
Traditional Medicine and Healing Knowledge in the Context of Witchcraft: What Do the Holy Books and Religious Leaders Say?

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Abstract

In developing countries including Tanzania, traditional medicine and healing knowledge are increasingly utilised, and play a crucial role in healthcare. However, such knowledge often faces negative associations with witchcraft. This study explored perspectives from holy books and religious leaders regarding the management of traditional medicine and healing knowledge, the role of religion in the process, the potential efficacy of traditional healing knowledge for common health conditions, and the reasons behind the association with witchcraft. A mixed research approach was employed. Religious leaders formed the population of this study. Data were collected through semi-structured face-to-face interviews with religious leaders, supplemented with documentary review. Data from face-to-face interviews were qualitatively analysed through thematic content analysis before it was coded and analysed through SPSS for numeric descriptions. Results underscored the vital role of traditional medicine and healing knowledge in Tanzania's healthcare. Religious leaders and holy books recognised the necessity for managing such knowledge. Despite available religious texts describing traditional practices and their potential efficacy, religious leaders in the study area did not actively support the management of such knowledge, but rather associated it with witchcraft. The association with witchcraft arises from misunderstandings and societal biases introduced by foreign religions, early traders, and colonialists. The conclusion has been that although religious organisations played no role in the management of such knowledge, holy books, and religious leaders acknowledged the importance of doing that. Impoverishing, demonising, and disregarding were due to colonialism. The implications for managing knowledge in this context have also been provided.

Keywords: Indigenous knowledge; traditional medicine, healing knowledge, witchcraft, holy books, religious beliefs, cultural practices.

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Introduction

Traditional medicine and healing knowledge in the context of religion is a complex and multifaceted aspect of the cultural and healthcare landscape. Traditional healing practices, deeply rooted in local cultures and histories, have coexisted alongside religious beliefs for centuries. This coexistence, however, is not without tensions, as traditional healing practices are sometimes viewed through the lens of religious doctrines, leading to intricate relationships that impact healthcare systems, societal perceptions, and the preservation of indigenous knowledge. Traditional medicine and healing practices have been a fundamental component of healthcare in Tanzania, playing a vital role in addressing various health conditions within local communities. This body of knowledge encompasses herbal remedies, rituals, and other traditional practices passed down through generations.

Traditional medical practices and healing knowledge date back to biblical times. Traditional healing methods were used in antiquity, as evidenced by the story of Moses' Bronze Serpent and the

Traditional Medicine and Healing Knowledge in the Context of Witchcraft: What Do the Holy Books and Religious Leaders Say?

Good Samaritan in the Bible. God gave Moses the command to make a bronze serpent and raise it on a pole so that anybody who looked at it would be healed of snakebite injuries. This is the account of Moses' Bronze Serpent. (Numbers 21:8-9). Similar to this, the Good Samaritan story describes how a Samaritan used oil and wine to cure a man who had been robbed and left for dead (Luke 10:34). Therefore, traditional medicine and healing knowledge are among the systems of Africa's indigenous knowledge which have been in existence throughout the history of human societies.

During the pre-colonial period in Africa, there were no written policies on health services delivery like the way it is today. However, the governments of the tribal chiefs in most African countries recognised the role of traditional healers (Iwata, 2015). In Tanzania, just like in many other African countries, traditional healers were highly respected and often acted as advisers to the tribal chiefs on health-related matters specifically on dealing with illnesses, environments, socialisation, and behaviour (Chirangi, 2013). Such a situation went through till the arrival of the Bible and Quran by missionaries and Muslim brothers, and subsequently up to the period of colonisation of Africa. This means the infusion of foreign religions, introduced by early traders and later colonialists, has introduced complexities in the way traditional medicine and healing knowledge are perceived and managed. Religious leaders, often influential figures within communities, play a pivotal role in shaping the discourse surrounding traditional medicine and healing.

The holy books associated with these religions (Christianity and Islam) may contain descriptions of traditional healing practices, creating a potential intersection between religious teachings and indigenous medicinal knowledge. Despite this, the active involvement of religious leaders in the management and regulation of traditional medicine and healing practices remains limited. The negative associations between traditional healing and witchcraft, found in various societies, often stem from misunderstandings and societal biases influenced by religious perspectives. These negative perceptions hinder the acknowledgment and acceptance of traditional medicine and healing within broader healthcare systems, irrespective of its long history of use.

The use of traditional medicine and healing knowledge are firmly ingrained in African societies and are still frequently used today. Recently, traditional medicine and healing knowledge have been extensively practised and regarded as a crucial component of healthcare in Tanzania, especially in rural areas where access to modern treatment is constrained (Moshi, Mbwambo, & Kilonzo, 2017). Researchers in Tanzania, including Moshi *et al.* (2017) conducted studies to explore the use of traditional medicine and its integration with modern healthcare. However, due to the colonial hangover, the traditional medicine and healing practices were subjected to witchcraft and were restricted by the colonial government and religion. Although witchcraft has its beauty and has been prevalent in both African and other civilisations; in pre-colonial Africa, witchcraft was used in a wide range of contexts, including politics, economy, and culture. It was also a key tenet of the social order in many communities. However, colonial and postcolonial governments in Africa put a lot of effort into reducing the harm of witchcraft by enacting anti-witchcraft legislation, disseminating anti-witchcraft propaganda, enhancing and expanding health services, fostering mass education, and waging religious campaigns against it. According to Iwata and Hoskins (2017), Chirangi (2013), and Stangeland *et al.*, (2008) missionaries and colonialists' teachings were against the practices of traditional medicine and associated such practices with witchcraft. Thus, people with such knowledge and skills who wanted to associate with any of these religions (Christianity or Islam) had to choose one either abandon religious associations or continue with the traditional healing practices which were then considered by colonial governments and religious preachers as witch practices. It is in that context the Holy Books i.e. the Quran and the Bible have been used to suppress the traditional medicine and healing practices on the umbrella term 'witchcraft'.

The suppression of traditional medicine and healing knowledge was intentionally done by colonialists and missionaries to colonise the minds of indigenous Africans (Adu-gyamfi &

Anderson, 2019). Implanting the notion of witch practices in almost all of Africa's indigenous knowledge and practices was a way of colonising and killing the innovative minds of the indigenous Africans. According to Rodney (1972), Africans were supposed to be the source of raw materials and a market for products from outside Africa. It is this researcher's understanding that colonial governments and religious preachers mistreated Africa's knowledge out of their understanding that what was happening in Africa happened just the same in their mother countries. It is the argument in this article that these foreigners in Africa knew that what indigenous Africans were passing through was just a struggle of human beings to cope with the environment indigenous to Africans. The world over, struggles and experiences of such nature are what give each society its understanding of the world. And subsequently, provides them an opportunity and ways to solve various problems as they occur in their environment.

Kaniki and Mphahlele (2002) concede that the rise of colonialism in Africa had a profound negative impact on indigenous knowledge (IK) including traditional medicine and traditional healing knowledge. The study by Stangeland *et al.*, (2008) in Tanzania, found that during colonialism and after independence until 2002, the practise of traditional medicine in Tanzania was not officially permitted. Such a situation in Tanzania cannot be isolated from other African countries during colonialism. Matomela (2004) cited by Ross (2008:17) is of the view that during colonialism in South Africa, the 1974 Health Act and its 1982 amendments restricted traditional healers from performing any act related to traditional medical practices. In 2002 the Parliament of Tanzania enacted Act No 23 of the Traditional and Alternative Medicine to replace the old laws that marginalised traditional medicine and indigenous healing knowledge; in South Africa, after the 1994 independence, the government formulated the White Paper for the Transformation of the Health System in 1997. The White Paper recognised traditional healers as part of the broader primary healthcare team. The South African government promulgated the Traditional Health Practitioners' Bill in September 2004. The Bill acknowledged the role that traditional healers play in South Africa. Moreover, the Bill recognised the unique circumstances of traditional healers. The Bill sets professional and ethical norms and standards, and ought to empower traditional healers to regulate their practices.

In recognition of the importance of traditional medicine and healing knowledge, Tanzania's government and legal frameworks have made efforts to recognise and regulate traditional medicine practices in the country. The government established the Traditional and Alternative Medicine Policy in 2002, which provides a framework for the development and regulation of traditional and alternative medicine in the country (Ministry of Health and Social Welfare, 2002). The policy recognises the importance of traditional medicine in Tanzania's healthcare system and aims to ensure its integration with modern medicine. The policy outlined guidelines for the registration and regulation of traditional medicine practitioners and products, as well as the development of research and training programs for traditional medicine practitioners. Additionally, Tanzania's legal framework recognises traditional medicine as a form of healthcare and provides for the protection of traditional medical knowledge and practices.

The enactment of Traditional and Alternative Medicine Act No. 23 of 2002, led to the establishment of the Traditional and Alternative Health Practices Council (TAHPC) under the Ministry of Health, Community Development, Gender, Elderly, and Children to oversee the registration and regulation of traditional medicine practitioners and products (TAHPC, n.d.). The council is responsible for ensuring the safety, quality, and efficacy of traditional medicine products and services. Before Act No. 23 of 2002, in 1991 the country had already established the Institute of Traditional Medicine (ITM) at Muhimbili University of Health and Allied Sciences (MUHAS). The broad objectives of the ITM included seeking materials of plant and animal origin that might

Traditional Medicine and Healing Knowledge in the Context of Witchcraft: What Do the Holy Books and Religious Leaders Say?

be of medicinal value, and establishing a record of cultural significance (Stangeland *et al.* 2008, Iwata, 2015). According to Chirangi (2013:9) in 1978 Tanzania established the Medical Practitioners and Dentists Ordinance and the Pharmaceuticals and Poisons Act. The Act provided legal recognition of traditional healers' practices in their communities. Traditional medicine and healing knowledge have been used for centuries in different parts of the world, including Africa. This knowledge has been transmitted orally from generation to generation and is deeply embedded in the cultures and beliefs of the people who use it. The use of traditional medicine has gained increasing recognition and attention over the years, particularly in developing countries where it is often more affordable and accessible than modern medicine. However, traditional medicine and healing knowledge are often viewed with suspicion and skepticism, particularly by those who adhere to Western biomedical practices. Iwata and Hoskins (2017:209) are of the view that "It is no wonder that currently in the shopping centres and malls people seek to purchase goods and commodities which are purely made from natural herbs or mixed with herbs". Scholars (Ghosh & Sahoo, 2011; Gurdal & Kulturn, 2013; Iwata & Hoskins, 2017) have mentioned the reasons for the increased use of traditional medicine and healing knowledge which include recognition of natural traditional products as being non-narcotic, with limited side effects; easy availability; cost-effective and sometimes being the only source of healthcare for the poor or rural communities where conventional healthcare resources are scarce, and that in some areas is just because of the cultural influence. Mulaudzi (2012:1) maintains that "traditional medicine is considered an important part of everyday life and well-being in African communities".

Traditional medicine and healing knowledge have been utilised for centuries and continue to be widely practised in many parts of the world, including Tanzania. In Tanzania, like in many other African countries, during colonialism, the colonial governments banned the operation and practise of traditional medicine and healing knowledge associating such practices with witchcraft. Religion as one of the colonial agents in history followed the same direction as the government. Hence, traditional healers and their services were disregarded, demonised, and banned. This has also been the situation in many African countries even after independence. The independent governments did not create environments conducive to the development and revival of managing traditional medicine and healing knowledge. However, due to the recent increased use of traditional medicine and healing knowledge by people from various economic groups, ages, and locations (both urban and rural), many African independent governments including Tanzania, South Africa, Ghana, and Nigeria are now trying to incorporate traditional medicine into their formal health systems.

However, even in the context of such government initiatives and the increased use of traditional medicine and healing knowledge still such knowledge is not properly managed. Iwata (2015) shows that among the central challenges mentioned by traditional healers as constraining the development and management of traditional medicine and healing knowledge was that of religion's doctrine. Religious followers have been indoctrinated to avoid traditional healers, their services, and their products. While reports show that very little of such knowledge has been documented by the Institute of Traditional Medicine in Tanzania (Iwata, 2015), there is documented evidence of the practices of traditional medicine and healing knowledge in religious texts such as the Bible and the Quran. The Bible contains stories of miraculous healings performed by Jesus and other biblical figures, as well as descriptions of traditional healing practices, including the use of medicinal plants and spiritual rituals, and the religious followers appreciate it more than the practices of the same in Africa's context. The story of Moses' Bronze Serpent and the Good Samaritan provides examples of traditional healing practices in the Bible. This has resulted in the fact that, despite the long history of traditional medicine and healing practices, there is a lack of research that explores the ways they are featured in the Holy Books and therefore the traditional medicine and healing knowledge are ignored in the management process. Therefore, the problem addressed by this research is the need to investigate traditional medicine and healing knowledge in the Holy Books, specifically by focusing on the portrait of Moses' Bronze Serpent and the story of the Good

Samaritan. This is because, while religions and religious leaders are enjoying the increase in the number of their followers in Africa particularly in Tanzania, still religious preachers continue to preach against traditional medicine and healing practices.

Hence, exploring the views of religious leaders on the importance of managing traditional healing knowledge provides valuable insights into the dynamics of this intersection. Understanding whether religious texts acknowledge the potential efficacy of traditional healing practices in treating common health conditions is crucial for bridging gaps between traditional and modern healthcare systems. The intersection between religion and traditional healing knowledge in Tanzania is marked by a delicate interplay of cultural, historical, and religious influences. Thus, recognising and navigating this intersection is essential for fostering a holistic healthcare approach that integrates traditional healing practices while respecting religious beliefs and promoting the preservation of indigenous knowledge for future generations. Otherwise, if the existing situation persists in a country rich in such traditional medicine and healing knowledge like Tanzania, will negatively affect the management of such knowledge.

The primary aim of this study was to explore the views of religious leaders on the importance of managing traditional medicine and healing knowledge and the role of religion in this process, with a specific focus on the narratives found in the Holy Books and religious leaders' perspectives. The overarching objective is to facilitate the effective management of traditional medicine and healing knowledge, ensuring its proper preservation and integration within the broader healthcare context. Therefore, this study was guided by the following specific objectives such as to:

- (i) Assess perspectives from Holy Books and religious leaders on the importance of managing traditional medicine and healing knowledge.
- (ii) Ascertain the role of religion in the process of managing traditional medicine and healing knowledge.
- (iii) Describe how traditional medicine and healing services feature in religious texts and their potential efficacy in treating common health conditions in Tanzania.
- (iv) Determine reasons behind associating traditional healing practices with witchcraft.

Literature Review

Traditional medicine has been around since the dawn of humankind before and even after the advent of conventional medicine (Winkler, *et al.* 2009; Franklin, 2011). Statistics show that such traditional healing methods for the maintenance and restoration of the body and mind are accessible to more than 60 to 80 percent of the African population (Abdullahi, 2011; Iwata, 2015). A study by Moshi *et al.* (2017) shows that there has been increasing interest in the use of traditional medicine and medicinal plants in the treatment of various health conditions, including those that are common in Tanzania. Several factors for the use of traditional medicine have been identified by various scholars including that traditional medicines are important and effective therapeutic regimens in the management of a wide spectrum of diseases some of which may not be effectively managed using conventional medicines (Mander *et al.*, 2007; Unge, *et al.*, 2011; Iwata, 2015). Mander *et al.*, (2007:190) state that "for many people in South Africa, traditional medicine is not considered an inferior alternative to western medicine, but is thought to be desirable and necessary for treating a range of health problems that western medicine does not treat adequately". Kelechi and Nwakpu (2020) argue that traditional medicine and healing practices are depicted positively in the Bible, with many instances of miraculous healings attributed to the use of herbs, oils, and other natural remedies. The stories of Moses' Bronze Serpent and the Good Samaritan are two examples of such portrayals, with the former highlighting the power of faith and the latter emphasising the importance of showing compassion to those in need. Mwansasu and Kingston (2016) discuss the

Traditional Medicine and Healing Knowledge in the Context of Witchcraft: What Do the Holy Books and Religious Leaders Say?

role of traditional healers in Tanzania, noting that many people in rural areas rely on them for healthcare services. They argue that traditional medicine and Western medicine should be seen as complementary rather than competing systems and that efforts should be made to integrate traditional healers into the formal healthcare system.

Omonzejele and Adebisi (2015) argue that traditional medicine has a role to play in addressing the healthcare needs of many African countries, where access to Western medical treatments is limited. They note that traditional healers are often trusted by their communities and that their practices are effective in treating a range of illnesses. Similarly, Amankwaa *et al.*, (2017) suggest that traditional medicine could be integrated into Western healthcare systems to improve access to healthcare services for marginalised populations. The Tanzania Food and Drugs Authority (TFDA, 2017) has recognised the importance of traditional medicine and healing knowledge in Tanzania and has established guidelines for the regulation of traditional medicine. These guidelines require that traditional medicine be registered and tested for safety and efficacy and that traditional healers receive training on good manufacturing practices. This recognition of traditional medicine by a government agency suggests that there is potential for the integration of traditional healing practices into the formal healthcare system in Tanzania.

During the colonial era especially in Tanzania, foreign religions (Christianity and Islam) played a role in impoverishing indigenous people's way of life and knowledge (Rodney, 1972). According to Chavunduka (1999), African traditional medicine during the colonial and early missionaries' era was regarded as unscientific and some of its treatment methods were considered anti-Christian. Therefore, the church discouraged their followers from taking part in African indigenous knowledge practices including consulting traditional healers and using their services/products (Abdullahi, 2011; Franklin, 2011). However, despite the attempts by foreign religions and the colonial legacy to suppress the traditional medical sector, the use of such services in Africa has continued to grow because traditional healers are successful in healing and curing a large number of illnesses and ailments. In post-independence, Africa concerted efforts have been made to recognise traditional medicine as an important aspect of healthcare delivery systems in Africa (Chavunduka, 1999). According to Iwata (2015), traditional medicine contributes to the development of pharmaceutical industries. Similarly, Chavunduka (1999) is of the view that many plant medicines recommended by traditional healers are correct even when judged by modern scientific methods. This is because traditional medicine and knowledge of healing and cure of some ailments is empirical knowledge that has been developed through trial and error, experimentation, and systematic observation over a long period.

In Tanzania, traditional medicine holds a significant position within the country's healthcare system, as acknowledged in the National Health Policy (Ministry of Health and Social Welfare, 2003). Despite its widespread utilisation and the rich reservoir of traditional medicine and healing knowledge in Tanzania, there is a noticeable scarcity of research examining the role of traditional medicine and healing knowledge within the context of the country's cultural and religious traditions (Mwaluko *et al.*, 2009). Paradoxically, traditional medicine and its associated knowledge often face stigmatisation and marginalisation in Tanzania, particularly among those who adhere to Western biomedical practices. This bias persists, despite the presence of numerous references to medicinal plants and their healing properties in the Holy Books. For instance, in the Bible, the story of the Magi's visitation to the Messiah, as recounted in Matthew 2:11, highlights the deliberate presentation of myrrh and frankincense as gifts to the newborn, symbolizing therapeutic significance for both the child and his mother, Mary.

Several traditional medicine and healing systems in Tanzania use medicinal plants and spiritual means (Ngassapa *et al.*, 2010). The spiritual means have also been analysed by Rynkiewich and Sweeney (2016) through the Bronze Serpent story, arguing that the serpent was likely a symbol of healing in ancient Near Eastern cultures and that the story reflects the belief that physical healing can be achieved through spiritual means. Similarly, Zablocki (2016) notes that the

Good Samaritan story reflects the importance of compassion and hospitality in ancient Jewish culture and that healing was often seen as a communal endeavour. Mfinanga *et al.*, (2009) provide a historical overview of traditional medicine and healing in Tanzania, highlighting its use in pre-colonial times and its continued importance in the present day. They note that traditional healers are often respected members of their communities and that many people still seek their services alongside Western medical treatments.

Similar studies including the studies by Kaniki and Mphahlele (2002), Matomela (2004), Truter (2007), Ross (2008), Stangeland *et al.*, (2008), Franklin (2011), and Chirangi (2013) have been carried out regarding the colonial influence which has resulted in the poor management of indigenous knowledge. However, no study has concentrated on the religious views of the management of traditional medicine and healing knowledge as the current study. The argument in the current study was based on the Holy Books which contains several stories that include elements of traditional medicine and healing knowledge. For example, the story of Moses' Bronze Serpent in the Bible in the book of Numbers 21:4-9 describes how the Israelites were healed by looking at a bronze serpent that Moses had made. Similarly, the Story of the Good Samaritan in Luke 10:25-37 describes how a Samaritan used oil and wine to treat the wounds of a man who had been beaten by robbers. Unfortunately, the use of traditional medicine in the Holy Books has been a subject of debate among scholars and religious leaders. Some argue that these stories demonstrate the effectiveness of traditional medicine and the importance of integrating traditional medicine into modern healthcare systems (Tobin, 2009) while others argue that these stories should be interpreted metaphorically and that the use of traditional medicine is not a substitute for modern biomedical practices.

Research Methods and Materials

This study employed the pragmatism paradigm, offering a progressive lens for comprehending complex, multidisciplinary phenomena in a study involving diverse actors, knowledge systems, and management practices (Munyua & Stilwell, 2012). Pragmatism allows the flexibility to choose or adapt methods based on contextual field requirements, ensuring a dynamic and contextually relevant research approach (Iwata, 2015).

The study was conducted in Tanzania, the research focused on regions with a robust traditional medicine culture such as Njombe and Mbeya (South-West) and Kilimanjaro and Tanga (Northern). Religious leaders formed the population for this study, and they were confined in this study on a convenience basis. The districts involved in the study included Njombe Urban Mbeya Urban, Moshi Urban, and Korogwe respectively. Non-probability sampling, specifically a convenience sampling technique, facilitated the inclusion of 16 religious leaders in the study (Sillitoe *et al.*, 2005; Saunders *et al.*, 2009). Selection criteria considered availability, ease of access, convenience of time, readiness, and willingness to participate and share experiences.

Data were collected when the researcher paid a visit to the mentioned regions for personal reasons where he also sought an opportunity to interview religious leaders. During data collection, a mixed approach combining qualitative and quantitative techniques was used. A face-to-face interview with religious leaders served as the primary method, supplemented by distributing interview schedules as self-administered questionnaires when respondents were unable to participate in direct interviews but showed willingness to participate. Documentary reviews, including examination of holy texts (the Bible and Quran) and relevant journal documents, were also conducted. Hence, among the 16 respondents, nine were interviewed while seven participated through answering in the interview schedule.

A combination of qualitative and quantitative approaches guided data analysis. Qualitative data from face-to-face semi-structured interviews underwent thematic content analysis. The contents of the collected data were broken down into the smallest meaningful units of information that were systematically coded to produce numerical descriptions. Then, the coded data were analysed through SPSS for statistical analysis presenting descriptive statistics with frequencies and percentages. Informed consent was obtained from all participants, ensuring confidentiality and adherence to ethical guidelines set by the Tanzania National Health Research Ethics Committee were observed.

Results

This section presents the findings from the study. The presentation of the findings is arranged as per the thematic area of the research objectives and questions apart from the respondents' demographic data.

Respondents' Demographic Information

Despite not being one of the research's goals, the biographical data of respondents was deemed important because it may have an impact on how traditional medicine and healing knowledge are practised and managed in the regions under investigation (Iwata, 2015). The research included 16 representatives from various religious groups who were 75% Christians and 25% Muslims. Tanzania is dominated by two faiths, as was already mentioned (Christianity and Islam). Accurate statistical data regarding Christians or Muslims in Tanzania were difficult to come by. This was because since 1967 when questions about religion were included in the national census, the religion attribute has been purposefully discredited in all demographic censuses and other information-seeking documents (Omari, 1983). Rukyaa (2007:191), however, asserts that: Christianity seems to have more followers, especially in the interior of Tanzania, for the following reasons. First, missionaries were well organised and trained for evangelisation. Second, besides evangelisation, missionaries started other projects which attracted people to Christianity, notably, schools, hospitals, and developmental projects. Third, several missionary societies had support from their home countries, including financial support and protection in some areas where the indigenous people were hostile to missionary activities.

Given that Christians make up the majority in the country, this explains why a significant portion of survey participants were Christians. As opposed to the coastal regions and Zanzibar, the study was conducted in Tanzania's mainland, where the majority of people are Christians. Therefore, since the sampling method was based on convenience, there was a higher possibility of conveniently meeting church leaders than mosque leaders. Roman Catholic (25%), Evangelical Lutheran Church (19%), Moravian Church (19%), and Anglican Church (12%), among Christians, participated in this research. Shafy, on the other hand, represented 25% of all Muslims. One Lutheran Reverend and two Roman Catholic (RC) Sisters made up three of the study's 19% female participants, while 13 (71%) of the participants were men. According to this finding, there were hardly women serving as religious leaders in the region under investigation. Historically, women were not permitted to hold positions of leadership in many faiths, which may be the cause. In addition, 63% of all Christians who participated in the study were assigned to the clergy and went by the titles of priest, pastor, reverend, or padre (one of them was a bishop), and 12% were Roman Catholic sisters. Imams made up 25% of the Muslim population. These respondents had education levels varying from elementary to post-secondary. 19% of them had completed their primary school, 25% their secondary education, and 56% their post-secondary education (advanced diplomas, first degrees, masters, and PhDs). Because of the convenience factor of the research, location was not a factor. However, it was deemed crucial to include it along with the respondents'

proportion in brackets for upcoming research and plans. According to the region, the population was distributed as follows: Tanga (6%), Njombe (6%), Mbeya (56%), and Kilimanjaro (32%).

The Importance of Managing Traditional Medicine and Healing Knowledge

The purpose of the first question was to assess the respondents' attitudes toward the management of traditional medicine and healing knowledge. Responses revealed that 100% of respondents agreed that traditional medicine and healing knowledge needed to be managed. The reasons given by the respondents, when asked to explain their choices, were: seven (44%) for enhancing human health, 12 (75%) for present-day and future applications, 12 (75%) for research and development, and five (31%) because it is God's will to preserve and use the Garden of Eden for enhancing living and promoting health since the dawn of time. This answer demonstrates that respondents understood the importance of managing traditional medicine and healing knowledge for modern use, study, and upcoming developments.

The Role of Religion in Managing Traditional Medicine and Healing Knowledge

In light of the findings by Iwata (2015), 92% of respondents believed that religious organisations had not assisted in managing traditional medicine and healing knowledge. Iwata (2015) noted that the management of traditional medicine and healing knowledge was significantly hampered by religion and religious leaders as they spent a lot of time impoverishing and demonising traditional medicine and healing knowledge. According to Iwata's (2015) study, traditional healers complained that religious organisations had not taken any step in managing traditional medicine and healing knowledge rather than preaching against them. Most religious authorities' views were like using conventional medication was wrong and went against God's will. In his study, Iwata (2015) cited a traditional healer who complained religious leaders' habit of denouncing the use of traditional medicine and healing knowledge while they were themselves using it secretly. The cited healer had this observation:

Majority of religious people visit us and use our services, but when you meet them on the street, they pretend as if we (the traditional healers) are useless individuals who resemble demons. What's wrong with religious people, I really don't comprehend. Perhaps they don't read their sacred texts or they don't want to comprehend when they learn that God made Adam (a human being), placed him in the Eden Garden with a variety of plants and trees, and instructed Adam to use these things for his health and the welfare of his offspring. Because people are naturally stupid, he is killed for defying God's orders. God once fervently proclaimed, "My people perish for lack of knowledge.

Therefore, to gain a deeper understanding of the issue, religious leaders were questioned about how religion has helped to manage (access, use, record, and preserve) traditional medicine and healing knowledge. Religious leaders were surveyed, and 37% of them believed that religion has a role to play in the administration of traditional medicine and healing knowledge. However, 63% believed that religion and religious leaders have no role to play and never have. This answer reveals that religious organisations did not appreciate the value of traditional medicine and healing knowledge for study, human health, and future reference. Further questions were asked of respondents who believed that religion played a part and had done so. Based on the multiple responses of six respondents, the results showed that 67% believed that traditional medicine and healing knowledge were used and accepted by many religious followers and some religious leaders because of its

Traditional Medicine and Healing Knowledge in the Context of Witchcraft: What Do the Holy Books and Religious Leaders Say?

holistic nature and relative lack of chemical substances compared to conventional medicine, and 49% had the view that religions have been educating and creating awareness on the proper way of using such knowledge as directed in the holy texts. One of the priests in Mbeya affirmed that:

They may believe that we, as religious leaders, preach against conventional medicine only if traditional healers mix up their services with magic, divination, and witchcraft". They will undoubtedly disagree with our beliefs if they combine these ideas because we strictly forbid churchgoers from taking part in or engaging in such behaviour. Otherwise, using animal and plant waste for medicine and maintaining human bodies and brains is not opposed by Christianity. (Participant 1, Reverend in Korogwe)

Traditional Medicine and Healing Knowledge in Holy Books

This section presents the religious commitment to the management of traditional medicine and healing knowledge by focusing on how traditional medical practices, procedures, and goods are portrayed and featured in the Qur'an and the Bible. When questioned if using traditional medicine and healing knowledge was permitted in the holy text, the respondents gave their opinions on the matter as follows: Out of 16 respondents, 13 (81%) believed that this was the case, while only three (19%) believed that it was not. Those who had the views that traditional medical and healing knowledge practices were permitted, had to defend their opinions. Based on multiple responses, 54% were of the view that traditional medicine had also been used by some people to treat their various illnesses even in the holy texts. Additionally, 56% of people believed that God had given visionaries and people the authority to use animal by-products, plants, and trees as medicine. A Lutheran reverend, however, claimed in an interview that she had frequently used traditional medicine for a variety of ailments and that it had greatly benefited. The reverend commented that:

It is possible to see that religious organisations have done nothing to manage traditional medical practices and healing knowledge and that we have neglected traditional healers. If someone views us (religious leaders) in that way, there may be some misunderstanding of our teachings since we (religious leaders) typically do not preach against traditional healing services and products but rather against witchcraft and the use of divination techniques in the provision of traditional healing services. If you do some study to find out how traditional healers who disagreed with religious leaders are doing, you will discover that the majority of them combine healing with witchcraft and other forms of divination. I have used traditional medicine myself on numerous occasions, so how can I once more demonise the beneficial work done by traditional healers? However, we oppose witchcraft and fortune tellers (Participant 2, Reverend in Moshi).

Some respondents went further, supporting their positions with particular chapters and verses from holy texts. Out of 13 respondents, 15% mentioned the Quran and 85% the Bible when arguing that traditional medicine and healing knowledge are permissible in light of the holy texts. Ezekiel 47:7–12, Revelation 22:2, 2 Kings 20:7, Proverb 17:22, Luke 10:34, and Jeremiah 8:22–46:11 are among the Bible passages frequently mentioned. The Bible quotes, particularly Ezekiel 47:12 and Revelation 22:2, show the ability of vegetation and trees to treat illness. Scriptures from Ezekiel 47:12 read as follows: “And by the river upon the bank thereof on this side, and on that side, shall grow all trees for meat, whose leaf shall not fade, neither shall the fruit thereof be consumed: it shall bring forth new fruit, according to his months, because their waters they issued out of the Sanctuary, and the fruit thereof shall be for meat and the leaf thereof for medicine”.



And the book of Revelation 22:2 that:

Amid the street of it, and on either side of the river, was there the tree of life, which bore twelve manners of fruits, and yielded her fruit every month: and the leaves of the tree were for the healing of the nations.

The Holy Bible provides numerous illustrations of individuals who used conventional medicine to treat and heal illnesses in the books of 2 Kings 20:7, Luke 10:34, and Jeremiah 8:22, 46:11. The Seventh line of 2 Kings Chapter 20 states: "And Isaiah said, take a lump of figs. They took it and applied it to the blister, and he made a full recovery". He used traditional medicine (oil and wine) to heal the man while telling the story of the Good Samaritan who attended to the injured man. And went to him, and bound up his wounds, pouring in oil and wine, and placed him on his beast, and brought him to an inn, and took care of him, Luke 10: 34. According to Numbers 21:4-9 and John 3:14-15, the tale of Moses and the Bronze Serpent is a significant biblical justification for the legitimacy of traditional medicine and healing knowledge. As stated in Numbers 21:4-9 and John 3:14-15, the tale of Moses and the Bronze Serpent is a significant biblical justification for the legitimacy of traditional medicine. The book of Numbers 21:8-9 states that:

And the LORD said unto Moses, make thee a fiery serpent, and set it upon a pole: and it shall come to pass, that every one that is bitten, when he looketh upon it, shall live. And Moses made a serpent of brass, and put it upon a pole, and it came to pass, that if a serpent had bitten any man, when he beheld the serpent of brass, he lived.

The Holy Quran's Surah At-Tin (Quran 95:1-2), Surah An-Nahl (Quran 16:68-69), Surah Al-Muminun (Quran 23:20-21), Surah Al-Baqarah (Quran 2:61), and Surah Al-An'am are among the chapters and verses that respondents to this research frequently cited (Quran 6:99). Allah describes the use of the fig and the olive, which are frequently used as medicines for those who practise Islam, in Surah At-Tin verses 1-2 of the Quran. Additionally, the Prophet Muhammad advised his followers to use olive oil to both anoint themselves and to consume, as it came from a blessed tree. A tree (olive) springing out of Mount Sinai that provides oil and relish for people who use it as food is mentioned by Allah in the Quran in verses 20 and 21. Also, there is a useful example of livestock. They produce (milk) for you to drink from inside of them; they also contain a variety of other benefits for you, and you consume their meat.

Additionally, Surah An-Nahl (Quran 16) describes how Allah created everything and its beauty for people's health and appearance. Honey's beneficial effects on human wellbeing are mentioned in Quran 16:68–69 that honey and other bee products have healing properties and males can recover from a variety of illnesses by simply drinking honey. Allah the Almighty states in the holy Quran 16:68–69:

Your Lord revealed to the bees: Build dwellings in the mountains and the trees, as well as in the structures which men create. Then eat from every kind of fruit and follow your Lord's easy-to-follow pathways as you travel them. A liquid with many different colours that contains medicine for humanity emerges from inside them. There is certainly a sign in that for people who reflect.

However, describing the flora that has great medicinal value, Allah states in Surah Al-An'am (6:99) of the Holy Quran, "It is He Who sendeth down rain from the skies; with it we produce vegetation of all kinds; from some we produce green (crops), out of which we produce grain, heaped up (at harvest); out of the date-palm and its sheaths (or spathes), (come) clusters of dates See, there are indications in these things for those who trust. Therefore, according to the holy texts of the two common religions in Tanzania, traditional medicine should not be ignored or rejected. The findings indicate that traditional medicine and healing knowledge are present in the stories from the Holy Books. Various themes including the use of plants and natural remedies for healing, the importance of prayer and faith in healing, the role of community and social support in healing, and the importance of balance and harmony emerged from the interviews. Participants noted that many stories in the Holy Books describe the use of plants and natural remedies for healing. One participant citing the Chapter from the book of Ezekiel in the Bible stated, "in the Bible, there are many instances where plants are used for healing. For example, Ezekiel 47:12, it says that the leaves of the trees are for the healing of the nations." The other respondent who was a Muslim also noted that "in the Quran, it says that Allah is the ultimate healer. So, when we are sick, we should turn to Him in prayer and have faith that He will heal us." These responses imply that traditional medicine and healing knowledge are present in the stories from the Holy Books. However, according to the presented data, the contribution of religious organisations in the management of traditional medicine and healing knowledge was very minimal and probably lacking. Although the available religions and denominations had not invested in managing traditional medicine and healing knowledge, that did not mean that the religions were against traditional healers' services and products as some of the priests had testified that they used and enjoyed the traditional healers' services.

Associating Traditional Healing Practices with Witchcraft

Respondents were questioned for their opinions on the rationale behind linking witchcraft with traditional medicine and healing knowledge. Based on the multiple responses of 16 religious leaders, 63% believed that witchcraft and traditional medicine were related because traditional healers frequently used divination techniques when providing their services. 38 percent of respondents believed that some healers engaged in witchcraft activities like the murder of individuals who had albinism. Thirty-one (31%) percent of respondents noted that secrecy in the preparation of the goods and services offered by traditional healers was among the causes for this association, while 13% percent cited speaking in tongues while providing services to patients. because most people were unfamiliar with the words that traditional healers used. 25% of respondents were for contradictory instructions for using the services and products while 31% of respondents were for lack of knowledge among some people about traditional healing services as the reasons why some people associate traditional healing with witchcraft.

With the view of demonstrating the rejection of demonisation of African traditional medicine, Tитоce's (2002) demonstrated the evolution of attitudes towards healing in the Old Testament by exploring the history of Jesus' healings. In trying to demonstrate the evolution of attitudes of Israelites towards healing in the Old Testament, Tитоce (2002:96) is of the view that:

I discovered in my readings that from the belief in God's totalitarianism in the field of healthcare, the Israelites had acknowledged, accepted, and valued other forms of healing which they adapted to suit their beliefs in God.

Furthermore, in discussing the historical Jesus' healings still Tитоce (2002:96) found that; "even Jesus' healing interpretation raised and continues to raise socio-religious, and cultural problems. I found that some people connected his healings with magic and the devil, even in his world and

time". Therefore, it is in this context that even African traditional medicine and practices faced/are facing the same problem of rejections since the time of colonialism because the African culture of healing was new or foreign (both from Eastern and Western) understandings of healing.

Discussion

The biographic information of respondents shows that the study comprised a total of 16 religious leaders from dominant religions in Tanzania that is Christianity and Islam. Although the study reports that it is not easy to get accurate figures of the religious distribution of Tanzanians, there is a need to conduct an intensive study to capture the views from other religions such as Traditional religions, Hinduism, Judaism, and Buddhism (Rukyaa, 2007:190). Also, the study should be extended to the islands of Unguja and Pemba (Zanzibar) where the majority are Muslims than to the Tanzania mainland.

Iwata's (2015) study showed that traditional healers blamed religious leaders for demonising traditional healers' practices and their medicine. However, in this study data showed that religious leaders were in favour of managing traditional medicine and healing knowledge. The reasons provided by the religious leaders included: traditional medicine is very important for improving human health, for contemporary and future use, and research and development. Such responses indicate that religious leaders were not opposed to accessing, using, managing and sharing traditional medicine and healing knowledge. However, this does not remove the fact that religious leaders have since the inception of their religion in Africa been preaching against traditional medicine and healing knowledge. The responses in this article are an indication that religious leaders did understand the reason why early missionaries and Islamic preachers were against African indigenous knowledge including traditional medicine and healing knowledge. Colonialists had a very limited understanding of African indigenous knowledge and purposively chose to reduce competition between traditional medicine and healing knowledge products and services made in Africa against their imported goods and products. It should be remembered that one reason for the colonialists to migrate to Africa was to seek markets for their goods (Rodney, 1972).

The findings in this study concurred with Iwata's (2015) results on the role of religion in the process of managing traditional medicine and healing knowledge. Over 60% of religious leaders had the view that religion and religious organisations did not contribute in any way to the process of managing such knowledge. The reason provided by respondents was that it was not their role to manage traditional medicine and healing knowledge. Furthermore, religious leaders noted that they were not against traditional medicine rather they were against divination, magic and witchcraft acts in the process of delivering traditional healers' services and products. Respondents who view that religion had a role and should have played a role in the management of traditional medicine and healing knowledge admitted that they allowed their followers to use such knowledge and that they have been educating and creating awareness on the proper ways of using such knowledge as directed in the holy texts.

Also, in the understanding of the holy texts the study found that traditional medicine practices, services, and products featured positively in the holy texts (Quran and Bible) as a majority of 81% of the respondents were of the view that traditional medicine was allowed by their holy texts. The 19% of respondents who observed that it was not allowed might have represented the reluctant religious leaders who were still against traditional medicine and healing knowledge practices as they also failed to justify their concerns, compared to those who stated that traditional medicine and healing knowledge was accepted in the holy texts.

Moreover, respondents mentioned various reasons for associating traditional healing practices with witchcraft. The reasons provided include the tendency of traditional healers to involve divination actions during the provision of their services, some traditional healers being involved in witch killings like the killings of people with albinism, the secrecy of some traditional healers in preparations of their products and services, speaking in tongues while delivering services, and lack of awareness by some religious leaders that even some conventional medicines are made from plants and animal residues.

Conclusion

The findings show that religious leaders acknowledged the importance and necessity of managing traditional medicine and healing knowledge for contemporary and future use. However, the findings show that religious organisation in most cases have not played any major role in the management of traditional medicine and healing knowledge. This might be due to the impacts of early missionaries who came and worked with colonialists to impoverish, demonise, and disregard African indigenous knowledge. In that context, even the followers (converts) of the early foreign religious preachers (who brought their religions) to Africa continued to reject traditional medicine and healing knowledge and associated traditional healing practices with witchcraft. In this article, the reasons for such associations have been provided as earlier stated. From the reviews of holy texts, the findings show that the practise of traditional medicine and healing services was featured positively in the holy texts.

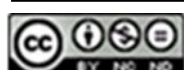
Recommendations

This section provides recommendations based on the findings of the study. Respondents were asked to provide their general comments and observations on what should be done to improve the management of traditional medicine and healing knowledge in Tanzania. The comments and opinions are presented in tabular form in Table 1. The leading comment as indicated in Table 1 is that of education provision. For proper management of traditional medicine and healing knowledge, stakeholders should be educated on the importance of traditional medicine in healing various human ailments, as well as its importance in the improvement of medical infrastructure. Furthermore, traditional healers need to be reminded of the differences and not mix up between traditional healing, magic, witchcraft, and divination.

Table 1: Research data recommendations

Recommendations	Frequency	Percentage
Research should be made to identify all medicinal tries/animal residues and their uses	6	38
Education on the importance of traditional medicine and the differences from witchcraft should be provided to all through awareness creation and sensitisation campaigns, and 9 seminars.	9	56
There is a need to emphasise more on the use of traditional medicine more than conventional.	5	31
Traditional healers should stop mixing their healing services with divination activities. They should separate these two.	7	44
Media should be used for sensitisation and awareness creation of the importance of traditional medicine and healing knowledge.	3	19
Authors should point their pens to writing on the beauty of traditional medicine and healing knowledge	3	19
The country should establish and strengthen centre/bureau to store traditional medicine and healing knowledge records	5	31

Source: Field Data (2017)



Responsible institutions for delivering health services education, government, and non-government organizations, and African scholars are now challenged to prepare training programmes for African indigenous knowledge. Formalising traditional indigenous knowledge including traditional medicine and healing knowledge would help community members change their perceptions about traditional medicine and healing knowledge. Government and other education stakeholders are urged to prioritise and formalise African indigenous knowledge in their educational curriculum. This is to say if well-covered in education curricula, traditional medicine and healing knowledge would act as a new entrepreneurial sector that can provide employment to youth and help the government solve the problem of employment. Therefore, governments should allocate budgets to support research and development of indigenous knowledge.

Muslims and Christians in all the denominations that use the Quran and the Bible respectively should encourage the use of traditional medicine and healing knowledge practices and services and should educate their followers on the difference between traditional healing and witchcraft. Another intensive study using various and different methodological tools and techniques should be carried out across the country to investigate religious views on the management of traditional medicine and healing knowledge with inferences in religion's impact on it.

There is a need for a round table dialogue between religious leaders, traditional healers, conventional health practitioners, and other stakeholders where they will negotiate whenever necessary. This will not only build trust among them but also will be the chance to educate one another through workshops and to come to a consensus in addressing health issues from a holistic and broader perspective.

Implications of the Findings

The findings of this research carry significant implications for various stakeholders, including policymakers, healthcare practitioners, religious leaders, and the broader community. The followings delineate the potential implications of the study:

- (i) The exploration of traditional medicine and healing knowledge within the context of religious beliefs highlights the need for policymakers to recognise and integrate these practices into the broader healthcare framework. Acknowledging the importance of traditional medicine and healing knowledge in addressing common health conditions, as endorsed by religious leaders, calls for policy reforms that embrace a more inclusive healthcare approach.
- (ii) The study underscores the role of religious leaders in providing guidance and support for traditional healers and their practices. Recognising the potential efficacy of traditional healing practices, religious leaders can play a pivotal role in dispelling negative associations and fostering a harmonious coexistence between traditional medicine and healing knowledge with religious beliefs. This implies a need for collaborative efforts between religious institutions and traditional healers to promote holistic healthcare.
- (iii) The negative associations between traditional healing practices and witchcraft identified in the study emphasise the importance of educational initiatives and advocacy campaigns. Targeted interventions can help address misunderstandings and societal biases, fostering a more informed and accepting attitude toward traditional medicine and healing knowledge. Educational programs should be designed for both the general public and healthcare professionals to promote cultural competence and understanding.
- (iv) The study highlights the risk of losing traditional medicine and healing knowledge for future generations. Efforts should be directed towards the preservation and documentation of indigenous knowledge, including traditional healing practices described in holy texts.

Traditional Medicine and Healing Knowledge in the Context of Witchcraft: What Do the Holy Books and Religious Leaders Say?

This implies the need for collaborative projects involving religious institutions, cultural organisations, and healthcare authorities to safeguard this valuable heritage.

- (v) Understanding the potential efficacy of traditional healing practices calls for a concerted effort to bridge the gap between traditional and modern healthcare systems. Integrating traditional medicine into mainstream healthcare services, with the guidance of religious leaders can enhance overall healthcare accessibility and effectiveness. This requires a collaborative approach involving healthcare professionals, traditional healers, and religious institutions.
- (vi) The study opens avenues for future research, encouraging in-depth investigations into the specific roles of different religious traditions in shaping attitudes toward traditional medicine and healing knowledge. Comparative studies across diverse regions and cultural contexts can contribute to a more comprehensive understanding of the interplay between religion and traditional healing knowledge.

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