



## Traditional Medicine in Uganda: *Historical Perspective, Challenges and Advances*

*“Traditional medicine” refers to the ways that existed of protecting and restoring health before the arrival of modern medicine (World Health Organization - WHO 1996). It has also been defined as the sum total of all knowledge and practices used in the prevention, diagnosis, and elimination of physical, mental or social imbalances and which relies exclusively on practical experience and observation handed down from generation to generation, whether orally or in writing (Akerel, 1984). It has been debated whether the word “traditional” should be used at all, as it implies some degree of stagnancy or backwardness (Hegggenhougen et al 1998).*

**T**he traditional medical practitioner has been defined by a regional committee of the African region of the WHO (1976) as being “a person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal, and mineral substances and certain other methods. These methods are based on social, cultural and religious backgrounds as well as on the knowledge, attitudes, and beliefs that are prevalent in the community regarding physical, mental, and social well being and the causes of disease and disability” (Sofowora 1982). This definition has been long and widely used.

However, caution needs to be exercised when basing health policy upon these all-embracing and often misleading definitions as the older ste-

reotypes are fast fading (Van der Geest 1997). For example, with increased urbanization, many practitioners do not know their patients as well as was the case earlier and often deal with patients of different cultural, social, and religious backgrounds than themselves.

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## Categorization of traditional medicine

Traditional medicine covers a wide and heterogeneous field of medical practice. Attempts have been made to categorize traditional healers on the basis of their method of healing or the ailments they treat. One categorization based on type of healing divides healers into pure herbalists—herbalist, ritualist and spiritualists (IDRC 1980). It then subdivides these categories into generalists and specialists according to their degree of polarization in treating one or more illnesses.

The degree of training and qualification of these healers varies, with some having undergone quite a vigorous and lengthy period of training, others having been initiated or having had a calling, while others have little training and low ethical standards, making it easy for critics to label them unscientific and “charlatans”. The use of traditional medicine in developing countries is universal, according to the WHO. It estimated that 80 percent of the populations of most underdeveloped countries rely for their health care

needs on treatment from traditional medical practitioners (Koumare 1983). Since 1977, when it established its traditional medicine program, the WHO, has “stressed the need for governments of the countries interested in the use of traditional medical practices to give adequate support to engaging traditional medical practitioners in primary health care programs.” It also encourages and supports countries in identifying and providing safe and effective remedies and practices for use in the public and private health services (WHO 1998).

In the pre-colonial era, as in other African countries, traditional medicine was the only health system in Uganda. Under colonial control, traditional medicine practice was equated with witchcraft and seen as contrary to the cause and ideals of the pre-eminent colonial religion and western medicine. Though actively suppressed, it was still practiced in a less explicit manner. After independence in 1962, trends towards strengthening national and cultural identities began re-emerging. The current government is very supportive of traditional medicine and has encouraged its “integration into the existing health services.” The organizational relationship between traditional medicine and Western-type health systems in Uganda has been a “tolerant” one (traditional practitioners are free to practice as long as they do not claim to be registered medical practitioners because, although recognized, traditional healers cannot make such claims since the repeal in 1996 of the 1968 Medical and Dental Practitioners Act ). However, the government has moved closer to integration. The category referring to both systems is officially recognized and serves patients through equal but separate systems; and the other category referring to both systems being combined in medical education is jointly practiced within the health services of the country. The great majority of traditional practitioners in Africa are herbalists with only 5 percent being pure spiritualists. The prevalence of the use and utilization of traditional medicine in Uganda is similar to other parts of Sub-Saharan Africa. In Uganda, the ratio of traditional practitioners to population was estimated by Hogel et al. in 1991 to be 1:287 (Green 1994 :19) compared to the ratio of medical doctors to population, which is 1:10,000 in urban areas and 1:50,000 in the rural areas.

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### Traditional medicine, law and policy

Until independence, traditional medicine was legislated under the still-functioning Witchcraft Act (1957), which made the practice of witchcraft or the representation of oneself as a person possessing supernatural powers an offense per se, whatever the purpose for which the act may be committed. The Medical and Dental Surgeons Act of Uganda, 1968, prohibited unlicensed persons from practicing medicine, dentistry or surgery. However, in Section 36, it allowed for the practice of any system of therapeutic medicine by a duly-trained person recognized by the community to which he belongs, provided that the person/practice is limited to that community only.

In 1987, the Health and Policy Review Commission made a number of recommendations about traditional practitioners, which include the following:

- Their inclusion in local health teams and use in Primary Health Care delivery
- The formation of National Associations for traditional practitioners
- The Ministry of Health (MoH) to arrange appropriate training programs for traditional healers, practitioners such as Traditional Birth Attendants, and bone setters
- The referral of patients between medical practitioners and traditional practitioners to be an open and acceptable practice.

In the area of further research into traditional medicine, it recommends that:

- The Natural Chemotherapeutics Research Laboratory should be strengthened to carry out applied research on such aspects as packaging and bottling of traditional medicines
- Land should be made available to grow medicinal plants identified by the traditional healers, and funds should be made available to preserve these identified species.

The Drugs Regulatory Authority Act of August 1993, statute 13, stated that “there should be research into and promotion of traditional and herbal medicine”. Though the procurement and distribution of all drugs comes under the National Drug Authority (NDA), the NDA Policy and Authority statute of 1993 has no provision for handling herbal medicines. Also, there is no provision for the production, distribution and use of herbal medicines. The NDA has been given the task of formulating policy on herbal medicines and has set up a special technical advisory committee on herbal medicines to do so. This committee drafted its first report in September 1997, and further drafts are pending.

Despite all these trends towards establishing and regulating herbal medicine use, the present legal status of traditional medicine remains unclear. The Medical and Dental Surgeons Act, 1968, has been repealed, and replaced by the Medical and Dental Practitioners statute of 1996. There is no provision for traditional practitioners in this most recent legislation, leaving the traditional practitioners in a legal limbo. The government has ordered the formulation of a Traditional Medicine Bill, and the Ministry of Health has set up a program—Public-Private Partnerships—that has been commissioned to draft it. The ministry has, under this program, appointed a National Task Force chosen from among the government institutions and ministries, such as the Ministry of Gender and Social Development, Ministry of Justice, Ministry of Planning and Economic Development, as well as representatives from the Traditional Healers Associations, non-governmental organizations and other stakeholders who together are intended to enrich the terms of references of this program. This program is mandated to come up with a draft Traditional Medicine Bill that will be presented to Parliament for debate and possible enactment into law. Hopefully, this process will formalize the legal recognition of traditional medicine practice in Uganda.

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