

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/326177896>

Therapeutic powers of medicinal plants used by traditional healers in Kavango, Namibia, for mental illness

Article in *Anthropology Southern Africa* · July 2018

DOI: 10.1080/23323256.2018.1486217

CITATIONS

5

READS

372

2 authors:



Ahmad Cheikhoussef
University of Namibia

82 PUBLICATIONS 954 CITATIONS

SEE PROFILE



Michael Shirungu
University of Namibia

3 PUBLICATIONS 5 CITATIONS

SEE PROFILE



Therapeutic powers of medicinal plants used by traditional healers in Kavango, Namibia, for mental illness

Michael Murundu Shirungu & Ahmad Cheikhyoussef

To cite this article: Michael Murundu Shirungu & Ahmad Cheikhyoussef (2018) Therapeutic powers of medicinal plants used by traditional healers in Kavango, Namibia, for mental illness, *Anthropology Southern Africa*, 41:2, 127-135, DOI: [10.1080/23323256.2018.1486217](https://doi.org/10.1080/23323256.2018.1486217)

To link to this article: <https://doi.org/10.1080/23323256.2018.1486217>



Published online: 04 Jul 2018.



Submit your article to this journal [↗](#)



View Crossmark data [↗](#)



Citing articles: 1 View citing articles [↗](#)

Therapeutic powers of medicinal plants used by traditional healers in Kavango, Namibia, for mental illness

Michael Murundu Shirungu^{a*}  and Ahmad Cheikhyoussef^b 

^a*Academic Affairs, University of Namibia, Windhoek, Namibia*

^b*Multidisciplinary Research Centre, Science and Technology Division, University of Namibia, Windhoek, Namibia*

*Corresponding author. Email: mshirungu@unam.na

This paper examines the position, usage and healing power of medicinal plants in the treatment of mental illness in two regions in the Kavango, Namibia. It focuses in particular on three common, locally identified mental disorders, namely *nyambi*, *kasenge*, and *ndjangura*. These disorders are encountered in community settings and signal a breakdown in normal functioning. The paper is based on ethnographic data collected in 3 different phases over 12 months from 2014 to 2016. Twenty-five traditional healers were interviewed, three ethno-botanical surveys were conducted and extensive time was spent with five traditional healers. The study used accepted ethnographic methods.

Keywords: Kavango; medicinal plants; mental illness; power; traditional healers

Introduction

The global prevalence of mental illness is substantial: it constitutes an estimated 7.4% of the world's measurable burden of disease (Becker and Kleinman 2013). This paper builds on ongoing psychiatric research around the world, in different fields of study such as a biomedicine, anthropology, sociology and psychology (see, for example, Kleinman 1988). The study was not conducted in the environment of a clinical setting but rather provides insight into the diagnosis and treatment of mental illness outside of this setting, specifically the treatment of mental disorder as offered by traditional healers [*nganga*] in two regions of the Kavango, Namibia.

According to Adam (2014), psychiatric research has yet to provide a single reliable biomarker to aid diagnosis and treatment of mental disorders, therefore self-reported symptoms and their subjective interpretations remain the basis for clinical diagnosis. Traditional healers in Kavango make use of the *katemba* [divination device] to identify what is commonly understood as mental disorders in this setting. A traditional healers' process of identification or diagnosis is informed by what the family members of the patient report and what they themselves are able to observe in their engagements with the patients. The patients' family members often draw on biomedical terminology to describe what they perceive as signs and symptoms of the malady. We are here not trying to argue that biomedicine and traditional healing are the same; neither are we attempting to compare the two healthcare systems. Our focus in this paper is rather on mental illness as it is understood and managed by traditional healers. In this it was difficult to classify complex mental disorders into categories given the diversity of meanings by which traditional healers and community members identified them. The three most common mental disorders that were identified were informed by indigenous healing practices: these categories had been historically used by local people to make sense of and treat suffering and its related problems. These categories differ sharply from those deployed, for example, in psychiatry or psychology. While the paper attempts to analyse traditional methods of treating mental illness, it also provides data on the ethno-pharmacological uses of the medicinal plants that traditional healers use to treat various mental disorders.

Over the years, anthropologists have studied the cultural construction of and practices

concerning the treatment of mental illness. Many have called for the incorporation of sociocultural factors into the existing biological and psychological perspectives on mental disorder and therapy (Kohrt and Mendenhall 2015, 37; Scheid 2013, 2; Dahlberg et al. 2009, 282; Kleinman 1988). Transcultural psychiatry, for example, posits that the way in which mental disorders are expressed, experienced and corroborated is informed by cultural idioms of distress (Nichter 2010; Long and Zietkiewicz 1998). Nonetheless, psychiatry is still largely committed to an assumption that mental disorders are largely biologically-caused conditions that are universally represented in their aetiology and the ways they manifest, regardless of the cultural setting in which they occur. Equally, the majority of studies that focus on medicinal plants are in ethnobotany or other fields with scant attention given to its interface with medical anthropology (Hsu and Harris 2012; Sood, Vyas, and Nagar 2001; Ellen 2006). This paper aims to address some of the gaps of this intersection: it grapples with the knowledge traditional healers hold on medicinal plants to treat people with mental illness, and how they use and administer them.

Part of the argument of this paper concerns the power that medicinal plants hold to attract the interest of anthropologists who specialise in plants (Cohen 2015; Green et al. 2015, 7; Gibson and Oosthuysen 2010, 29). The paper argues that, while traditional healers in Kavango are understood to possess powers in themselves, healers also need to “entice” or “seduce” plants to give up these powers so that they could have a therapeutic effect on the *muveri* [sick person]. The paper thus contends that medicinal plants have transformative abilities: while these are inherent in the plants, they can also be “activated” by the community and people who utilise them (Hsu and Harris 2012, 24). The paper thus shows that people in Kavango view plants as having an intrinsic power that works at different levels to treat a particular illness. It became evident in the research that every adult in the community knew and used numerous *vitodondo* [medicines, sing. *mutondo*], and that this knowledge was embedded in local cultural practices, ways of knowing and beliefs. In this, the focus of healing lay on the whole person, or being, and not only on the biological aspects of disease (Das 1996, 24).

This paper argues that medicinal plants are perceived to have an agentivity that is embedded in the community and in the people who utilise them. Medicinal plants have power that works at different levels, with ritual healing ceremonies and communication with the ancestors “seducing” them to bring forth their therapeutic effects on the sick person. In these ceremonies, the plants are boiled, made into powders, crushed and soaked in order to increase their rate of reaction and generation of therapeutic power.

Research methods

To recruit the participants for our study, we made use of the snowball sampling technique (Noy 2008). Having already interviewed a number of traditional healers in Kavango in the past, we asked each of these to refer us to at least four other traditional healers. We interviewed a total of 25 traditional healers and engaged in a close-up study with 5 of these healers. A second major methodological tool used was participant observation, used in particular by Shirungu as part of his ethnographic research. He spent a lot of time with traditional healers to understand their everyday lives and the ways in which they understand and treat people with mental illness. During first contact with a healer, we started by asking routine questions concerning demographic background, such as age, level of education, training, the way of entry into the profession and the type of healing engaged in. As the healers got to know us better, we slowly initiated discussions around mental illness and later moved to their healing activities, including methods of diagnosis and treatment, names of plants used and preparation methods. Nevertheless, ethnographic methods could not provide all the answers to the questions we were raising, in particular those regarding the use of medicinal plants. In order to obtain this information, we conducted three ethno-botanical surveys between March 2014 and July 2015.

The interviews were conducted in the four local languages spoken in the area, namely

Rukwangali, Rushambyu, Thimbukushu and Rugciriku. All interviews were recorded with permission from the interviewees. We also collected plant specimens and preserved them in a plant press as voucher specimens for submission to the National Botanical Research Institute (NBRI) in Windhoek, Namibia, for scientific identification.

Kavango as a study area in context

Kavango means “a small place” in Rumanyo (Shirungu 2010, 7) and is both the name of the region and the river between Namibia and Angola. According to an agreement between Portugal and Germany on December 30, 1886, the middle of the Kavango River formed the boundary between the colonies of Portuguese Angola and German South West Africa. In everyday life, however, it formed a lifeline and transport course for the people who lived alongside the river (Shiremo 2015, 6). When the Angolan civil war ended in 2002, the five Kavango headmen and headwomen on the Angolan side began to reclaim their chieftainships and kingdoms on their side of the river. They did not encounter much resistance from the Angolan government. The land that they claimed was the area their chieftaincies had controlled in pre-colonial times. The five *hompa* [also *fumu*, chief] on the Namibian side (Shiremo 2015, 10) did not have any issues with the Angolan chiefs reclaiming their authority; the two sides were very closely linked with people moving between the two countries for reasons of healthcare, cultivating and harvesting, and visiting family. On the Namibian side, the fourth Delimitation Commission of the Namibian Parliament led to the division of the Kavango area into two regions as of August 2013 for the purpose of political administration: Kavango East and Kavango West. Since independence in 1990, the Namibian government has maintained the colonial legacy of dividing its people based by ethnicity (Meincke 2015, 43).

The creation of two administrative regions on the Namibian side of the Kavango did not have a significant impact on the practice of traditional healing. The main reason for this is that traditional healers and their medicines, including plants, are to date not integrated into the Namibian state healthcare system. Namibia’s existing health legislation does not provide a legal or formal framework for traditional healers. In this regard, the Namibian Allied Health Professions Act 7 of 2004, which sets out registration and licensing requirements to control the practice of the “allied” health professions, does not include traditional healers (Lumpkin 1994). As such, traditional healing is only celebrated on national platforms as a cultural heritage which forms part of the national identity (Meincke 2015, 43).

Medicinal plants used to treat mental illnesses

Through our research, we identified a total of 37 medicinal plant species belonging to 24 families with which traditional healers in Kavango treat mental illnesses. Those mentioned most often were *Albizia tanganyicensis*, *Ancylanthos rubiginosus*, *Bobgunnia madagascariensis*, *Dialium englerianum*, *Diospyros virgata*, *Elaeodendron transvaalense* and *Guibourtia coleosperma*. The most dominant families in the study were Fabaceae (eight species), Ebenaceae (three species), and Combretaceae, Dichapetalaceae, Celastraceae and Burseraceae (two species each).

Traditional healers in Kavango appear to have some ethno-pharmacological knowledge of the plants they use. The species of Fabaceae that they use most frequently, for example, are widely used in indigenous healing of mental illness in Southern Africa (Sobiecki 2002, 67). The bark of *Acacia campylacantha* that they employ is used in West Africa as psychoactive additive in the *dolo* brew that is made from sorghum, millet and honey and is believed to impart strength and boost the mood of depressed patients (Rätsch 2004, 22).

Most of the medicinal plants that traditional healers in the Kavango use to treat mental illness have been shown to have psychoactive effects, as sedatives, euphorants, stimulants and soporifics (see, for example, Coleta et al. 2008, 44). Psychoactive chemicals affect the central nervous system by causing the release of neurotransmitters, such as acetylcholine, or by imitating their actions (Sobiecki 2002, 13). Rätsch (2004, 4) remarked that traditional healers often used

psychoactive plants in the treatment of mental illness to enhance intuition, sensitivity, trance and lucid dreaming among the patients. Traditional healers in Kavango used some of these plants to treat the three commonly identified mental disorders: *nyambi*, *kasenge* and *ndjangura*. The mental illnesses identified in this research are not fixed diagnostic categories each with a specific set of symptoms but have fluid boundaries and are applied pragmatically. One of these is *nyambi*, an illness associated with features of major depression. The term is also a rather idiomatic expression to communicate that a person does not feel well and is overwhelmed by the tasks of life. Therefore, these notions should not only be understood as local-bound syndromes but also as idioms of distress and a culturally prescribed way of communicating this. An idiom of distress may be indicative of psychopathological states that undermine the well-being of a person but may in other cases be seen as adaptive reactions to situations of distress and thus ways of coping with it (Ventevogel et al. 2013, 2). The three common mental disorders would be literally translated as madness: *kupurumuka* in the Ruciriku and Rusambyu languages, *kurundumuka* in Thibukushu and *kuzaruka* in Rukwangali. Among the defining features are interpersonal violence and chaotic behaviour (such as walking aimlessly or naked, talking nonsense, talking when alone, talking non-stop, eating faeces and bad hygiene) that indicate that the person is in some or other way removed from the normal. The mental illness is believed to be caused by bad spirits, angry ancestors or witchcraft, depending on how the relationship between the self and others (both the living and the dead) is conceived. It is thus believed that mostly the spirits of the dead, as well as of some human beings, are at the root of a person's illness, death and misfortune.

Traditional healers used medicinal plants to treat these three common mental illnesses. The method used most often to prepare plant prescriptions was boiling (86%), with some crushing of plant parts into powder (8%) and some soaking (6%). The plants produce different therapeutic effects on the muveri. According to the healers, the medicinal plants need to be "enticed" or "seduced" so that their therapeutic power/s can have a transformative effect on the muveri. Many of the traditional healers indicated that medicinal plants have both healing and spiritual power. Kasenge, for example, explained:

Karunganyambi [God] is the one who has created people and people are faced with many challenges, including illness. Therefore, God has also created plants which people can use for so many things, such as prevention of misfortunes, like being struck by lightning, but importantly as medicine. Therefore, my son, we have a saying: "Kupanga naNyambi hathimu ghakuyuve" [heal with God so that the ancestors can hear you].

Traditional healers grow some medicinal plants in their yards, but most of the plants are collected along the river, or a few kilometres inland from the homestead. Healers like Kasenge view plants as living organisms with healing powers from the ancestors [*vadimu*] and God.

The ancestors are consulted through a divination device to guide healers in their selection of plants. With the blessings of the ancestors, traditional healers send their *tungangwena* [trainees] to collect the plants. During the harvesting, the *tungangwena* are under the protection of the spirits of the ancestors who guide them and protect them from dangerous animals in the wild. We became partial apprentices ourselves and accompanied the *tungangwena* on their harvesting trips. We carefully had to follow in their footprints and copy each of the steps they took to ensure their protection and safety. In the field, they taught us techniques for interacting with the plants, seen as living organisms and part of nature [*ntjitwe*]. For instance, the *tungangwena* handed us one end of a harvested plant to hold while they gave it a quick pull from the other end, recreating the moment when the plant was "holding on" to the earth before being pulled out, or the branch to the tree before being broken off. This is conducted in silence to symbolise that the plant is being collected in a peaceful manner, that it is being persuaded willingly to let go and surrender itself or part of it to the *tungangwena*. This communication is to tell the plant that it is alive, highly valued and respected, and that it is making both itself and its potential available to the person who collects it. Traditional healers speak to the plants during the healing ceremonies. As a result, plants need

to be collected and handled with care so that their healing power is preserved and stored, and that it can be transferred to the sick person during the administration or healing ceremony to produce therapeutic effects. Traditional healers described this process as a kind of persuasion or seduction [*kushengayika*] of the plant to release its therapeutic potential and bring about an effect.

Therapeutic powers of medicinal plants

Petrovska (2012, 56) noted that people have always searched for medicinal plants in nature, driven by the instinctive human struggle against illness. Traditional healers make use of plants and their extracts therapeutically and plants continue to play an essential role in healthcare. As seen above, we argue that the plants' therapeutic powers need to be "enticed" by the traditional healers. These transformative abilities of plants, their healing essence, lively potential and energy are linked or entangled with humans through the many rituals surrounding the use of plants and can bring about healing (Gibson and Oosthuysen 2010, 30; Low 2008). A medicinal plant can be picked in one place and at a certain time and utilised at another time and in a different setting: its aroma, vitality and ability to heal can be released elsewhere if it is handled properly.

During our stay with traditional healers, we observed a number of muveri with mild to severe symptoms of mental illness who were apparently successfully treated with medicinal plants. Overall, medicinal plants were central to the management of mental illness, widely utilised during ritual ceremonies and administered to the muveri in different forms. Plants were an omnipresent source of therapeutic power evoked by the traditional healers: through respectful harvesting, the holding of proper rituals, talking to the plants, and the calling on the ancestors to entice the plants to release their healing potential to benefit the muveri.

The visibility of medicinal plants in the healing process had a symbolic meaning as well: it gave the sick person and patient's family members the assurance that the illness was being treated. The plants also had a psycho-physiological effect: each produced a particular smell that was believed to chase away bad spirits and provide protection to the sick person. The plants' aroma drew the attention of the ancestors and, once administered, the plants had healing effects but also served to spiritually protect the afflicted. When plants were ingested, inhaled or used on the sick person's body, they acted as agents of power that gave rise to the hope of a cure or that the illness would be removed from the afflicted person. Thus, traditional healing was comprehensive in that it not only focused on the curative process but included protective and preventive elements.

Traditional healers view some illnesses as natural and others as supernatural phenomena governed by a hierarchy of vital powers, beginning with the most powerful deity, followed by lesser spiritual entities, ancestral spirits and living persons (Truter 2007, 57). As such, medicinal plants are not only used to treat the illness but also to manage the interactions between the spiritual and physical being of the sick persons. Plants not only possess medicinal value but also have transformative abilities. For healers, the power of medicinal plants is constituted through accepted forms of local healing that operate on a different level from other forms of healing. During our research we observed the transformative power of medicinal plants. For instance, while plants possess therapeutic power in their habitat (which is anywhere in the region), that ability was not actually visible to the lay person, although the plant's presence symbolised a healing potential. The therapeutic potential of the plant had to be "triggered" first by the trainees who ritually and carefully collected them. The traditional healers then strengthened the plants' ability to bring about transformation by enacting rituals that invoked the ancestors and by carefully preparing and administering the plants so that they could produce a therapeutic effect on the sick person. Even if the effect of the plants is dismissed as only having a placebo effect, studies have shown that such an effect can indeed induce a real biological reaction when triggered by any number of stimuli, including conditioning, expectancy, therapeutic relationship and sociocultural meaning. Furthermore, stimuli may act through any number of biological pathways: some identified and others unknown (Thompson, Ritenbaugh, and Nichter 2009, 15).

The transformative power of plants was activated in particular through the methods of

preparation that were applied: boiling, powdering, crushing and soaking, among others, were ways of increasing their rate of reaction in order to produce more therapeutic power. Many scholars working with plants mention this power and agentivity of medicinal plants (see, for example, McKey et al. 2010). Consequently, they no longer see plants only as materials used in traditional healing but rather as living organisms that have agency, that are able to breathe, live, reproduce, feed, poison, defend against or even hide themselves from predators (Gibson and Oosthuysen 2010, 31). Traditional healers in Kavango share a similar understanding of the power of plants, seeing them as living entities in nature with therapeutic powers that could be respectfully activated as part of their traditional healing rituals and practices, including the katemba divination device. Importantly, a plant comes from nature where there is constant movement so that its potentiality intermingles with the wind, air, people and animals, as the healers told us.

Cohen (2015, 20), who studied *kruiedokters* [herbal doctors] in the Kamiesberg municipality of South Africa, alluded to the power of medicinal plants and used the Afrikaans term *krag*, which can be loosely translated to mean power, vitality or strength. For Cohen, plants have some kind of power and, when used as treatment on the patient, they can have a therapeutic effect. He noted that *krag* is a kind of “body energy” that waxes and wanes with the ups and downs of everyday life (Cohen 2015, 20). Cohen explained that while *bossiemedisyne* [bush medicine] or medicinal plants were used by patients to regain health and strength, other forms of healing (such as jokes, guitar playing and food) were also used as catalysts to alleviate various illnesses, including high blood pressure, diabetes, colds, influenza and swelling of the limbs (see also Green et al. 2015, 7).

A Kavango traditional healer admonished us to “Kupanga naNyambi hathimu ghakuyuve” [heal with God so that the ancestors can hear you]. Healers made a strong link between the powers in a plant itself and the spiritual forces (ancestors and God). While medicinal plants possess the power to heal the sick or ward off evil spirits, we surmise that power needs to be tapped into, or teased out, to produce a therapeutic effect on a person — and we would argue that traditional healers possess such knowledge and ability. Therefore, through their ritual ceremonies and administrations, the power of medicinal plants can develop their real effects on sufferers. Thus, people who were identified as suffering from mental illness are treated with medicinal plants, but the success of such treatment is embedded in the skill of the healer to “activate” them through the power of the ancestors and God.

Treatment methods of mental disorder using medicinal plants

During the fieldwork, we observed that once a healer had identified the condition of an ailing person, treatment began after sunset and with the aid of a *kudjamba* [ritual ceremony]. The sick person was treated with various healing methods: *kufuka* [to cover/steaming with decoction or infusion]; *kudima* [splashing and bathing]; *kuyoteka* [inhalation]; *kurukita* [induced vomiting]; *kuhupira* [induced diarrhoea]; *kushotja* [eye and ear drops]; the drinking of a decoction or infusion; and sprinkling with medicinal plants. The most common route of plant administration was oral (12 citations), followed by steaming (8 citations). Other ways of plant administration included the combination of oral and steaming (7 citations) and oral and eye drops.

For all three common mentally related illnesses (kasenge, nyambi and ndjangura), the sick persons underwent a healing journey, which could involve any of the mentioned healing methods. If steaming was chosen, then the mentally ill person was covered with a blanket, sitting over a heated pot containing medicinal plants. The roots and leaves of the following medicinal plants were usually placed in the pot: *mulyavambi* (*Psendolachnostylis maprouneifolia*); *kayanambo* (*Asparagus nelsii*); and *nyambi* (*Diospyros virgate*) (the mental illness nyambi gets its name from the vernacular name of this plant). These plants were believed to fulfil different functions in the treatment and healing process of the sick.

Truter (2007, 59) pointed out that in many African communities a number of rituals may be performed in order to cast out the spell if the cause of the sickness is identified as bewitchment.

These may include the induction of vomiting, enemas, blood-letting, whistling or elaborate rituals such as animal sacrifices.

During the fieldwork, Kaghonda, a junior traditional healer, explained the following while he was collecting kayanambo in the field:

“Maika [Michael], here is kayanambo, the plant that we normally use to chase bad spirits [*varodi* and *vadimu*].” I went closer to him to see it and touched the plant’s leaves. “Here, smell it,” said Kaghonda, “this plant is significant in the treatment of mental illness because as long as the bad spirits are present, the *muveri* will not get well. You see, Maika, we boil these leaves and roots in a pot and cover the person so that the medication can go into the body and the strong smell chases away the *varodi*.”

When the ailing person was “steamed,” the traditional healer would usually end the treatment by using the tail of a cow to splash or sprinkle the rest of the hot, plant-infused water on him or her.

Shirungu attended some of the ritual healing sessions, normally after sunset or before sunrise, at the homestead of the traditional healer or in the bush. Family members were allowed to be present, but the ceremony was otherwise “closed” to others. During the kudima ritual, Kaghonda warned that the roots of the mulyavambi, kayanambo and nyambi plants should be boiled for an hour in lots of water before they were ready to be used; if not administered correctly, they could be poisonous. Some of the water was splashed on the family members and at times on us researchers. Both the kufuka steaming and the kudima splashing treatments are believed to protect the patient against the *varodi*. The water was always hot and had a very strong, tenacious smell from the medicinal plants, which was also, according to Kaghonda, an indication of the plants’ protective powers.

Uguni (*Strychnos spinosa*) was used to induce diarrhoea. *Mutengura* (*Swartzia madagascariensis*) was the plant used for inhalation to treat kasenge and ndjangura, especially when the sick person was aggressive. *Mpindu* (*Ancylanthos rubiginosus*) was used to induce vomiting, especially in the treatment of mood-related disorders related with the nyambi illness, such as when a *muveri* refused to speak. Such patients were often very withdrawn and quiet, and the treatment seemed to alleviate their apparently depressed mood. In some cases, *mpindu* was also used as an antidote, for example when a *muveri* had been over-sedated with *mutengura* in the treatment of aggression. Mentally ill persons who were given this plant not only calmed down but eventually fell asleep. Both *mutengura* and *mpindu* were believed to stimulate hunger and family members were advised to have food ready after a person had been treated with it. Nawandambu, a senior female traditional healer, described the healing approach in the following way:

If a person is suffering from nyambi, besides the drum healing ceremony the person should also be treated with a medicinal plant by the name of *mutengura* through the *kuyoteka* [inhalation] healing method. You take the leaves and roots of *mutengura* and burn them on the fire. Then the nyambi *muveri* should sit around the fire to inhale the smoke from the medicinal plants: in the process the illness in the chest will be calmed.

Another healing method used in the treatment of mental illness was the administration of medication as eye or ear drops. For this, the fresh leaves of plants such as *mpumutji* (*Euclea divinorum*) and *namuthata* (*Dichapetalum cymosum*) were boiled and the plant liquid extracted. These drops protect mentally ill persons against seeing and hearing ghosts or witches, an illness which manifests itself when the patient screams and says things that do not make sense. Administering eye and ear drops was also sometimes utilised when a sick person refused to drink medications. Healer Lucia Shashipampo believed that the medication was more easily absorbed by the body when administered in this manner, compared to other healing methods. However, she warned about the risk of overdosing the person and cautioned that the method should only be utilised by an experienced person, or under supervision.

Different healers also applied the plants discussed above in different ways to treat the same condition. They also often administered plants in combination with others in the form of mixtures. Cocktails given to patients contained the following medicinal plants: mulyavambi, kayanambo, nyambi, *mutengura* and *mpindu*.

Conclusion

This paper has discussed the traditional healing of mental illness with a particular focus on medicinal plants as treatment. We have argued that medicinal plants have therapeutic powers which need to be “seduced” by the traditional healers to have a healing effect on the sick person. In this, plants are not simply a material used but are rather seen as living organisms with their own abilities to achieve healing successes (Gibson and Oosthuysen 2010). The paper has also discussed how medicinal plants are used by traditional healers in treating the three most common mental disorders, namely ndjangura, kasenge and nyambi. These local categories or classifications of mental illness can also be referred to as “culture-bound syndromes” (APA 1994; Littlewood and Lipsedge 1986). Although there is still very little biomedical evidence to support the efficacy of the medicinal plants (Swartz 1996, 153) discussed here, local communities draw on both biomedical and traditional taxonomies and treatments in order to address mental illness (Long and Zietkiewicz 1998, 15). Therefore, it is imperative that indigenous healing in mental health be seriously considered in terms of collaboration between biomedical and traditional health practitioners, for the benefit of all. At present, collaboration between biomedicine and traditional healing in Namibia is still in its infancy and there is little effort from the government to guide it. Namibia’s 2005 Mental Health policy document is notably silent on the issue of traditional healing while the status of the Traditional Health Bill hangs in the air.

Acknowledgements

We thank the Carl Schlettwein Foundation for financial support for this research. We equally extend our gratitude to the National Commission on Research Science and Technology (NCRST) and the National Research Foundation (NRF) for the fund which falls under the bilateral collaboration between Namibia and South Africa. We also acknowledge the willingness and openness of the traditional healers interviewed in this study for making it possible for us to speak to them and learn more from their experience. It must be noted that some traditional healers requested that we use their full names so that people would know that they provided the knowledge. However, for any sensitive material we used pseudonyms. We appreciate the support we received from all the regional councillors in the two constituencies of the Kavango.

ORCID

Michael Murundu Shirungu  <https://orcid.org/0000-0002-6764-9731>

Ahmad Cheikhoussef  <https://orcid.org/0000-0001-8321-7915>

References

- Adam, D. 2014. “Cause is not Everything in Mental Illness.” *Nature* 511 (7511): 509.
- APA (American Psychiatric Association). 1994. *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*. 4th ed. Washington: American Psychiatric Association.
- Becker, A., and A. Kleinman. 2013. “Mental Health and the Global Agenda.” *New England Journal of Medicine*, no. 369: 66–73.
- Bernard, H.R. 2011. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. Lanham: Alta Mira Press.
- Cohen, J.B. 2015. “Kruiedokters, Plants and Molecules: Relations of Power, Wind, and Matter in Namaqualand.” PhD diss., University of Cape Town.
- Coleta, M., M.G. Campos, M.D. Cotrim, T.C. Lima, and A.P. Cunha. 2008. “Assessment of Luteolin (3',4',5',7-Tetrahydroxyflavone) Neuropharmacological Activity.” *Behavioural Brain Research* 189 (1): 75–82.
- Dahlberg, B., F.K. Barg, J.J. Gallo, and M.N. Wittink. 2009. “Bridging Psychiatric and Anthropological Approaches: The Case of ‘Nerves’ in the United States.” *Ethnos* 37 (3): 282–313.
- Das, M. 1996. *Traditional Medicine and the Medical Profession: Changing Medical Education and Medical Practice*. Nashville: Chrisolith.
- Ellen, R. 2006. “Introduction.” Special issue on Ethnobiology and the Science of Humankind. *Journal of the Royal Anthropological Institute* 12 (S1): S1–S22.
- Gibson, D., and E. Oosthuysen. 2010. “Between N!aǀxam and Tibi: A Case Study of Tuberculosis and the Ju/’hoansi in the Tsumkwe Region, Namibia.” *Anthropology Southern Africa* 32 (1&2): 27–36.
- Good, B.J. 1997. “Studying Mental Illness in Context: Local, Global, or Universal.” *Ethos* 25 (2): 230–248.

- Green, L., D.W. Gammon, M.T. Hoffman, J. Cohen, A. Hilgart, R.G. Morrell, H. Verran, and N. Wheat. 2015. "Plants, People and Health: Three Disciplines at Work in Namaqualand." *South African Journal of Science* 111 (9&10). Art. #2014-0276, 12 pages. doi:10.17159/sajs.2015/20140276
- Hsu, E., and S. Harris (eds). 2012. *Plants, Health and Healing: On the Interface of Ethnobotany and Medical Anthropology*. New York: Berghahn Books.
- Kleinman, A. 1988. *Rethinking Psychiatry: From Cultural Category to Personal Experience*. New York: Free Press.
- Kohrt, B.A., and E. Mendenhall. 2015. *Global Mental Health: Anthropological Perspectives*. Walnut Creek: Left Coast Press.
- Littlewood, R., and M. Lipsedge. 1986. "The 'Culture-Bound Syndromes' of the Dominant Culture: Culture, Psychopathology and Biomedicine." In *Transcultural Psychiatry*, edited by J.L. Cox, 253–273. London: Croom Helm.
- Long, C., and E. Zietkiewicz. 1998. "Unsettling Meanings of Madness: Constructions of South African Insanity." Paper presented at the 4th Annual Qualitative Methods Conference: Histories of the Present, Johannesburg, September 3–4.
- Low, C. 2008. *Khoisan Medicine in History and Practice*. Cologne: Rüdiger Köppe.
- Lumpkin, T. 1994. *Traditional Healers and Community Use of Traditional Medicine in Namibia*. Windhoek: Ministry of Health and Social Services and UNICEF.
- McKey, D., M. Elias, B. Pujol, and A. Duputié. 2010. "The Evolutionary Ecology of Clonally Propagated Domesticated Plants." *New Phytologist* 186 (2): 318–332.
- Meincke, M. 2015. "Public Health, Science, and the Economy: The Onto-politics of Traditional Medicine in Namibia." PhD diss, University of Helsinki.
- Nichter, M. 2010. "Idioms of Distress Revisited." *Culture, Medicine and Psychiatry* 34 (2): 401–416.
- Noy, C. 2008. "Sampling Knowledge: The Hermeneutics of Snowball Sampling in Qualitative Research." *International Journal of Social Research Methodology* 11 (4): 327–344.
- Pasick, R.J., N.J. Burke, J.C. Barker, G. Joseph, J.A. Bird, R. Otero-Sabogal, N. Tuason, S.L. Stewart, W. Rakowski, M.A. Clark, P.K. Washington, and C. Guerra. 2009. "Behavioral Theory in a Diverse Society: Like a Compass on Mars." *Health Education and Behavior* 36 (5S):11S–35S.
- Petrovska, B.B. 2012. "Historical Review of Medicinal Plants' Usage." *Pharmacognosy Review* 6 (11): 1–5.
- Rätsch, C. 2004. *The Encyclopedia of Psychoactive Plants: Ethnopharmacology and its Applications*. Rochester: Park Street Press.
- Scheid, V. 2013. "Constraint as a Window on Approaches to Emotion-Related Disorders in East Asian Medicine." *Culture, Medicine and Psychiatry* 37 (1): 2–7.
- Shiremo, S. 2015. "Putting the Vanyemba Recognition Issue in Context (Part II)." *New Era*, May 29.
- Shirungu, M. 2010. "Cultural and Social Factors Impacting on the Programme to Prevent-Mother-to-Child-Transmission (PMTCT) of HIV in Namibia: A Case Study of the Kavango Region." Master thesis, University of the Western Cape.
- Sobiecki, J.F. 2002. "A Preliminary Inventory of Plants used for Psychoactive Purposes in Southern African Healing Traditions." *Transactions of the Royal Society of South Africa* 57 (1&2): 1–24.
- Sood, S., D. Vyas, and P.K. Nagar. 2006. "Physiological and Biochemical Studies during Flower Development in Two Rose Species." *Scientia Horticulturae* 108 (4): 390–396.
- Swartz, S. 1996. "Shrinking: A Postmodern Perspective on Psychiatric Case Histories." *South African Journal of Psychology* 26 (3): 150–156.
- Thompson, J.J., C. Ritenbaugh, and M. Nichter. 2009. "Reconsidering the Placebo Response from a Broad Anthropological Perspective." *Culture, Medicine and Psychiatry* 33 (1): 112–152.
- Truter, I. 2007. "African Traditional Healers: Cultural and Religious Beliefs Intertwined in a Holistic Way." *South African Pharmaceutical Journal*, no. 74: 56–60.
- Ventevogel, P., M. Jordans, R. Reis, and J. de Jong. 2013. "Madness or Sadness? Local Concepts of Mental Illness in Four Conflict-Affected African Communities." *Conflict and Health* 7 (3): 1–16. doi:10.1186/1752-1505-7-3