

CONCEPTS AND TREATMENT MODALITIES FOR HYPERTENSION BY TRADITIONAL AND FAITH HEALERS IN THE NORTHERN PROVINCE, SOUTH AFRICA

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ABSTRACT

Clinical experiences and some research findings indicate that traditional and faith healers play a role in the management of hypertension in Africa. Therefore, the purpose of the study was to assess the concepts and treatment modalities for hypertension among traditional and faith healers in the Northern Province in South Africa. Specific objectives included: (1) to identify local names for hypertension, (2) clinical manifestations and causative concepts, (3) curability and treatment modalities, (4) help-seeking behaviour of hypertensive patients, and (5) sources of information on hypertension by healers. The descriptive and explorative study design used snowball-sampling techniques to interview the healers. The sample consisted of 50 traditional healers (13 females and 37 males) and 50 faith healers (12 females and 38 males). They were interviewed on (1) local terminology for hypertension, (2) symptoms and signs, (3) causes, (4) curability, (5) treatment, (6) help-seeking behaviour of patients, and (7) sources of information about hypertension. Results indicate that all healers were familiar with "hypertension", however, not all of them have attended to patients suffering from hypertension (15 traditional and 11 faith healers have not attended to a hypertensive client). The perceived causes of hypertension by both traditional and faith healers could be divided into (1) diet, (2) heredity, (3) supernatural, and (4) psychological. Most traditional healers (92%) and faith healers (90%) indicated that hypertension is curable. Traditional healers mainly used different herbs, and faith healers prayer for treatment of hypertension. The change of diet, bloodletting and rituals were mentioned by both traditional and faith healers. Tea and minerals were only used by faith healers. It was discovered that traditional and faith healers do seem to play a relevant role in the management of hypertension, which has important implications for health care workers.

OPSOMMING

Kliniese ondervindings en sommige navorsingsbevindings dui daarop dat tradisionele en geloofsgenesers 'n rol speel in die hantering van hipertensie in Afrika. Die doelwit van hierdie navorsing is aldus om die konsepte en modaliteite van behandeling van hipertensie deur tradisionele en geloofsgenesers in die Noordelike Provinsie in Suid-Afrika te meet. Spesifieke doelwitte sluit die volgende in: (1) om die benaming van hipertensie vas te stel, (2) kliniese manifestasies en oorsake, (3) geneeslikheid en behandelingsmodaliteite, (4) gedrag van hipertensie pasiënte wat hulp soek, en (5) bronne van inligting oor hipertensie. Die beskrywende en eksploratiewe studie het van sneeubal steekproeftoewysing gebruik gemaak om proefpersone te ondervra. Die steekproef het bestaan uit 50 tradisionele genesers (13 vroulik en 37 manlik) asook uit 50 geloofsgenesers (12 vroulik en 38 manlik). Hulle is ondervra oor die volgende onderwerpe-terminologie vir hipertensie, simptome en tekens, oorsake, geneeslikheid, behandeling, gedrag van pasiënte wat hulp soek en bronne van inligting. Die resultate dui daarop dat alle genesers bekend is met hipertensie alhoewel nie almal pasiënte wat aan hipertensie ly behandel nie (15 tradisionele en 11 geloofsgenesers het nie hipertensie lyers behandel nie). Die siening van die oorsake van hipertensie onder die genesers kan soos volg verdeel word (1) dieët, (2) oorerflikheid, (3) bonatuurlike oorsake, en (4) sielkundig. Die meeste van die genesers (92% tradisioneel, 90% geloof) het aangedui dat hipertensie genees kan word. Tradisionele genesers gebruik verskillende plante (kruie) en geloofsgenesers gebed om hipertensie te genees. Verandering van dieët, trekking van bloed en rituele word deur beide groepe gebruik. Tee en minerale word slegs deur geloofsgenesers gebruik. Daar is bevind dat tradisionele en geloofsgenesers wel 'n relevante rol speel in die behandeling van hipertensie. Die bevinding het belangrike implikasies vir gesondheidswerkers.

INTRODUCTION

Clinical experiences and some research findings indicate that traditional and faith healers play a role in the management of hypertension in Africa. For example, in Malawi among the Chewa “mtima wamphamvu” refers to strong heart problem, which others also call high blood pressure. Peltzer (1987:125ff.) identified from traditional healers in Malawi that patients with hypertension suffer from symptoms related to the body (sweating, loss of weight, body weakness), the head (dizziness, becomes angry easily, heaviness in the head), the abdomen (dislike for oily, spiced or sweet foodstuff, abdominal pain), and the heart (faints at times, heart pain, feels piercing as if there are pins in the heart). Causative attributions identified for hypertension were: too much thinking (kuganiza kwambiri), fatty, sweet and spiced food, natural (chilengedwe), witchcraft (ufiti/kulodzedwa), and competition (mpikisano wa udindo). The treatment of hypertension by traditional healers in Malawi included

herbal and symbolic therapy (ibid.). Peltzer (1998:194) found that from 70 traditional healers interviewed on the common diseases they treat in the Northern Province of South Africa, 13 answered ‘madi a magolo’ (Litt. much/big/excessive blood) (see also Kriel, 1992). Similarly, from 80 faith healers interviewed in the Northern Province 18 reported that they commonly treat ‘madi a magolo’ (Peltzer, 1999:340). Faith healers managed their hypertensive clients by prayer, diet (reduced fat, salt, sugar, more milk, eggs, carbohydrates), holy water (wash, steam, vomit), medical check up, keeping away from hot places and blood letting (ibid.).

The benefits of home remedies among African American and White American hypertensives were found to be a predictor for compliance with prescribed medication (Brown & Segal, 1996:903). In the USA, several studies have shown how patients’ beliefs about hypertension vary widely from those of doctors (Helman, 1995:169). Blumhagen (1980:197) found that many hypertensive patients

interpreted their condition as a result of 'tension' or 'stress' in their daily lives (hence hyper-tension). In another study (Heurtin-Roberts & Reisin, 1992:787) of hypertensive African-American women in New Orleans, non-compliance with prescribed medication was 52%; this was also correlated with a self-diagnosis of what they called 'high-tension', or emotional upset, since they believed that medical treatment was useless in preventing the stress and worry causing the condition. Snow (1976:5) found that low-income patients in the southern USA often confused a diagnosis of 'high blood pressure' with a folk illness called 'high blood'. This was based on the belief that the amount of blood in the body increases or falls in volume, depending on diet. Thus "high blood" resulted from eating too much rich food, especially red meat, while 'low blood' was due to too much astringent, 'acid' or salty foods. Consequently, folk treatments for 'high blood' involved eating lemon juice, vinegar, and the brine (salt water) from pickles.

Freeman and Motsei (1992:1183) stated that there are broadly three types of traditional healers available to South African consumers. First the traditional doctor or *inyanga*; this is generally a male who uses herbal and other medicinal preparations for treating disease. Second the *dingaka* (Sotho). This is usually a woman who operates within a traditional religious supernatural context and acts as a medium with the ancestral shades. Third the faith healer who integrates Christian ritual and traditional practices.

Clinical experiences and above research findings indicate that traditional and faith healers play a role in the management of hypertension in Africa. However, it is unclear and needs further investigation what role traditional and faith healers have in the management of hypertension in South Africa. By investigating concepts and treatment modalities of hypertension among traditional and faith healers greater awareness and understanding of health workers regarding their perceptions and treatment

methods can be achieved.

The purpose of the study was to assess in detail, the concepts and treatment modalities for hypertension among traditional and faith healers in the Northern Province in South Africa. Specific objectives included: (1) to identify local names for hypertension, (2) clinical manifestations and causative concepts of hypertension as described by healers, (3) curability and treatment modalities of hypertension as described by healers, (4) help-seeking behaviour of hypertensive patients as reported by healers, (5) sources of information on hypertension by healers, and (6) to compare symptomatology, causative concepts and treatment modalities between traditional and faith healers.

METHOD

Design

This was an explorative and descriptive study (Madu, 1998:92-99).

Sample and procedure

The sample consisted of 50 traditional healers (13 female and 37 male) in the age range of 30 to 75 years (mean age = 52.1 years, SD=12.4) and 50 faith healers (12 females and 38 males) in the age range of 27 to 65 years (Mean age = 43.9 years, SD=10.9).

Five postgraduate students in educational psychology were chosen and trained in interviewing techniques. To facilitate access to the respondents the interviewers were asked to identify and interview 10 traditional healers and 10 faith healers in their (own) communities. Traditional healers were traditionally remunerated in form of gifts. Initially each postgraduate student was to identify a healer who was either a relative or someone they were familiar with and subsequently, snowball sampling technique was used until a sample of 20 healers

was reached. All traditional and faith healers were located in the central, lowveld and southern region of the Northern Province of South Africa.

Measure

After a literature review a semi-structured interview schedule was designed. The contents included (1) local terminology for hypertension, (2) symptoms and signs, (3) causes, (4) curability, (5) treatment, (6) help-seeking behaviour prior to consulting the traditional or faith healer, and (7) sources of information about hypertension. Furthermore, the traditional and faith healers were asked to describe in detail, a case of a hypertensive patient/client they have attended to.

The interview schedule was designed in English and translated to the local language (Northern Sotho) and back translated by a bilingual expert. Then it was given to two external experts to validate, and they indicated that the instrument is valid. A pilot study was conducted on five traditional healers and five faith healers to test the reliability of the interview schedule. The same healers (from the pilot study) were asked to respond to the interview schedule after 3 weeks. The responses from the first and second interview were comparable, and this is an indication of the reliability of the interview schedule.

After collecting the responses from the traditional and faith healers in the local language, the data were translated into English by the research assistants and checked and verified by Northern Sotho experts.

Data analysis

Reported case studies were content analysed, and descriptive statistics were calculated using SPSS.

RESULTS

Characteristics of healers

All healers were Northern Sotho by ethnicity. Most traditional healers (36) belonged to traditional or African religion, and most faith healers belonged to the Zion Christian Church (ZCC) (19) and the Apostolic church (16), followed by the Born Again Christian movement (7), the International Pentecostal Holiness (4), and others (4).

Thirty-one of the traditional healers said that they were full-time practitioners and 19 were part-time practitioners. Similarly, 30 faith healers considered themselves as full-time and 20 part-time practitioners. All healers indicated that they were familiar with “hypertension”. The majority have attended to patients suffering from hypertension; less than one-third (22% of the faith healers and 30% of the traditional healers) have not attended to a hypertensive patient.

Local names for hypertension

Both traditional and faith healers identified “Madi a magolo” (Litt. much/big/excessive blood) as the term used for hypertension. The heart pumps more than the needed blood in the body and sometimes boiling blood occurs resulting in a hot body, swollen body and ‘non-stop’ menstruation in females. The skin becomes smooth and does not shrink or develop wrinkles.

Clinical manifestations of hypertension as described by healers

Table 1: Clinical manifestations of hypertension by traditional healers (TH) and faith healer (FH) by frequency

Physiological systems	Clinical manifestations	TH (n=50)	FH (n=50)	
Problems related to respiratory, cardiovascular and renal system	-Nose bleeding	19	2	
	-Swollen body	15	6	
	-Breathing difficulty	4	6	
	-Irregular heart beat	0	6	
	-Pale face	6	0	
	-Chest pains	0	4	
	-Stroke	3	1	
	-Other (coughing out phlegm, red and painful urination, green veins on feet)	3	4	
	Problems related to neurological and endocrine system	-Weakness, easily tired	22	11
		-Headache	15	12
-Dizziness		14	7	
-Hot body		14	2	
-Bad dreams, insomnia		2	7	
-Concentration problem		6	4	
-Menstrual problems		6	1	
-Easily irritated		4	2	
-Other (loss of memory, less talkative)		5	5	
Problems related to metabolic and digestive system	-Overweight	9	5	
	-Loss of appetite	8	3	
	-Loss of weight	8	2	
	-Always sweating	0	11	
	-Other (Stomach ache, vomiting blood, constipation, diarrhoea)	7	3	
Problems related to musculo-skeletal system	-Painful body, bones and chest	7	7	
	-Dark face with red cheeks	4	0	
	-Other (sores on face/body, soft skin, itching body, colour changes in hair/nails)	4	4	
Problems related to sensory system	-Red eyes, swollen eyes	7	0	
	-Other (allergic to noise, blindness)	6	0	

Clinical manifestations of hypertension were grouped according to related physiologic systems. Both traditional and faith healers identified a number of clinical manifestations of hypertension such as swollen body, breathing difficulty, weakness, headache, dizziness, concentration problem, overweight, painful body, bones and chest. However, there were also differences between traditional and faith healers. Traditional healers predominantly reported the following clinical manifestations: nose bleeding, pale face, hot body, menstrual problems, loss of weight or appetite, dark face with red cheeks, red eyes and swollen eyes; while faith healers predominantly reported irregular heart beat, chest pains, bad dreams/insomnia, always sweating. Generally, traditional healers mentioned more different and more frequent clinical manifestations than faith healers did.

Table 2 indicates the perceived causes of hypertension by the healers.

Table 2: Perceived causes of hypertension by traditional healer (TH) and faith healer (FH) by frequency

Causative concepts	Categories of causative concepts	TH (n=50)	FH (n=50)
Diet	Sugar, spices, salt	20	18
	Fatty foods	8	7
	Red meat	5	0
	Alcohol	3	3
	Smoking tobacco	1	4
Heredity	From mother or any family member	27	12
Supernatural	Ancestors (when refusing their instructions)	12	2
	Devil & demons	0	5
	Contagion (Sex with widow, woman who miscarried or aborted)	13	2
Psychological	Thinking a lot	24	11
	Stress	4	8

The perceived causes of hypertension by both traditional and faith healers could be divided into (1) diet, (2) heredity, (3) supernatural, and (4) psychological. Traditional healers rated supernatural causes as predominantly ancestors and contagion; while faith healers rated devil and demons.

Table 3 indicates the curability and treatment modalities of hypertension by traditional and faith healers.

Table 3: Curability and treatment of hypertension by traditional healer (TH) and faith healer (FH) by frequency

Curability and treatment modality	Treatment details	TH (n=50)	FH (n=50)
Curable		46	45
Incurable		4	5
Herbs	-Eating: Mixture of different boiled herbs such as <i>ditsheema</i> , <i>tshidi ya malopo</i> , <i>ditshetla</i> , <i>thako diboya</i> , <i>cannabis sativa</i> -Steaming the body with boiled herbs	44	1 1
Holy water			1
Blood letting		3	3
Prayer			41
Mineral	Inhale burnt stone from mountains		2
Counselling	Share problems with others Counselling from friends		1 1
Tea			9
Diet	-Fasting		3
	-Avoid eating fast food		2
	-Reduce sugar, salt, spices, fats	13	5
	-Eat fruits & vegetables -Brown porridge	7 4	
Rituals	-Wearing strings on waist -Going to grave yard on Easter -Sacrificial ceremony with animal	3	1 1

Interesting is that most traditional healers (92%) and faith healers (90%) indicated that hypertension is curable. There were major differences in the treatment by traditional and faith healers. Traditional healers mainly used different herbs and faith healers used prayers as treatment for hypertension. The change of diet, bloodletting and rituals were mentioned by both traditional and faith healers. Faith healers only used tea and minerals.

Table 4 indicates the help-seeking behaviour of hypertensive patients as reported by the healers.

Table 4: Help-seeking of hypertensive patients prior to consulting the traditional or faith healer by frequency

Help-seeking behaviour	Traditional healer (n=50)	Faith healer (n=50)
After been to clinic	34	24
After been to pastor	6	0
After been to healer	0	7
When very sick	7	12

Both traditional and faith healers indicated that they usually saw the hypertensive patient after they had already been to the clinic and a considerable number came to them when very sick. On the one hand, some traditional healers indicated that they had seen some patients after they had consulted with the pastor, and on the other hand some faith healers had seen patients after they had been to the traditional healer.

Table 5 indicates the sources of information on hypertension by the healers.

Table 5: Sources of information on hypertension by frequency

Agents of information	Traditional healer (n=50)	Faith healer (n=50)
Doctors	3	10
Radio/TV	4	7
Magazine	1	4
Bones/Ancestors	20	0
Dreams	13	1
Other traditional healer	4	0
Other faith healer	0	11
Holy Spirit	0	6
Bible	0	10

Both traditional and faith healers indicated that they mostly receive information on hypertension through spiritual means, bones or ancestors or dreams in the case of the traditional healers, and the Bible or Holy Spirit in the case of faith healers. Mainly, faith healers as opposed to traditional healers, heard about hypertension through doctors, radio/television, and magazines. Some faith and traditional healers also indicated that colleagues had provided them with information on hypertension.

CASE EXAMPLES FROM TRADITIONAL HEALERS

- 1) "My cousin was suffering from hypertension when he came to me. My ancestors showed me the herbs that I must use to help him. I knew that through their instructions I am going to help him. He was retrenched because of his illness and I gave him my herbs, which have been chosen by my ancestors (*badimo*), and even now, he is still healthy and strong. I gave him something to lick, and another one to smear his face before he sleeps. He spent only three months with me and he was all right."
- 2) "Jonas tried many specialists, hospitals, churches and prophets but they did not help him. When he came to me, he was hopeless. He suffered from hypertension for more than 12 years. I threw my bones to know the herbs, which I can give him. Through my bones and supernatural, I knew the one, which is suitable to him. I gave him *ditshetha*, *tshidi* and other herbs to inhale and drink before he sleeps. Within two months he was okay. Now the man is completely healed and is physically fit and

strong."

- 3) "A client came complaining of over-sweating and headaches. I felt for his heartbeat on the arm and found that the heartbeat was hard, then I treated him. Hypertension does not require injections and exercises but should be treated with rest, proper diet and medicines."

CASE EXAMPLES FROM FAITH HEALERS

- 1) "A middle-aged woman (about 30 years old) came to me because she is a member of my church and told me her condition. I prayed with her for seven days consecutively, within which we were not eating. We drank water only on the 8th day we went together with other church members to *sewatshong/phororong* where water fell over our heads. Now, I can tell you that the woman has three children and two of them are schooling. That is why I say that *sebabo* is the main factor to hypertension. *Sebabo* develops mainly on the uterus *popelo* of a woman and that particular woman would not conceive.
- 2) "One woman came to me with hypertension. By looking at her you would not believe that she had hypertension, because she did not look overweight. She told me that she has had this disease for five years. She has been to doctors and nothing has happened. I lay my hands over her and after some few weeks, her blood pressure became almost normal. The cause of her hypertension was a marital problem. So I recommended counselling in the church and I also invited her husband."

DISCUSSION

Clinical manifestations and causative concepts

Literature (Smeltzer & Bare, 1996:740ff.) indicates

that nose bleeding is a manifestation of hypertension. Swollen body was viewed by traditional and faith healers as a problem. It appears as though clients who consulted a healer at the stage of swollen body might have complicated into congestive cardiac failure. High temperature was viewed by 14 traditional healers as a problem, whereas only 2 faith healers regarded high temperature as a problem. Traditional healers might have associated high temperature with high blood pressure, and that needs further investigation. Loss of weight and loss of appetite were viewed by traditional healers as problems experienced by clients. However, both traditional and faith healers regarded overweight as a problem experienced by clients. This seems to be a contradiction and needs further exploration. The significance of the following problems experienced by hypertensive clients, as viewed by both groups was not supported in the literature (Smeltzer & Bare, 1996:740ff.): sores on the face and the body, wounds on the body, less talkativeness, loss of memory, short tempered, easily irritated, always deep in thoughts, diarrhoea, soft skin, red and painful urination.

The perceived causes of hypertension (diet, heredity, supernatural, and psychological) were similar to that found among traditional healers in Malawi (Peltzer, 1987:127f.). Luckmann and Sorensen (1987:954) support that heavy alcohol consumption contributes to the development of hypertension. Most healers indicated sugar and salt as one of the perceived causes of hypertension. While sugar is not, salt is supported by literature (Phipps, Cassmeyer, Sands & Lehman, 1991:925).

However, in this study, witchcraft was not, but contagion was identified as a major cause. The concept of contagion needs further investigation in the context of transfer of bad blood. It appears that this bad blood becomes too much, gets hot or starts boiling, and consequently traditional treatment modalities such as blood letting are indicated.

Treatment modalities

Treatments used by the healers included the use of different herbs, prayer, diet, bloodletting, rituals, tea and minerals.

The use of herbs for the treatment of cardiovascular diseases has a long history. For instance, the bark of the *Terminalia arjuna* tree has been used in Ayurvedic medicine for more than 2 500 years, primarily as a cardiac tonic (Miller, 1998:422). The therapeutic use of cannabis, including the treatment of hypertension has been described by the British Medical Association (1997:52ff.). However, many herbal remedies as used today have not undergone rigorous scientific assessment, and some have the potential to cause serious toxic effects and herb-drug interactions (Mahour, Lin, & Frishman, 1998:2225). Barret, Kiefer and Rabago (1999:40) conclude that patient-directed use of garlic as an adjunct treatment for hypertension and/or hyperlipidemia may be tentatively supported, because the risks are few and potential benefits are substantial.

Harmon and Myers (1999:651) note that potential benefits from meditation include reduced perceived stress and improvement in mild hypertension.

In this study, exercises were not identified as one of the treatment modalities. On the contrary, one traditional healer recommended against exercises (see case example 3, traditional healers). Exercises can be both helpful and harmful to the hypertensive person. A regular isotonic exercise programme such as walking, jogging and swimming assist in weight reduction and benefits uncomplicated essential hypertension (Luckmann & Sorensen, 1987:954).

Patients who consult traditional or faith healers do so mostly after they have been to a medical institution and even in some cases at another traditional or religious institutions. This seems to indicate that patients with hypertension seek multiple health

care, traditional and modern.

CONCLUSION AND RECOMMENDATIONS

It was discovered that traditional and faith healers seem to play a relevant role in the management of hypertension. The issues regarding concepts and treatment modalities might be perceived by health workers as an essential component of developing effective health education programmes in the Northern Province of South Africa.

It is recommended that (1) health workers should collaborate with traditional and faith healers, (2) further research on the effectiveness of traditional treatment modalities, and (3) that health workers should have a clear understanding about cultural beliefs affecting treatment modalities of hypertension as practised by traditional and faith healers.

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