

hakuna dawa tamu | a bitter pill





Narratives from Indigenous
Healers and their Patients
in contemporary Kenya

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Health Medicine Healing Wellness Treatment

These are just some of the things that people in the global north take for granted. Either we have decent government funded clinical care, or we have access to medical insurance. On the whole, we don't have to worry about turning up at a hospital in an emergency and wondering if we will be able to access their services, nor if we will die waiting for relatives to hustle enough cash together to fund treatment.

In Kenya, and indeed much of the global south, this is not the case. Clinical care is unaffordable to many. Institutions are underfunded, understaffed, under-resourced and staff are underpaid. Issues of training, equipment, knowledge, and corruption, mean that many clinical institutions are performing poorly and unable to provide efficient services appropriate to their community. Many people die unnecessarily as a result of this, or are very ill for a protracted period.

But most of what we focus on in terms of health in the global south, and indeed in Kenya, is clinical care.

What did people do before the Wakoloni¹ came to Kenya and brought Kikristo², and therefore many mission hospitals providing clinical medical care? Do we just assume that before the White Man came and 'saved' Kenya, people were dying in droves of easily treatable illnesses?

Indigenous medicine was, and remains today, an important path to health and healing, both for humans and livestock in Kenya. Yet it is often ignored altogether or laughed at by academics and clinicians; pushed aside as 'nonsense', 'quackery' or worse, as 'witchcraft'. This project which was undertaken in late 2018 and early 2019 demonstrates that indigenous medicine in all its many forms is a legitimate and, to much of the population, important form of health care.

We chose two areas of Kenya in which to collect narratives and images of indigenous healers and their patients. Kilifi, which is now an urban coastal

1 the colonialists

2 Christianity

town, is the home of photographer Biko Wesa, who became co-investigator on this project. At the outset of the project, we interviewed his neighbour Dr Amos, whose practice was of interest to us for several reasons. Dr Amos holds a PhD and is a biochemist and microbiologist. In addition to these clinical and academic roles, he has his own laboratory and herbal clinic, producing plant based medicines, legitimizing them within a context which at first glance resembles clinical practice: his clinic and the performative aspects of seeing patients, consulting, and advising on curatives resemble clinical practice. The herbal medicines are packaged in a way which is formal and likewise resembles western or clinical medicines.

Patients attending his clinic wait in a waiting room, to be called into the doctor's office, where he has a microscope with his certificates framed on the wall next to his desk. The patients sit across the desk from Dr Amos, describing their ailments, and he then prescribes medicine which is made at his laboratory in Kilifi. Money is exchanged for healing and a follow up appointment might be made. The principal difference from clinical practice is that the plant-based medicine is cheaper than a clinical medicine. Otherwise, Dr Amos' practice could be mistaken for a private clinical practice.

The second area in which we collected narratives for this project was Kasigau, home to anthropologist Olivia Howland. Mount Kasigau is located in a geographically remote area of southern Kenya. The Taita people who live there have a rich history of indigenous medicine. As researchers we wanted to compare a rural area with an urban area. This better demonstrates issues of access to healing and how that might affect individuals' health seeking decisions and behaviour, and in turn what this tells us about health inequalities.

From studying these two locations, there emerges a number of both similar and contrasting narratives which we present in the form of individual stories through words and images.

There are three major issues that have emerged throughout this project which affect decision making for health seeking:

Capitalism – people often cannot afford clinical medical care. This is made very clear in the national media and in Kenyan people's consciousness. The government health care system is unfit for purpose.

Access – This relates strongly to capitalism in that people cannot afford to travel to faraway facilities. Rural areas of Kenya have incredibly poor coverage of clinical medical healthcare providers, and indeed the majority of facilities lack basic equipment or qualified staff.

Belief – many people do not trust clinical medical facilities, have had bad experiences, or do not believe that they can be helped there. This is not just the case in rural areas, but in urban spaces too. Treatment with herbs is seen as less dangerous or invasive than 'chemical' medicines. The homeopathic principle of treating like with like is very relevant here: there is a widespread belief that using 'chemical' medicines can react badly with an organic body, hence organics should be used to treat organisms.

Two further themes emerged as important for understanding the current state of healthcare in Kenya: **clinical hegemony**, and **structural violence**. Clinical hegemony is the phenomenon where society views clinical medicine as the only legitimate form of healing, and clinical medicine utterly takes over in a systematic way. Other, alternative forms of medicine are stigmatized and delegitimized, and those who use them are sometimes stigmatized too.

Structural violence, which is an anthropological term, is used to encompass all of the social, systematic, governmental and economic norms and structures which cause the poor to remain so and the rich to increase their wealth. In the context of healthcare in Kenya, structural violence is a term used to describe macro level structures and norms which prevent the majority of the population from accessing effective medical care, resulting in unnecessary deaths and disease. This results in increased poverty necessitating the sale of assets to afford clinical care. In the most basic economic sense, this affects the resilience and physical labour capabilities of families, in addition to the extra emotional labour people will experience as a result of prolonged illness or grief.

In this publication we shed light on indigenous healers and their patients, share their words and experiences, and ask you to think critically about some of our assumptions regarding what is legitimate when we conceptualize health and wellness.

Why is clinical medicine often the only form of medicine we class as legitimate?

Why might we feel cynical about indigenous healing?

Would you laugh if a friend told you they had been to see an indigenous doctor?

What does it tell us about health inequalities in Kenya?

And importantly, what do our answers to these questions tell us about our ethnicity, or social class, and our political or religious beliefs?

Our aim in this publication is not to examine efficacy of indigenous methods of healing, but to encourage us all to question our realities, interrogate assumed normative behaviours and our personal privilege in relation to health and healing. We question why our concepts of healing may not all look alike and whether this delegitimizes individual human realities.

Our research indicates that capitalism is killing Kenyans whilst making government or private clinical care unaffordable and inaccessible. NHIF³ or private insurance is beyond the reach of many.

Christianity stigmatizes indigenous healers and healing practices, calling them witchcraft or devilry.

This is the reality of health inequality facing Kenya. But is health a universal human right?

This reality might be a bitter pill to swallow, an uncomfortable truth.

Lakini, hakuna dawa tamu⁴.

³ National Hospital Insurance Fund

⁴ But medicine is rarely pleasant



Cover story

ALARM AS PERFORMANCE IN BIOLOGY DIPS JEOPARDISING MEDICINE PROGRAMMES

Cover story

A significant dip in performance in biology examinations has been recorded in the past few years, a trend that has raised concerns among medical professionals and educators alike. The decline is particularly alarming as it jeopardises the quality of medical programmes, which rely heavily on a strong foundation in biological sciences.

According to reports, the percentage of students who pass in biology has fallen from over 80% in the early 2000s to around 60% in recent years. This downward trend is attributed to a variety of factors, including a lack of practical resources, outdated textbooks, and insufficient teacher training in the subject.

The impact of this decline is most felt in the medical field, where a solid understanding of biology is essential for diagnosing and treating patients. Medical schools are now facing a shortage of well-prepared students, which could lead to a decline in the quality of medical graduates and, ultimately, the health of the population.



How Many More People Will Die?

The decline in biology performance is not just a statistical concern; it is a public health issue. As the number of students who are not adequately prepared for medical studies increases, the pool of potential doctors and healthcare workers shrinks. This could lead to a shortage of medical professionals, particularly in rural areas where access to healthcare is already limited.

Educationists and medical professionals are calling for urgent action to address this problem. They suggest that the government should invest more in biology education, providing modern textbooks, laboratory equipment, and training for teachers. Additionally, there is a need to improve the quality of secondary education, ensuring that students have a strong grasp of the basics before entering medical programmes.

consecutive years... crucial medicine courses, P.A.S

Thousands miss medical school over one subject

Thousands of students have failed to enrol in medical schools across the country due to poor performance in a single subject, biology. This has caused significant concern among parents and educators, as it highlights the need for better preparation and support for students pursuing medical careers.

Doctor's commitment inspires the health-care profession

A doctor's dedication to his work has inspired a generation of healthcare professionals. His commitment to patient care and his willingness to go above and beyond have set a high standard for the profession.

NYANZA Online photos reveal rot at Homa Bay mortuary

Online photos have revealed a state of rot and neglect at the Homa Bay mortuary. The images show bodies in various stages of decay, raising serious concerns about the health and safety of the facility. Local health officials have been alerted and are investigating the situation.

County launches anti-rabies campaign

The county government has launched a comprehensive anti-rabies campaign to reduce the number of rabid animals and protect the public. The campaign includes vaccination of dogs and public education on the dangers of rabies.

Referral hospital to shut outpatient department

A referral hospital is set to shut its outpatient department due to a lack of staff and resources. This move is expected to affect thousands of patients who rely on the facility for medical services.

Nurses join teachers, other civil servants in strike threat

Nurses have joined teachers and other civil servants in threatening a strike. They are demanding better working conditions, higher salaries, and improved benefits. The potential strike could have a significant impact on the healthcare system.

Seven-hour historic surgery to re-attach teenager's manhood



A seven-hour historic surgery was performed to re-attach a teenager's manhood. The procedure was a complex and delicate operation that required the expertise of several surgeons. The teenager is now recovering well from the surgery.



Officials in a spot over free maternity millions

Officials are in a spot over the free maternity programme. The programme, which provides free maternity services to pregnant women, has been a success story. However, there are concerns about the sustainability of the programme and the quality of care provided.

Medics reconnect chopped off penis

Medics have successfully reconnected a penis that was chopped off. The patient, who had lost his penis in an accident, underwent a complex and lengthy surgery. The operation was a success, and the patient is now recovering well.

Madaktari waunganisha nyeti iliyokatwa

Madaktari waunganisha nyeti iliyokatwa. The article discusses the challenges faced by the medical profession and the need for better support and resources. It highlights the importance of a strong medical workforce for the health of the nation.

Historically, healing for people in Kasigau centered around the skull shrines, known in Kitaita⁵ as *ngomenyi*. These shrines, located high up on the mountain in inaccessible caves, contained the exhumed skulls of revered and respected village elders. A medicine man or healer would visit the shrine with their patient in order to conduct a healing ceremony. *Kadjama* (an offering) would be brought, usually in the form of a pot of locally brewed beer. Prayers would be said for the person who was sick and then the beer would be spat over the skulls by the medicine man. This act of spitting is called *kutasa*.

5 Local language





Kutasa was usually performed in a squatting position with the arms held loosely across the knee, one hand holding a container of sugar cane beer, unfermented cane juice or water. Spraying out mouthfuls of liquid, the performer uttered phrases, exhorting or supplicating a mystical agent or agents and calling down blessings on one or more living humans and on what pertained to their welfare.

- Harris, 1978: 25⁶

Sickness was believed to be caused by ancestral anger and so the ancestors must be given *kadjama* in order to placate them and to heal the person who is suffering. Furthermore, the person who was sick became so due to 'heat' in their heart, caused by 'moral rotteness'. In order to become well again, they must take beer and perform *kutasa* in order to remove anger and to cool the heart.

Like the shrines...[indigenous] medicines...were especially abhorrent to missionaries who hoped to convert Taita to Christianity.

- Harris, 1978: 174

Over the last century, the practice of *kutasa* and placing of skulls in a lineage shrine waned, and now indigenous healing rites do not involve ancestor placation. The shrines have mostly been destroyed by animals, weather or people who no longer see them as significant. Yet they are an important reminder of one of the many healing practices lost to Christianity.

6 Casting out Anger: Religion among the Taita of Kenya. Grace Gredys Harris, 1978.



*Babu yangu alikua
ni mganga wa kutibu
magonjwa.*



My grandfather was a diviner, he could use stones and leaves to tell you that there would be some people coming along the road in a few minutes, and those exact people would then arrive! He would teach me when we were together, I would watch him working like this, but I didn't really know much at that point. Later, he would teach me about each plant, the smells, the uses of them. He would say, "this tree does this, this other does this..." So that is how I learned.

Most trees I use are just here, close to the homestead. There used to be so many trees for all kinds of sickness. Now they are fewer.

There are many different treatments for snakebites. So many medicines here, all around us. If someone is bitten by a snake...wait, bring me that stone over there...then you lick it. I'll show you.

These two sticks, see, each is from a different tree. They have different uses...different types of snake. You know, there are different types of snakes here. So each will have a different treatment. So you get this stick, and you rub it on the surface of the rock...like this...as if you are scrubbing at it...see, you should take a photo of this?

Pour the water on the rock like this...then scrub the stick against it. You see how it is making a coloured paste? By the time the person licks this medicine from the rock, that's it. They will be ok. The poison will already begin to leave the persons body.







This stuff here? This is medicine for nerves.

I collect the tree, I cut them up, I put the pieces into a pot. Then I place it on the fire. But you shouldn't stand too close – the smoke it gives off is not good for you.

You turn the pieces in the pot, turning them over and over, until you see the heat has really got in to that wood. That is when it is ready.

You take it off the heat and wait for it to cool, and you mix it with other types of plants if that is the type of medicine you want to make. Then this is already medicine.

Then you grind it with a stone until it is powder, like this. But these days I can't go climbing up there, I'm too old.



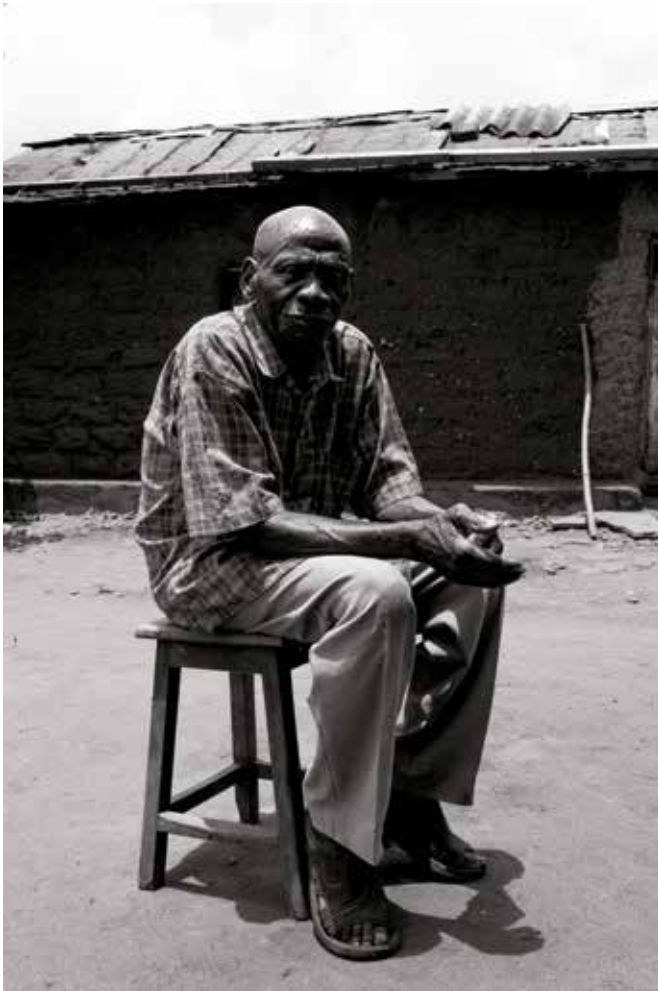
These roots here, they're for sore throat. They're really powerful, like ginger. If you grind them up and put into water, then you drink it...that's it, you will start to feel better. Even if you want to use it as a mouthwash, you can. It helps reduce coughing and fever too. And headaches. I'll take you to see what you have near your house for treating illnesses. There is so much.





Then there's another type of healing I can do if someone is bitten by a snake, not just the treatment using these two sticks. The patient comes here and they remove all their clothes and lay on the ground. Then I put medicine in my mouth, and I have to crawl on the ground like a snake. Then I use my tongue to find where the poison is. If there is poison, I will know. If the poison's strength is already finished, I will know. I have to taste the poison on the body. Then I lick the place where the poison was, and leave this medicine from my mouth on the body. Even if it looks like the person has already died, they will wake up.





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But there are snakes who have very powerful poison, you will immediately begin to vomit after being bitten. There used to be so many more snakes...weh! this place was full of snakes, I'm telling you. But today it's just bad luck really if you get bitten, there are not many, just one here, maybe one there...with some you just die straight away and there's nothing I can do to help. Without this knowledge, you'll just die! This knowledge is my defence against snakes. Because so many people get bitten whilst out herding on the ranch here. If you are far, then your skin will just rot and there's not much to be done.

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You know, our people long ago, they knew all the uses of the trees and the plants around here. These days, there are so few of us with that knowledge. Like this treatment I do for asthma. There are so few who know of it.

My grandmother taught me all of the plants. When she was very old, she said “bring a notebook and write down what I am telling you”. And I did, so in that way I learned about the healing plants.



So when I'm treating this asthma, someone must be brought to my house very early in the morning...they cannot have taken anything to eat in the morning. They can eat at night, sleep, then come to me to be treated. Once they have taken the medicine and been treated, the food they should take afterwards is

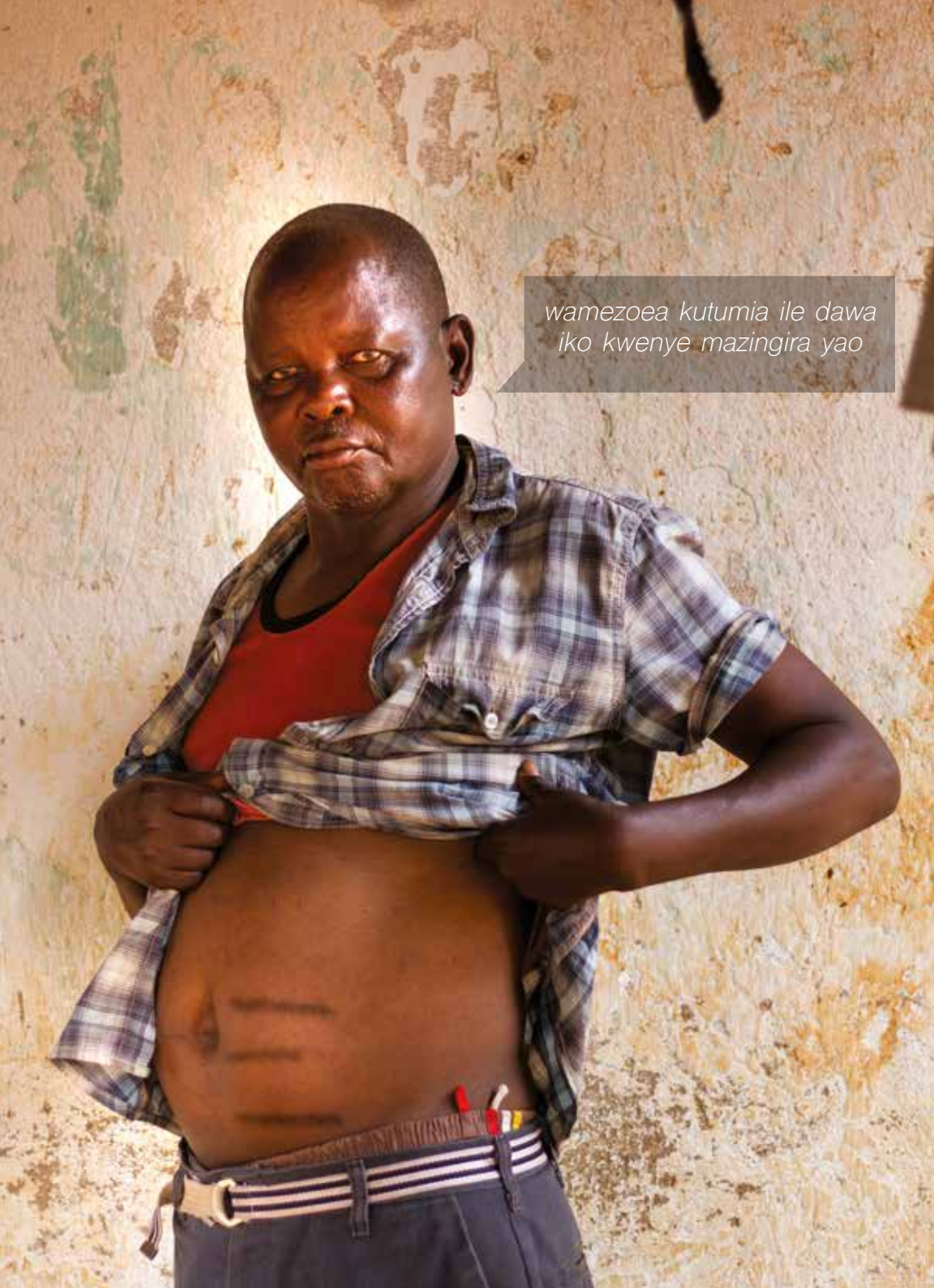
just maybe like...porridge, you know, those foods which are light in the stomach. So this plant, it is to make you vomit. But you must pick it fresh, so I don't keep a store of it. When I'm out with the goats I am able to see where it is growing so that if someone comes in need of treatment then I can quickly go and



fetch the fresh one. People come from far, from different villages, to be treated with this medicine. There isn't anyone else here in Kasigau providing this treatment for asthma. So I make the medicine into this drink. First you pound it, like this. Then you take the mashed leaves, you mix it with water and then pass

it through the sieve. They drink this drink, and then the sickness leaves them in the vomit or the diarrhoea. Then they will be well again





*wamezoea kutumia ile dawa
iko kwenye mazingira yao*

So, I work with medicine made from plants. I do this work for humans, and I do this work for livestock too. I don't use medicine from hospitals. I never have, and the same for animals – I don't use medicines from the agrovet. Everything I need is in the forest. If I'm out in the bush, and I feel ill, I know which root or fruit to chew to feel better. Just take it direct from the plant, there is no need to cook it or prepare. I got this knowledge from my grandmother. That was my inheritance from her...this local knowledge. "Take this, do this, do that..." that is how I was taught. All the things I know, I got from her. They were passed down to me from her.

You know, when the Christians came, they started to ruin the meaningful things here...long ago, there weren't any hospitals, so we couldn't use medicine like that. And those medicines are just plants, maybe with some chemicals, colourings, maybe like green, red, blue, but all of them are plant based in the end. If I cut this tree right

now and use it as medicine, is it not medicine? People are running to the hospital for treatment, but are you telling me this isn't medicine? If you cut yourself, for example. You are running to the hospital to get stitches! But you could just get this plant, fix it onto the wound and then the skin will knit together. Back then when there were no hospitals, what did we do? We used that plant. If you tell someone who is not used to using clinical medicine to go to the hospital, they will be worried, because they are used to using what is in nature around them.

Another example is getting a baby, giving birth. For those in a hospital, they have read it in a book, how to do that. But they have never even felt the skin in their hands. Those who give birth at home, they don't care if you read a book. They aren't being helped by those at the hospital. Those who help with home births, they don't need books. They have experience. It's the same with herders who have so much experience.

Some people have gone to the towns, I don't know, like Mombasa or Nairobi, and they learn about cattle in books. But the herder is the one who knows the truth because he stays with the cattle, he knows the truth of the cattle. If you follow that herder, you can see he hasn't been educated, but he knows all the truths about the cattle, because he's the one staying with them.

Each indigenous doctor here has their own skills and knowledge. For example, there is this woman just down the road. She is the doctor for the spleen. And I'm a doctor, but I went to visit her to get treatment for that. The doctor went to the doctor! I can't treat myself for everything. I don't have this knowledge of the spleen. But that old lady, she is the only spleen doctor here, so anyone with a spleen problem, they must go to her.

That day, my spleen was so swollen! I was in such pain. Fever, and what have you. You know it comes from eating or drinking cold

things? Drink cold water, already you will have a fever. You will feel thirsty, keep drinking water but it doesn't make any difference. You begin shaking with fever.

But I went to her, she made incisions on me with a razor blade, she rubbed medicine into the cuts... finished! I was better. I'll show you the marks! If she treats you, that's it, you get better. Children, old people, whoever...there is no need of going to the hospital. You just go and see that old lady, she will cut you, then you get better. That is what this illness requires – cutting, and the application of medicine into the cuts. Then that's it, the illness will leave you.

*Ndio, nilimtibu Kivuva.
Woiiii, alikua mgonjwa.
Karibu atuache*





If you get a sick spleen, that illness can stop a fully grown adult in their tracks, not just a child. For small children, it stops them eating. They cannot go to the toilet, they cannot pass urine, and the stomach will begin to hurt. Then, if the illness stays with them for a long time, it will start to suck their blood. Even if you take them to hospital, there is no solution. They won't get well. It sucks their blood, they will just stay like that. They will have no life in them. This is the problem of that virus – to suck the blood and to stop people eating. You can just be beaten like that, the life will go out of you.

I have never treated any other illness, only this one of the spleen. I taught myself because of my children. They kept getting sick, and couldn't eat. Then someone told me it was because of the sickness of the spleen. So I asked them "what can I use to treat it?" and they showed me. From then on I was able to treat my children when they got sick. It was someone from Tanzania who showed me, it wasn't someone from here. It was in around 1999 that they showed me.





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I have treated so many people for this illness. Not even every week, every day! If they haven't come by tonight, then people will be coming by morning for me to treat them for this illness. They come from far away. There was someone last week who came to me from Ngambenyi village. I was pinching them to see how bad it was, and they hadn't even got any blood left in them. I told them, "you see? You have almost killed yourself with this! Where have you been since this started ages ago? You don't even have any blood left! Then you'll be off to the doctor, disturbing him, expecting him to help, complaining that oh, my blood is finished, oh oh! Well, it's finished because of your lack of understanding of yourself." So I treated him.

The problem is that people wait until they are dying to come to be treated. But also, the doctors at the hospital, they don't understand the spleen, you see? They know the kidneys and what have you, but without indigenous, local medicines, you can't get well again.

The sickness of the spleen, it just comes by itself, without a reason. And this sickness, it's really not good, I'm telling you. It can cause a man to lose the strength to go and ask his wife how she is doing! Aiieeee! It will be like your household has been cut with an axe. There is no looking at your wife like this, or asking how she is...even the wife will start asking, "hmmm, do you have another girlfriend somewhere?" Because the husband has no strength, he isn't interested, but it isn't that, it's this sickness! That man will be so weak, not speaking, not wanting anything from the wife, and the wife, she will be wondering... "hey! What is the matter with my husband? He must have a girlfriend somewhere, why doesn't he want me any more?" and she doesn't know, her husband is hurting! And he himself, he won't know that he is hurting inside either, he will only know that he doesn't want it. It is many who are complaining about their husbands like this, they are weak, they don't want to play!

Then if you as a woman have it, you will just see that all

men are rubbish. You won't feel like you want them either. She will close all the routes in to her body. She will feel like throwing him out of the house. It's not good.

This virus, it can affect everyone but mostly it affects children, and younger people like you two. And if they don't come here to be treated...then they will make their own plan! They will make their own plan. It's their life!

Yes, I treated Kivuva. Woiiii he was sick. He was near to leaving us! See, if you don't eat, how will you live? He was remaining with just the smallest amount of blood in his body, and if you get like this, you just lie down and die. You might start saying "I have been bewitched!" but by who?! You just haven't been looking after yourself, it's your own fault.

I have treated so many people now. Once I treat them, I explain, "cold food, do not eat it. It must be hot". People are always eating cold food. They go into town, to Voi, they see bananas, they

start stuffing themselves with them, nyamnyamnyamnyam... but! Think about your body first! If you are travelling, and you buy a papaya to eat, you just start eating nyamnyamnyam like that, but you'll see, it will be repeating on you! Then you'll start saying that the doctor didn't heal you. But really it's because you cannot look after yourself! This sickness, it likes when you eat cold things, such as the ugali from last night which has slept in the bowl. It reaches morning, you put it back on the heat a bit to eat it with your morning tea...fine, if it is hot you are ok but if it is cold...! The signs of this illness come with the cold season and cold food, then you start to see it more.

To prepare the medicine, you cut the leaves of the aloe, then you heat it over the fire. You wait until it is totally dried out, then you crumble it with your fingers. Once you have done that, then you can rub it into the cuts you make on the person's body. Let me show you a dried one I made, hang on, I'll fetch it.

Here it is, you dry it until it looks like this, then you grind it, and then rub it on the incisions. This is the medicine of the spleen.

I don't accept payment for this work. I do it for my friends and family and neighbours, to help them. Perhaps if, out of respect, someone wants to pay me twenty shillings, then fine. But if they try and pay me more than fifty, you will ruin the medicine, money ruins it. You won't get better, it is as if you are paying a bribe, or you are trying to do something against nature by commodifying it. It's inappropriate. Twenty shillings is ok, but if you pay more you are hurting yourself and you are offending me. So the patient must have faith too. And they must come here to me, I can't go to them, if they are stuck at home then they are already dead!

If they come in the afternoon for treatment, I can't cut them. I can't. Because if you come, and I look at you, then you must wake up very early in the morning, before drinking tea or anything, then come and I will fix you. Wake up,

wash your face, and come here to be treated. And you must come with your own razorblade. You buy your own, I don't do that. Then I will start work. But if it reaches 9am or 10am, I can't touch you. Because then the sun has been on your skin and your nerves and veins have already begun their work for the day. If I make incisions then your blood is too active by then, and you could spill all of your blood. The blood must still be sleeping in the body, so it is essential to come first thing in the morning.

The other way to use this aloe is to let the sap drain out of it into a cup, then add river water to the sap, then you drink it. It treats malaria. You can even put the cut piece in the water and drink it. Your malaria will be finished immediately.



Dr. Amos

I am a biochemist, pharmacologist, microbiologist and pharmacognocist. In my work I use global research to inform what I put in my medicines, but I also use traditional herbal knowledge. I don't harvest the herbs myself, I send people out to do that,

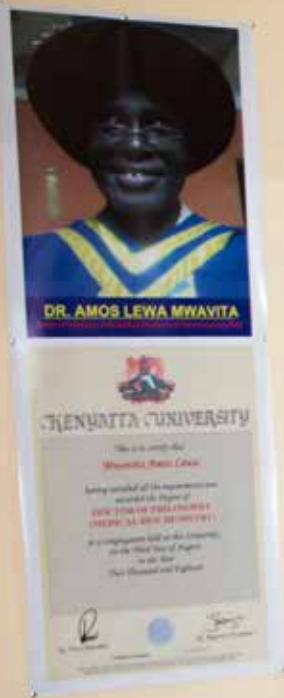
then I collect these herbal components as raw materials. In my lab, I do the washing, drying, grinding and then we make them into medicines. I have my lab staff who do most of it, but I have standard operating procedures for each component and each



medicine, so that the process is very streamlined.

I can treat all sorts of illnesses. Things like HIV, hypertension, gynecological pain, epilepsy, nerve problems...all sorts of things. I make antiseptic soap from

natural ingredients, then the medicines can be tablets, capsules, douches, creams, solutions... anything really. I have the machines to make all of this.



And I sell the medicines all over the country...in Mombasa, here in my clinic, in Kilifi, Voi, Nairobi, Eldoret...I even have dispensing clinicians in all of these places. How does it work? Well, I have various doctors who know of my work and who will recommend it to their patients, especially if the illness has been ongoing or long term... if clinical treatment has failed, then they can try mine. So many people experience miraculous healing! Even the medical doctors, they can't believe it!

You know, conventional medicine has its limitations. People have to rely on the government to access medicines and the supply chain is heavily dependent on the political situation...they are mostly produced outside of Kenya. So then we get issues such as corruption, political instability, as well as transport, all have an effect on whether people can access medication. It makes us so dependent on the government! But what's the alternative? We can cure our own people with what is easily available here

without depending on the government! Even clinical medicines, they are very expensive, but mine are many times cheaper.

When I started this, making herbal medicines, some people were very ignorant and they said, "this is witchcraft you are doing!" But this is just what people call something they cannot understand. If it is a mystery then they call it witchcraft. We need to transcend what we have been taught to think in order to use what we have been given...and given by God!

To get people to understand, I went to the radio. Yes, I had to. I have a show talking about health and medicines. It is a good way to talk about non-conventional medicines and a good discussion forum. I discuss these herbal medicines from a conventional perspective to help people to understand that it is valid. Then people started coming in droves! And all people got relief from their symptoms.

Initially I got a lot of negativity from my colleagues at KEMRI.

They were saying, "Amos, how can you know what is the right dose, or a safe dose?" But I told them that as a pharmacologist, I have done my research. You know, lack of understanding makes people resist things. My motto is 'safety and efficacy of herbal medicines', and that is what I do. That is my aim. Because people thought oh, herbs need some kind of ritual dancing, prayers, what have you, but they didn't understand that the herbs themselves have healing powers. They just thought it was something used in witchcraft, but now they are beginning to understand.

Research has shown that even monkeys self-administer herbs as medicine, so why shouldn't we? Humans are afraid of witchcraft but that is all in the mind.

Okoa Herbal Clinic

Hii dawa ni nzuri sana, maanake detoxifier plus, unaweza kutumia kwa shilingi mia moja peke yake, shilling mia moja peke yake. Pengine, baada ya kufanya utafiti kuna dawa tunaaita chest syrup. Chest syrup ni dawa ambaye inazuia matatizo yoyote ya kifua.



So we are from Nakuru, yes...and we travel around selling medicines to people who have long term medical issues...those ones which clinical medicine has failed to treat. People report miraculous cures...because this is *dawa ya asili* [original medicine]...and they are much cheaper than the clinical ones. So we just go around, finding new markets, and the speakers on the top of the *matatu* [van] are the ones informing people of our work and what we can sell to them. You know, sometimes the clinic is far, but us, we go to people so there is no need of them moving around. We bring the clinic to them!



This connection to herbal medicine is at risk. As herbal medicine transitions into a more mainstream modality, it falls prey to the demands of the market. While many are excited about the possibilities of herbalism traversing from a currently sidelined "complimentary" medicine to celebrity status, this transformation threatens to remove the people's medicine from the toolkit of the marginalized. Herbalism's upgrade to a luxury medicine isolates it from those who can't afford the market determined price. As plant medicine moves in this direction, it becomes less accessible to the very people who have continued its tradition & relied upon it until now.

Medical research reflects and reinforces the inequalities of society.

This distrust, the cost of contemporary healthcare, & strong cultural traditions create the conditions for a continuing reliance on plants for medicine. Many underserved populations in both urban & rural settings have a deeper & more recent connection to herbalism than those who have had consistent access to conventional health care. Marginalized populations in urban areas have a strong tradition of plant medicine that is heavily influenced by both the merging of various immigrant cultures & the lack of accessible care due to cost. For undocumented immigrants, in rural and urban areas, this lack of access is compounded by the fear of deportation. In rural locations, many people cannot afford health care and live far from hospitals and other health care facilities. Isolation and poverty, as well as proximity to a host of herbal remedies, traditionally led rural populations to rely on plant medicine. In both types of environs, this reliance upon plant medicine upholds a long-standing relationship with herbal medicine.

What are we to do? How can we avoid the traps of the market? How can we avoid reinforcing the injustices of a wealth-based health care system? How can herbalists address race and class-based

As plant medicine moves away from its traditional origins, it also begins to more closely resemble allopathic medicine. Herbs are increasingly packaged for easy consumption, similar to conventional over-the-counter medicines. This commercial rendition of plant medicine allows the market to drive up the price of herbs and to determine how they are sold. The resulting discontinuity in the way people relate to plant medicines can have a deleterious effect on both the plants and the communities that have maintained a connection to them through the ages. When people are separated from the source of their medicine, they no longer notice the effects of the market on the plants. Furthermore, as the plants are removed from the context of their natural habitat, they are no longer sustained by the traditions that have tethered them to humans for generations. The commodification of plant medicine, both the product and the service, effectively removes this medicine from the very hands of the people who once relied on it.



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The disparity in health care is further widened by a fear of conventional medicine that stems from historical atrocities perpetrated upon these already underserved populations. As new information continues to come out exposing unethical experiments, it is hard to have faith that anything has actually changed. It is understandable that marginalized populations have gained a healthy distrust of the current system of healthcare & medicine; regrettably, this contributes to the large rift in the quality of care provided.

photographs

- 01 Cuttings used for infusions
- 02 Mt. Kasigau
- 03 Ideas Mapping
- 04 Skulls from Kasigau Lineage Shrine
- 05 Mzee Mlevi at home
- 06 Tree cutting used to treat snake bite
- 07 Grinding the cutting into powder and adding water to make paste
- 08 Demonstrating oral administration of the medicine
- 09 Mzee Mlevi collecting tree cuttings
- 10 Medicine for nerve pain
- 11 Roots used for treating sore throat
- 12 Instrument used for treating snake bites
- 13 Mzee Mlevi at home
- 14 Plants used for purgatives
- 15 Harvesting leaves for treating asthma
- 16 Processing asthma medication
- 17 Kivuva showing his incision scars
- 18 Mama Rose at home with her daughters
- 19 Mama Rose
- 20 Aloe cutting used for medicine
- 21 Aloe can be placed in water and consumed orally as malaria treatment or dried and the powder used to treat splenomegaly
- 22 Harvesting *kipapa* (aloe)
- 23 Outside Dr. Amos' clinic in Mombasa
- 24 Inside Dr. Amos' consultation room
- 25 Okoa Herbs mobile clinic
- 26 Some of the medicines sold by Okoa Herbs
- 27 Extract from blog post, medicinecountyherbs.com

Biographies

Biko Wesa

Biko lives and works between Kilifi and Nairobi, Kenya. His work has largely been on community, family and identity. He is currently working on a yet-to-be titled long term project experimenting with storytelling, self expression and abstraction through the photograph. His work has been exhibited & published both locally and internationally.

He has in the past been nominated for the 2018 World Press Photo: Joop Swart, as well as the 2018 Elliott Erwitt Havana Fellowship.

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Olivia Howland BA (Hons) MSc, PhD

Olivia is an ethnographer and anthropologist, currently working as a postdoctoral research associate at the University of Liverpool, UK, and a Visiting Scientist at ILRI, Nairobi. She formerly worked in Tanzania for the University of Sheffield on a project looking at long-term livelihood change for small-scale farmers.

Olivia graduated with her PhD in 2016 from Liverpool John Moores University in the UK. Her thesis was an ethnographic study of locally brewed alcohol in a rural site in Kenya, looking at addictive behaviours in the context of structural violence.

Olivia's current research focuses on feminist perspectives and decolonization of issues pertaining to public health, in particular access to medicines and healthcare in Kenya.

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UK Research and Innovation

HORN is a multidisciplinary, international partnership of the following organisations: the University of Liverpool, and Liverpool School of Tropical Medicine, United Kingdom; University of Nairobi, and International Livestock Research Institute, Kenya; University of Addis Ababa, and the International Livestock Research Institute, Ethiopia; iGAD Sheikh Technical Veterinary School, Somaliland; Hamelmalo Agricultural College, Eritrea; and other national and international organisations and NGO's

AMA - Giving an offering
- Jam - not always paid in
- money, but it's a chicken,
- goat etc.

29/1/19.

For distribution
in Standard.

Kilifi -
always cut.
Exchange / Trade for
services.

NATIONAL GOV
County Gov

FOR NOW WE DON'T HAVE
KILIFI DISTRICT HOSPITAL

Unavailability of
At the "Dava Clinical Group
had announced...
the county...
The county...
said Health Executive Board

SHORTAGE

NO COMMUNICATION.

Is that because
of corruption?

IF SO
CAPITALISM
is still
the problem.

Denial of problem

Access + Poverty
both because of
capitalism

BUT
Relief
is different

Government
blinking
covaries
ACCUTE VACCINE SHORTAGE
They can get vaccine from the
nearest facility
Yellow fever, measles, meningitis.

In Somali, Health Executive
Joseph Shabani admitted that
there had been a shortage of the
jab for the past one month. The
county made an order in December
last year, but there has been
no communication from the man-
ufacturer.

In Baringo, Chief Officer for
Health Wanjau Rono said the
county made an order from the
national government in November
last year but they were yet to
get any communication.

In an earlier interview, Jackson
Kisumu, the Director of Medical
Services, disclosed reports that
there was a shortage of the vac-
cine.

Dr Kisumu said the problem was
with counties which have poor
logistics for distribution of vac-
cines. (Daily Nation)

Hakuna dawa tamm
aka/or
The Bitter Pill
Contemporary indigenous healing (?)
& Structural violence in Kenya

No dawa
in clinics
either because
it generated

- CORRUPTION.
WHIF became a nightmare.
+ No dawa because it
has been sold to private
clinics

Why is so many
indigenous
healers use
Tanzanian Unanga
as a selling point?

PENBA - the home of popokwaa & centres of witchcraft activities

Unavailability of
vaccines
puts babies' lives at risk
The government has come
out to explain the crisis
witnessed in different
parts of the country.
Planning it on poor
distribution networks in
the counties.

switch doctor and I have
I am not afraid to speak
and fight for my people
from the Kays, rooted
of our ancestors. Gritama
ama and we shall not be

healing

WOMEN
AS
PRACTITIONERS
HEALTH

Friday 25 / January 25-31, 2019 / The Nairobi

MAMA AFRIKA BUTOKA
SUNBANYANGA, MOJO
LWALWALWE SHWA ZARDI DOTE
SUKURU KI STA MAMA AFRIKA

OR you are
your own
enemy?

Serjany

spiritual +
physical
health
Business
Practices/
Businesses

Unavailability of vital drugs triggers national outcry

Taita-Taveta

Biting vaccine shortage
puts babies' lives at risk

Access to care/
Availability of medications - county gov issue? - state structure problem

Poverty - because of social or state structures

Belief - was notified by
white church
missionaries
who told people
that spiritual
illnesses were
caused by
witchcraft.

STRUCTURAL
VIOLENCE