakhuwa culture is to live in social harmony and individual peace. It means to live healthily, with a healthy body and mind. Thus, everything that can upset this condition – at the individual as well as at the collective level - must be removed, returning the person or the group to an original well-being. Hence, the importance of the treatment of the disease. In the next point it is explained how the traditional medicine can help to treat such diseases, considering as a case-study the Emakhuwa society of Nampula.

Traditional Medicine in Emakhuwa Society

There are many definitions and studies about traditional medicine. A good starting point is the conception of traditional medicine proposed by the World Health Organization. In a document entitled "WHO Traditional Medicine Strategy", it is conceived as a broad term to refer to both Chinese, Arabic, and various local traditional medicine systems (WHO, 2013). According to WHO, traditional medicine is "the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness" (WHO, 2013, p. 15). WHO does not want to explain the reasons why traditional medicine is in continuous expansion all over the world; for this organization the important is that it can contribute to the improved health, together with the conventional medicine. Thus, in its strategic plan, WHO aims to complement traditional with conventional medicine within a unique national system, according to the peculiarities of each State. This decision has its roots in the Beijing Declaration, adopted by the WHO Congress of traditional Medicine in 2008, as well as in the assessment made after the first WHO Traditional Medicine Strategy 2002-2005.

The WHO Strategy is embedded especially into Asian traditions, as that of China – for instance with acupuncture – or India, in terms of formation of local traditional medicine practitioners, with other cases listed there, as Japan and South Korea.

In Africa, one of the first official steps carried out by the African Union in the field of traditional medicine was the publication, in 1985, of the two volumes of the African Pharmacopoeia (AU, 1985); thus African Union implemented a whole strategy, through a Plan of Action approved in 2001, which had, as its main goals, to develop the traditional medicine in Africa, integrating it into the national health system of each member State, to approve specific national legislation on this subject, and finally to proceed to a plan of formation and communication within the local communities (AU, 2001). In a declaration stated at the day of African traditional medicine, 31 August 2021, the WHO Regional Director for Africa, Matshidiso Moeti

2 Interview made in Nampula City with Andr3 Chequela Jos3 Andr3, September, 2017.

remembered that 40 African countries have policy framework for traditional medicine, and that biodiversity and the use of medicinal plants and herbs have been implemented successfully in the last few years (WHO AFRICA, 2021).

As such, traditional medicine refers to diverse health knowledge and beliefs that incorporate plant, animal, and spiritual therapies, manual techniques, and the application of individual forms, diagnosis, and disease prevention.

Nevertheless, traditional medicine is something more than the use of plants and herbs; especially in Africa, it involves prevention and protection, physical, psychological, social behavior to avoid novice nutrition. And also the care of the spirit and of social conflicts which can perturb individuals, as well as a collectivity as a whole is a privileged field of intervention of traditional medicine.

The Makhuwa approach to traditional medicine has to be framed into a general overview of the African traditional medicine above described. Nevertheless, it has its own characteristics and is exercised by specialists. These specialists are knowledgeable about their reality: social and cultural.

Paraphrasing Felizardo Cipire, the specialists of traditional medicine are people who have a deep knowledge of the nature from which they get their medicinal plants, the behavior of the people, the behavior of the people they come in contact with, that is, they know the society, the area where they are (Cipire, 1996). These figures perform differentiated functions. Each of them has a special task that cannot be confused with the others, all of them playing an important role in treating or also in causing diseases. Because of the confusion that exists between traditional doctors and witchdoctors, it is important to say a few words about this.

For the Amakhuwa, traditional physicians or healers are those whose actions are aimed at solving various ills within society, that is, they are synonymous of good. According to the interviewed source, a traditional doctor from Nampula, her role is fundamental in the Amakhuwa society: she knows how to cure migraines, as well as how to perform divinations, and many people seek her out.³ However, there is a belief that *anahavara* (witch doctors) exist in large number among the Amakhuwa clans. *Naharava*, unlike the traditional medical practitioner, is an individual who suffers social exclusion because he is considered synonymous of evil; in fact, the very term *naharava* derived from *havara*, which means leopard. Thus, *nahavara* is a person who does evil and has within himself the spirit that causes harm to innocent people. Wizards are compared to leopard that feeds on human flesh despite appearing to be ordinary people.

Sickness is a real and frequent fact among the Amakhuwa living in Nampula City; there are even maxims about it as when one says for example: *owereiwa khuna mwanene!* (“No one owns the sickness”), or *eretha khinmona mwana nnakhala khinwona amwene!* (“The sickness does not choose anyone: child or king, poor or rich, young adult or old”)⁴.

These maxims show that the people of Nampula City experience sickness as an evil for everyone, which causes separation between the sick person and the rest of the people, brings disharmony to the ordinary life of family members and acquaintances. In addition, the sick person loses his vital dynamism and is deprived of daily life and work - this is why illness is a phenomenon that causes separation.

When one is ill, not only does sadness invade the victim, but family and friends also become worried. Hence, no one remains indifferent in front of a sick family member. In this regard the author Fernandez writes in the following terms: “When one is ill one feels the illness as a deep existential disorder and struggles to restore harmony” (Fernandez, 1989).

According to the interviews carried out in Nampula during the field-work, people believe that illness can have various origins such as: divine, ancestor (when the individual transgresses the norms of moral conduct, even angering his ancestors) or human origins, when the illness proceeds from a sorcerer.

3 Interview carried out in Nampula City with Maria, a traditional medicine physician, October, 2017.

4 These sentences have been picked up during the fieldwork in Nampula, transcribed and translated in English.

On the one hand, there are known illnesses that can be cured without the intervention of healing specialists, and on the other hand, there are illnesses that require the intervention of a specialist, who will follow a specific framework of rites and respective prohibitions according to the illness.

Healing specialists among the Amakhuwa occupy a very important place in the lives of the people and the community. They are individuals who are committed to discovering the origin of illnesses and other ills that plague people. According to the results of the groundwork made in Nampula, it is possible to identify at least three main figures which intervene in the cure pathway. They are mostly known and referred to as *anahako*, diviners; *mukhulukano*, healers, traditional doctors, and *anamuko*, instructors or masters.

It is possible to say that *anahako* is the first traditional medical figure to manage illness: he strives to discover what is hidden and unknown. He researches to make public what is a mystery unattainable by anyone, especially when it comes to illness, misfortune, and even death. He is a very important person. People turn to him to find out the cause of their illnesses and sufferings, calamities, and storms. He foretells the future and decodes the events of the past and present. Everything that happens can be deciphered and decoded by the diviner - according to popular belief.

Due to its function, the *anahako* in Nampula City is the first person to be sought out and requested, not only when someone dies suspiciously, but especially in cases of illness or depression. He is the one who will tell if it is a matter of illness or natural death, or if these misfortunes were caused by a *nahavara*, or even in the case of illness - by punishment of the ancestors, because the sick person did not follow and fulfill his obligations.

The *anahako* exercises the art of investigation in society with knowledge and skill; he possesses extraordinary powers, a quality that people in general do not have. He received such abilities from tradition mainly because the ancestors are with him and assist him.

Mukhulukano is the specialist dedicated to the healing of illnesses, administering herbs, or even using magic. In Nampula City *mukhulukano* is a doctor, an individual who knows and cures, the knower of solutions to diseases, illnesses, misfortunes, bad luck. This is an individual who does beneficial deeds in the community, contrary to the evil deeds of the witchdoctors. In one word one can say that *mukhulukano* is the synonym of good and the fighter of evil.

Mukulukano is the one who knows medicinal herbs, knows how to prepare medicines, confect and administer them to the patient, taking care of his therapy. This is why he is also known by the name of man or owner of the medicines (*namirethe*).

This practice can be acquired in various ways, such as: *ohiyeriwa mirethe na muha kalai*, that is, inheriting the medicines from the ancestors; *othuma mirethe*, by buying the medicines; *ophepa mirethe*, by learning within a given period.

In a case of disease treatment witnessed in direct observation work, the patient is introduced to the *mukhulukano*, who gives precise orientations. For instance, he establishes some prohibitions: the patient should abstain from certain foods - not eat certain meats, fish, eggs, etc.; or to certain practices, for example: not having sexual relations; or to certain behaviors, not arguing, not getting too angry, not yelling, not insulting, among others.

It is important to note that there are other *akhulukano* who are also diviners, *anahako*. These, when a sick person comes to them, first make a proper investigation of the disease, then seek the right treatment for its cure.

However, not all healers are good healer herbalists. As such, there are the true and false *akhulukano*. The latter, even though they are aware that they do not know the actual treatment of the disease, insist on keeping their good names in the community. And there are differences in competence: while some cure many kinds of illnesses, others only know how to cure a single illness or a few.

In this diversity of knowledge and skills, a healer can only cure cases of sterility, sexual impotence or coldness, marital and social problems, discover places where stolen goods have been kept, and much more. While others, only know how to cure cases like: *omomola nakhuru*, that is "expel the spirit"; *namakara*, "rheumatism", and so forth.

Namuko – “instructor”, in Emakhuwa language and society - is a recognized person who has deep knowledge of some healing plants. His main task is to accompany and perform treatments, as to assist pregnant women. Fernandez wrote:

“*Namuko* performs a very important function in the rites of passage of initiation, in which he participates as master, and in the other phases of the life cycle, in which he participates as advisor and helper” (Fernandez, 1989).

Namuko is a person in charge of healing, not only with his medicines, but also with his advice; he guides the healing rites, especially when the cult investigator indicates it. In another context, he performs the function of instructor in the rites of passage of initiation (Medeiros, 2007). He is therefore both master and physician.

The word *namuko* is composed by two words: the prefix *na* which designates the function, the profession that someone is carrying on, and *wuku* which means to join, to connect one thing with another, to heap together. From the word *wuku* derives the verb *wukela*, that is, to put together for a job. Thus, *anamuko* is a person who calls other people to do his work, that is, who brings other people together. One has the impression that *anamuko* seems like a type of person who believes that the success of his works depends, essentially, on working together, believing in the potential of the others. Regarding *anamuko* Fernandez states:

“*Namuko* is a person who gathers around him other individuals who have extraordinary supernatural knowledge and powers for communal beneficial action” (Fernandez, 1989).

Managing the Care Pathway

In this point it is presented a resume of the care pathway that Amakhuwa in general embark in and how it is managed by the specialized figures mentioned above.

The Amakhuwa in Nampula City are concerned about symptoms of any kind of illness. When signs appear in one of the family members, the family body gets together to examine the case whether to go to a traditional specialist or a conventional physician, or even if it is possible to solve everything within the family.

There are many symptoms. Some of the most frequent are connected with spirit diseases, such as pallor of the skin accompanied by weight loss and lack of appetite, little effort in domestic and agricultural work, frequent bad humor, and dislike of social gatherings. After the identification of the symptoms, the patient is taken to a specialist to find out the cause of the disease and its respective treatment.

When the specialist is found, before making the divination, he invokes his ancestors to help him in his research. To do this, there are proper formulas, such as *Xonthe, minepa sa makholo mwuari amusi aka akhalai. Mukikhaviherhe ni ehako aka ela* (“Please spirits of the ancestors who in the beginning, were my relatives. Help me in my research”).

It is important to emphasize that these maxims are not uniform for everyone. Each specialist has his or her own formulas. Some don't utter a single word; others make invocations by throwing the flour to the place considered sacred: in a tree or in the corner of the house; still others make invocations accompanied by clapping as a sign of respect. Once the invocations are made, the specialist does the investigation. He then communicates the results of his investigation to the patient and the family. In cases where the investigator is also *mukhulukano* he starts with the treatments; on the contrary, he advises the patient where to turn.

In this stage, the specialist administers and guides the patient's treatment by giving him medicine and requiring that the patient refrain from certain prohibitions depending on the illness. During the treatment, the patient must believe in the success of the remedies and expect to be cured. This is a belief associated with folk wisdom. In relation to this, there are maxims such as these *Nroromelo, kapwithi mulupale wira murethe ovoniye!* (“a crença nos medicamentos é grande segredo para o remédio produzir o seu efeito”), *Wamini wira miri sinnipemuxa, ethu yulupale wira muthu ovone!* (“a crença nos remédios contribui de certa maneira na cura do doente”).

For specific illness like *Nakuru*, *murou* ou *majini*, *mirusi*, *mokinta*, *nvira* and others, known as spirit diseases, the *mukhulukano* requires “hospitalization”. It means that the patient has to remain in the *mukhulukano* residence because the treatment will be long, generally between two to three days.

During the hospitalization period, the patient should be accompanied by his or her own close family (parents, siblings, or uncles, rarely cousins); however, they cannot fuel suspicions of witchcraft. These relatives serve as witnesses to the treatment process. This is done to avoid suspicion and it is a way for the specialist to maintain his reputation in the community if the treatment fails.

In addition, the patient needs someone to help him (bathing, drinking water, feeding, washing clothes). The family presence, affection, support, consoles and encourages the patient. A maxim which resumes this condition is the following: *muretha khonhiwa mekhawe* (“never abandon the patient”).

A very important moment of the treatment is the rite known as *orapa murethe* (“medicine shower”). The period of these baths varies from healer to healer, depending mainly on the health condition of the patient over time.

The rite of the *oyeha murethe* occurs after the patient healing. The witchdoctor collects all the remaining medicines that the patient used during the treatment and buries them in far-away places, such as in the woods, in the garbage dump of the house, or at the crossroads. This is all to prevent the witchdoctor from cursing the medicines.

Other pivotal rite in the management of the illness is that of *omutaphula natiri*. It consists in a promise, with the aim to making a feast, or buying a cloth for one of the ancestors (usually the one who was the chief of the tribe), making a meal only for the children of the community, or throwing a certain amount of money in the middle of a crowd of people. But there are other kinds of promises.

After the sick person feels cured, and returns to his or her ordinary social life, the sick person joins his or her family, trying to fulfill the promise made before. The lack of fulfillment can cause other problems such as misfortune, illness, bad luck, failure, and much more.

Discussion

As mentioned above, very few studies refer to traditional care practices in Makhuwa society. Nevertheless, it is important to note that several authors highlight 'evolutionary' elements of care management by traditional practitioners. In other cases, the emphasis falls on the unreliability of traditional caregivers.

An important element that was found during the groundwork coincides with what Fernandez had written at the time about the awareness of the limits of the work carried out by conscious caregivers. According to this author, there are cases when specialists advise patients to go to a hospital for treatment: “Once the cause of the illness has been discovered, the diviner informs his client of the results of his work and tells him what he must do, to whom he must turn in order to perform the actual healing rites” (Fernandez, 1989, p. 201).

Nevertheless, a controversial issue has to do with the difficulty of dialogue between the two medical approaches, despite the steps that have been made over the past years in Mozambique (Granjio, 2009). In several cases traditional doctors, especially in Nampula and Zambezia province, have been associated with illicit activities or even participation in murders of defenseless citizens: sometimes to sell their organs, in other cases to complete the treatment for one of their patients. Nevertheless, as stated by AMETRAMO, the Mozambican organization of traditional physicians, such types of traditional doctors who instigate people to kill others in order to complete their treatment and succeed in life are considered to be “second-rate doctors”, and evil sorcerers, since it is never necessary to have other people's human body parts to carry out healing ceremonies (Liga Moçambicana dos Direitos Humanos, 2009).

Despite the important role played by traditional medicine in Nampula, there are criticisms directed towards traditional medicine practitioners: for example, Adelaide Agostinho argues that a greater interconnection with conventional medicine is needed, and vice versa. Diseases of the spirit, for example, cannot be cured by conventional medicine, since they represent a specific area of traditional medicine. At the same time, some traditional practitioners purposely let natural medicines that they themselves had prescribed rot, usually left in water, thinking of increasing their curative power. This can jeopardize the patient's life, rather than helping him. Such behavior is caused by ignorance on the part of traditional physicians, who should therefore be instructed by conventional doctors on how to make the correct use of the medicinal plants that they usually prescribe.⁵

As seen above, the functions exerted by the three fundamental figures of traditional Makhuwa medicine practitioners are at least of three kinds: firstly, they are seen by local society as sustaining the social order because they fight against the sorcerers (criminals) who subvert the order of the community. Their power is exercised for the good of those who decide to consult them or to be healed (W.A, 1988). However, in some cases this social function - which grants the traditional curator a reputation in the community - can be a double-edged sword. In order not to lose social esteem, "certain healers, afraid of losing their reputation in the village, bury themselves in ignorance, making a thousand turns in the plants to cure the sick even though they are aware that he is not capable of healing. Some have great knowledge of plants and diseases beyond their village" (Brelet, 2014, p. 85). Secondly, the healing specialists acquire cultural value in that they pass on their knowledge to future generations. (Martinez, 2001). These individuals enliven the art of healing by maintaining the cultural heritage, the heritage of local medicine knowledge and skills, perpetuating the teachings of the ancestors within the cultures of their people. Finally, they exert a pedagogical function within society. As a matter of fact, they are committed to counseling their patients, to know how to control their diets preventing the patient from getting worse. As Ribeiro Nunes stated, "Every specialist in traditional medicine will have to perform two fundamental functions: that of educator and that of therapist" (Ribeiro Nunes, 1999, p. 16).

Beyond the reservations expressed by conventional medicine and several other observers, the role of traditional healers is on the rise. It is estimated that in Mozambique there is one traditional doctor for every 80 inhabitants (Moçambique, 2014). The ratio of inhabitants to conventional doctors is much lower: in Mozambique there are only 2,500 conventional physicians per 30 million inhabitants nationwide, most of them concentrated in the capital Maputo (Agudo, 2021). It means that in northern provinces such as Nampula, the success of traditional medicine must be explained not only by deep-rooted cultural stratification and in a different perception of disease, as demonstrated in this article, but also by the enormous shortage of available conventional doctors, as well as the most basic modern diagnostic equipment (Busotti, 2021).

Conclusions and Implications

This study aimed to analyze the types of disease management in the Makhuwa world by traditional medicine practitioners. It has been demonstrated that in Nampula City the care pathways is part of a more general conception of the universe, religion and social order. However, the specialists who contribute to individual as well as to collective care of illness carry out differentiated functions, in accordance with their abilities and knowledge.

Therefore, the healing specialists have their own research techniques, appropriate places of work, and obey their own framework for treating diseases. The conclusion was reached that healing specialists are very important in the lives of people and communities, especially in places where there are no health services. These specialists have in-depth knowledge of heal-

⁵ Discourse pronounced by Dra Adelaide Bela Agostinho, Professor at the University Eduardo Mondlane, Maputo, at the Scientific Encounters of ISMMA, Maputo, 2006.

ing with medicinal plants and other forms of healing. They respect life and the dignity of the human person, observe the rules of moral conduct accepted in the local society, and strive for community harmony.

The course of treatment can be long and complex. Close family members are also usually involved in it, since illness, in the Makhuwa culture, is believed to be the result of a collective malaise that befalls a specific individual but disrupts the entire social order. Although in this article it has not been possible to deep the relations between traditional and conventional medicine, it is worth remembering, as mentioned in the previous point, that many problems still characterize such relation, in Mozambique as elsewhere in Africa. Nevertheless, AMETRAMO has been officially recognized by the State, and a certain collaboration has begun between traditional and conventional medicine. The avenue for an integration of these two conceptions of medical care has been traced and may produce, in the future, results compatible with local traditions and knowledge, helping the national medical system to make up for shortcomings of the conventional medical facilities, especially in Northern Mozambique.

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