

**An exploration into the understanding and management of the
symptoms of low back pain by the Traditional healers
from the Warwick Muti Market in Durban.**

BY

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Dissertation submitted in partial compliance with the requirements for the
Master's Degree in Technology: Chiropractic in the Faculty of Health Sciences
at the Durban University of Technology.

I, Thobile Mchunu, declare that this work is entirely my own and not that of any other person, unless explicitly acknowledged (including citations of published and unpublished sources). This work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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ABSTRACT

Background

Low back pain (LBP) is a major health problem that has been researched thoroughly in the western world, but poorly in the context of traditional healing. However, the LBP treatments, assessment and management strategies developed for the western world may have limited relevance for traditional healing. This paper presents the experience of the chiropractic student who is completing her Master's degree at the Durban University of Technology in KwaZulu-Natal, South Africa. The focus of the study is in the traditional understanding and management of the symptoms of LBP by traditional healers from the Warwick Muti Market in Durban. It was deemed important to conduct such a study in order to develop an in-depth understanding of the way in which African traditional healers conceptualise and manage a LBP disorder. The research also highlights the causes of and common treatments for LBP by traditional healers in Durban in a cultural context. This was regarded as important because, clinical modern skills are required to adapt to cultural beliefs, pain perceptions and lifestyle contexts in the interests of improving the management of LBP.

Aim of the study

The aim of the study was to explore the understanding and management of the symptoms of low back pain by traditional healers' from the Warwick Muti Market in Durban.

Methodology

A qualitative, interpretivist paradigm was used to explore the understanding and management of the symptoms of LBP by traditional healers from the Warwick Muti Market in Durban. All the relevant ethical issues in research were considered after which individual interviews were conducted. These interviews involved the use of interview guide and a voice recorder. The interviews were semi-structured and conducted in IsiZulu, after which they were translated into English and transcribed verbatim. NVivo® 11 was used to analyse data which had been obtained. Thereafter themes were derived.

Results

Generally, traditional healers interviewed appeared to understand the symptoms of LBP from a cultural perspective. It was noted that traditional healers emphasised the need to consider and understand the patient holistically, without separating the patient from the disease. They clearly believed that they were providing spiritual and cultural assistance appropriate for health care. They also placed considerable emphasis on the traditional and cultural frameworks in the understanding LBP.

The traditional healers interviewed in the study described various treatments or management strategies for LBP problems. These treatments included plant remedies or traditional medicines (*izinsizi, umhlabelo, imbiza*) which have different healing properties, as well as certain animal extracts (animal fats). Other substances as well as specific rituals and traditional techniques and methods were also mentioned. These include making incisions (*ukugcaba*) in the painful areas, bowel cleansing (*ukuchatha*) and other treatments for cleaning the 'dirty blood' and toxins from within. Although it may be possible that some of these methods may not be very effective, nevertheless the traditional healers believed in the ability of the medicine they used to treat and manage the symptoms of LBP.

The traditional healers interviewed reported various causes of LBP including *ilumbo* (a sexually transmitted disease, particularly affecting the youth, mainly males. It is characterised by penile sores, discharge, low sex drive and marked inguinal lymphadenopathy and is difficult to treat), *umeqo* or *umbhulelo* (a form of witchcraft in which sickness is believed to arise by walking or stepping over a traditional medicine), accidents and injuries to the back, work or job-related factors, old age, ancestors and culture. The information they provide on the causes of LBP showed that considerable emphasis was placed on both a holistic approach and a cultural understanding of the symptoms of LBP. However, the respondents also mentioned other factors such as infection and organic deterioration (kidneys), which were thought to contribute to LBP. The traditional healers tended to personalise the cause of the problem while the reasons

for such problems were often sought in supernatural realm. It was, thus, deemed necessary to treat these causes in a traditional approach.

The traditional healers who were interviewed mentioned various plants and herbs commonly used to treat the symptoms of LBP. These include roots and bark which may have different healing properties as well as different roles in the treatment of LBP. An important contributor to successful treatment appeared to be the belief in the plant's ability to heal LBP. Some traditional healers also use certain animal products as an adjunct in the treatment of pain.

Conclusion

The study concluded that traditional healers understand LBP in terms of its biopsychosocial nature while their management and treatment of LBP focus on this complex pain disorder in a holistic context. The traditional beliefs in respect of LBP take into account both the cultural and biopsychosocial aspects of pain. African traditional plants and medicine play an important role in healthcare structure in South Africa. In addition, traditional medicine is an intrinsic aspect of the services offered by the traditional healers who are regularly consulted in Warwick Muti Market in Durban for the relief of low back symptoms.

Key words: LBP, traditional healers, traditional medicine.

DEDICATION

Mom (**Nomkhosi Mchunu**) and Dad (**Velaphi Mchunu**),

Through all these years you have demonstrated that you are wonderful parents.

You are always there for me even when I feel demotivated, unhappy and discouraged.

You have never failed to support and encourage me to fulfil my dreams to ensure a bright future for myself.

You always make me feel that I am worth something.

You made me smile when I had almost forgotten how to smile.

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I really appreciate your unconditional love and your huge hearts.

I love you so much for the endless support you have always given me and continue to give me.

Macingwane, Ndabezitha, Jama kaSilwane, Phakade, Nyanda yemkhonto!!

I dedicate this dissertation to you.

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'For I know the plans I have for you, plans to prosper you and not to harm you, plans to give you hope and a future' **Jeremiah 29: 11**

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ACRONYMS

ACRONYMS	FULL WORD
LBP	Low back pain
SIJ	Sacroiliac joint
ATM	African Traditional Medicine
THO	Traditional Healers Organisation
KZN	KwaZulu-Natal
SA	South Africa

CONCEPTUAL CLARIFICATION

For the purposes of clarity, it is deemed essential to define some core terminology used in this dissertation.

Chiropractic: A natural form of health care that makes use of spinal adjustments to correct joint misalignments and allow for the normal functioning of the nervous system, thus helping the body to heal naturally (Brosnan 2017). Chiropractic does not use either drugs or medication; although, there are times when chiropractors will recommend and refer a patient to another practitioner if other methods of treatment are indicated (Brosnan 2017). Chiropractic deals with and treats musculoskeletal problems, including LBP, by using the hands.

Low back pain: Refers to a localised pain between the 12th rib and inferior gluteal folds (Foster, Hill and Hay 2011). In most cases the aetiology of LBP is unknown although there occasionally significant underlying cause involving the nerves, muscles and bones of the back (Balagué *et al.* 2012).

Prevalence: Defined as the proportion of people in each population that manifest a disease or symptom at a particular time (Brosnan 2017).

Range of motion: Defined as the full movement of a potential and given joint in a specific direction (Brosnan 2017).

Primary health care: Is essential health care that is accessible to individuals, families and/or communities at an affordable cost (Zwarenstein, Goldman and Reeves 2009).

Western/ modern medicine: A medical practice in which doctors, pharmacists and other health professionals use drugs to diagnose, manage and treat disease. Also known as conventional medicine, allopathic medicine, mainstream medicine (Birhan, Giday and Teklehaymanot 2011).

Traditional medicine/*muthi*: Indigenous medicine involving the use of herbal medicine, animal parts and plant roots applied alone or in combination to manage, prevent and treat illness or maintain well-being (Chitindingu, George and Gow 2014).

Traditional health practice: The performance and ability or healing power to provide health care in diagnosing and managing illness based on a traditional philosophy which also includes the use of medicinal plants and the Holy water (Birhan, Giday and Teklehaymanot 2011). The herbalists, diviners and spiritual healers are all classified under traditional health practice.

Herbalist/*inyanga*: Refers to a person who engages in the use of herbal and other medicinal preparations to treat diseases without settling bones in order to connect with the ancestors. It is a personal choice to become a herbalist (Birhan, Giday and Teklehaymanot 2011).

Diviner/*isangoma*: A diviner, also known as *isangoma* in IsiZulu, who is a diviner in response to a call from the ancestors. Diviners go for training for a certain period and are instructed on how to throw bones in order to connect with the ancestors to diagnose illnesses; reveal the of such illnesses causes and provide spiritual solutions (Edwards 2011).

Spiritual/faith healer/*umbholofidi*: Refers to a person who prophesies and solve all problems through holy water and prayer (Washington 2010).

Ukugcaba: Involves using a razor blade to make superficial cuts (skin incision) in painful areas and then inserting *muthi* into the cuts to extract the disease/illness.

Ukuchatha (enema): Enema is a fluid (traditional medicine) injected into the lower bowel via the rectum. It is frequently used to relieve constipation or the other purposes of bowel cleansing.

Imbiza: A generic term for a large number of strong herbs, used in various combinations for healing purposes.

CHAPTER ONE

OVERVIEW OF THE STUDY

1.1 Introduction

I am Thobile Mchunu, a Master of Technology in Chiropractic student at the Durban University of Technology. I live in the city of Durban, South Africa. I am an African woman, who was born and raised in a mainly black and IsiZulu-speaking community in Loskop, Estcourt, KwaZulu-Natal. I grew up in mixed environment in which both modern and traditional medicines were used for healing purposes. While growing up I lived with both my parents and my siblings who all Christians, although some of them also believe in traditional healing.

While growing up, I always had a genuine interest in the healthcare profession, and a career in health had always been at the forefront of my mind. I, therefore, made an effort to learn about various careers in health. Chiropractic and how it works was explained to me at school, and I, ultimately, elected to pursue studies in chiropractic, not so much as result of a clear understanding of it, but, rather, because of its relative novelty and my curiosity about it.

Chiropractic deals with musculoskeletal disorders and offers different treatments for such disorders (Brosnan 2017). The treatment of low back pain (LBP) is the best example of the evidence-based care routinely offered by chiropractors (Brosnan 2017). LBP is one of the most common symptoms and musculoskeletal problem seen by various health care practitioners including traditional healers (Nxumalo *et al.* 2011).

It has been estimated that approximately 80% of the South African population use traditional medicine as it is generally affordable and easily accessible to local communities (Mahomoodally 2013). Within the practice of tradition medicine, traditional healers are known to prescribe medicinal plants for different musculoskeletal conditions (Mahomoodally 2013).

The history of chiropractic began in 1895 when Daniel David Palmer (father of chiropractic) performed the first chiropractic adjustment on a partially deaf patient (Brosnan 2017). Since then it has grown as a profession but is, known predominantly in the 'white' population (Brosnan 2017). In contrast, black people, especially in rural areas, have, in general not been exposed to chiropractic and, therefore, they do not understand what it is and how it works in the treatment of LBP.

Learning about chiropractic, challenged me as an African woman who had grown up in a community of people who believe in traditional healers, and who, in the main, are acquainted with only the traditional approach to the treatment and management of LBP. I became interested in conducting a study which would provide, a broad insight into as well as an in-depth understanding of how the traditional healing approach works in the management of LBP. It was envisaged that this study would provide both insight into and an understanding of the traditional healing approach available for LBP.

1.2 Context of the study

1.2.1 Traditional and western medicine in South Africa

Both South Africa and the world are changing and modernising the western ways of managing and treating diseases. Certain traditional practices that have been handed down from previous generations are enmeshing with modernity with, South African society providing evidences of both westernised and developing-world cultural trends (Madden *et al.* 2015).

Traditional healers existed in South Africa in the 17th century and are now in competition with modern medicine doctors (Henriques 2013). The majority of their patients consult traditional healers exclusively although, many others visit their healer before, during, or after treatment by a modern doctor (Musyimi *et al.* 2016). However, some people believe that consulting a traditional healer before seeking modern treatment may delay a diagnosis and treatment and that such a delay may have fatal consequences (Musyimi *et*

al. 2016). In addition, receiving treatment simultaneously from a traditional healer and a modern doctor may result in drug interactions while consulting a traditional healer after modern treatment may interfere with follow up care (Madden *et al.* 2015).

Traditional healers are an integral part of the communities. They know the ways of the people and they are expected to use their traditional knowledge to manage and treat different conditions (Zuma *et al.* 2016). There are three principles followed by the traditional medicine healing approach. Firstly, patients must be completely satisfied that their symptoms are taken seriously, and that they are being given enough time to express their fears. Secondly, the traditional healing approach treat the patient holistically. In other words, they do not separate the body and mind into two entirely unrelated entities and, thirdly, the healer never considers the patient as an isolated individual but rather as an integral component of a family and a community (Zuma *et al.* 2016).

1.2.2 Types of African traditional practitioners

A traditional healer is an individual who lives in a community and who provides health care by using plant roots and, animal and mineral substances to treat a disease (Madden *et al.* 2015). There are three main categories of indigenous also known as traditional healers in South Africa, namely, diviners (*izangoma*), herbalists (*izinyanga*) and spiritual healers (*abathandazi*) (Moshabela *et al.* 2016). They do not all perform the same functions, nor do they all fall into the same category with, each of them having his/her own field of expertise (Moshabela *et al.* 2016). They use different methods to diagnose and manage diseases (Moshabela *et al.* 2016). The Interim Co-ordinating Committee of Traditional Medical -Practitioners in South Africa (ICC) has proposed another category of traditional healers, namely, traditional surgeons and traditional midwives (*ababelithisi*) (Moshabela *et al.* 2016).

1.2.3 Conditions treated by traditional healers

Traditional healers treat all age groups and all related health problems using the indigenous medicines that are readily available and affordable. Their treatment is comprehensive, protective and preventive. The treatment is either natural or ritualistic, or

both, depending on the cause of the disease (Nxumalo *et al.* 2011). The traditional healer deals with the following systems:

1. Musculoskeletal system: backache, arthritis, muscular pain, gout, sprains and strains and, rheumatism.
2. Respiratory system: colds and influenza, hay fever, pneumonia, asthma, bronchitis, Emphysema and tuberculosis.
3. Gastro-intestinal system: diarrhoea; dysentery; constipation; heartburn, indigestion, ulcers, haemorrhoids and worms.
4. Cardiovascular system: angina, hypertension and palpitations.
5. Central nervous system: headaches, migraine and stroke.
6. Skin and hair: acne, eczema, boils, insect bites and stings, ringworms and scabies.
7. Blood: anaemia and blood cleansing.
8. Urogenital system: sexually transmitted diseases, cystitis, menstrual pain.
9. Other conditions such as cancer; HIV/AIDS.
10. Traditional healers also deal with culture-bound syndromes that do not usually respond to western medicine. These include, spirit possession, sorcery, ancestral wrath and, neglect of cultural rites or practices (Nxumalo *et al.* 2011).

1.3 Low back pain

LBP, often referred to as 'lower back pain', is the most common musculoskeletal problem which involves pain or discomfort in the lower lumbar region (Foster, Hill and Hay 2011). Backache in children and adolescents has been shown to be a rare and serious condition that may be symptomatic of organic, infectious, inflammatory or neoplasm conditions (Foster, Hill and Hay 2011).

1.4 Problem statement

Pain derives from various sources. The different beliefs surrounding the source of pain often make it difficult for people from one culture to effectively treat those from another

culture (Mahomoodally 2013). In addition, pain sometimes has different meanings for culturally disparate groups, including people from the western civilisation (Mahomoodally 2013).

As mentioned earlier, up to 80% of the South African population use traditional medicine as a fundamental element of the quality of the health care they offer (Belisle *et al.* 2015). However, there appears little evidence in respect of information and knowledge about LBP as the understanding and management of the pain related to LBP on the part of traditional healers. This, has led a gap and a certain amount of confusion about whether the traditional healers understand the symptoms associated with LBP and the management of a patient with LBP symptoms with regards in relation to the traditional healing approach.

1.5 The aim of the study

The aim of this study was to explore the understanding and management of the symptoms of LBP by traditional healers from the Warwick Muti Market in Durban.

1.6 The research questions

1.6.1 Primary research question

How is LBP understood and managed by traditional healers from the Warwick Muti Market in Durban?

1.6.2 Research sub-questions

1. How do traditional healers understand the symptoms of LBP?
2. How do traditional healers manage the symptoms of LBP?
3. What are the common causes of LBP symptoms from the traditional healers' perspective?
4. What are the traditional medicines or herbs commonly utilised by traditional healers in the treatment and/or management of LBP symptoms?

I believe that the above broadly, articulated questions encompassed sufficient scope to enable this study to provide a reasonable account of the indigenous understanding of the symptoms of LBP.

1.7 The assumptions

The study was based on the following assumptions with respect to the interviews conducted with the traditional healers:

1. The traditional healers would participate in the interviews freely and provide an honest account of their understanding and management of LBP symptoms.
2. Traditional medicines would be identified in terms of their traditional names and it may not always be possible to link them to a specific botanical species.

1.8 Conclusion

The alternative approach to pain management is broad and can aid in an assessment based upon the various paradigms of understanding pain. Different health care professionals adopt different approaches which, may result in unique approaches to pain management, not only in terms of western medicine but also traditional healing. This chapter provided an introduction and background to the study and also discussed the problem statement and purpose of this study. The following chapter will focus on relevant literature on LBP and the traditional approach to pain.

CHAPTER TWO

LITERATURE REVIEW

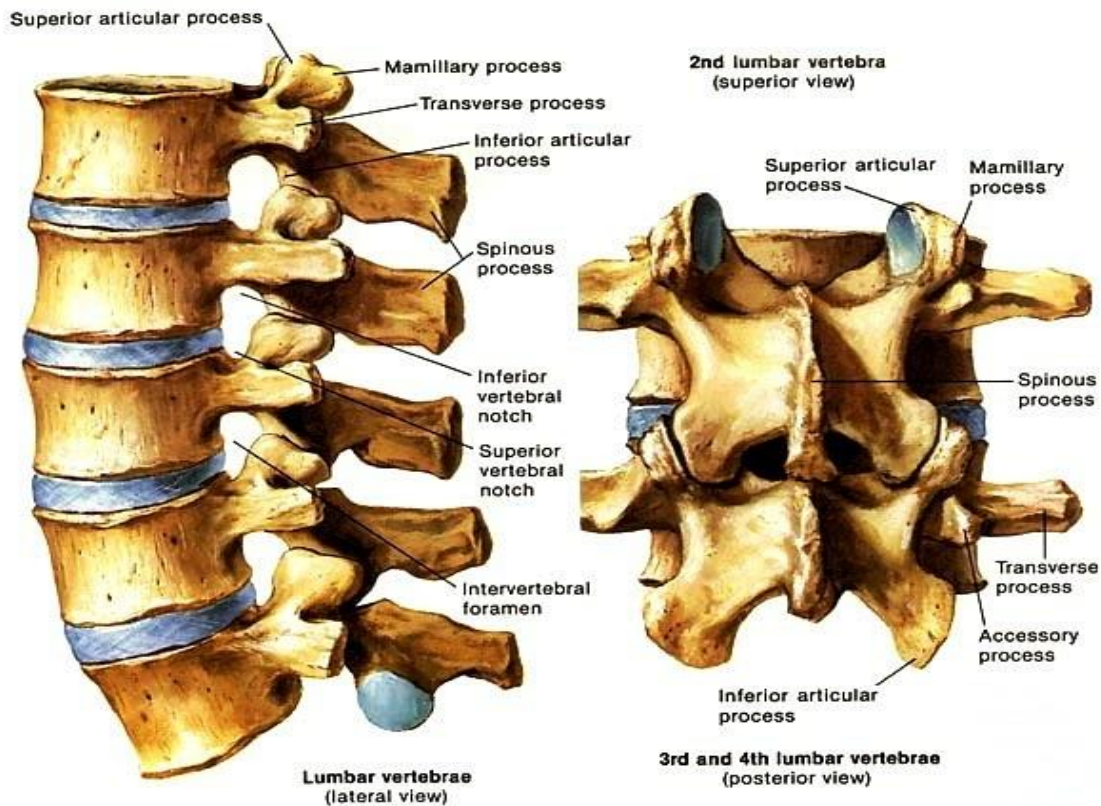
2.1 Introduction

LBP is the most common musculoskeletal condition found among both rural and urban communities (Hoy *et al.* 2010). It is the main cause of disability, socioeconomic problems, loss of quality of life and sick leave among the working population (Bier *et al.* 2017). However, there is no clear understanding of the anatomical or pathological cause of the majority of LBP cases and as a result, the mechanisms of LBP remain largely unknown (Foster, Hill and Hay 2011).

Louw, Morris and Grimmer-Somers (2007) conducted a study in ten African countries and found a LBP point prevalence of 32% (range 10% to 59%), thus suggesting that LBP could be more prevalent in Africa than in the developed world where the prevalence is estimated to vary from 4% to 33% (Sencan *et al.* 2018). These discrepancies may, however, be due to differing methodologies and questionnaire validity across different language groups (Lin *et al.* 2012). Three of the seven studies analysed by Louw, Morris and Grimmer-Somers (2007) indicated that being female appeared to be the most significant risk factor for LBP.

The use of spinal imaging, injections, surgical fusions and opioids for back pain has increased in the developed countries (Madden *et al.* 2015). However, in contrast, data about the traditional management of LBP is unavailable for the developing world (Madden *et al.* 2015). Similarly, the literature study conducted for the purpose of this study found no published scientific reports which referred to the management of LBP among the traditional healers in South Africa.

2.2 The anatomy of the low back



(*Lumbar Spine Anatomy Human Anatomy Lumbar Spine Anatomy Hd Wallpaper Photographs Pictures* 2018)

Figure 2.1 Lumbar spine

2.2.1 Lumbar spine

Figure 2.1 above depicts the anatomy of the lumbar spine and all the bony structures that form part of it. Within the orthodox scientific framework, an understanding of the anatomy and physiology of the low back is regarded as critical to the clinical evaluation of a patient presenting with LBP. The lumbar spine (low back) is the segment of the spine in which there is an inward curvature (lordosis) toward the abdominal region. The lumbar spine joins with the thoracic spine (mid-back) at the top and extends into the sacral spine where it forms the lumbosacral joint (L5-S1) (Fine and Stokes 2018). The lumbar spine is made up of five vertebral bones which are interconnected above and below by the intervertebral

disc, ligaments and muscles. This (lumbar spine) provides a flexible support structure and protects the spinal cord (Fine and Stokes 2018; Wilke and Volkheimer 2018).

Each vertebral bone is made up of multiple components, including such structures as the mamillary processes, spinous processes and transverse processes (as sites for the spinal muscle and ligament attachment), as well as the superior and inferior articular process (serve the purpose of fitting with an adjacent vertebra). The spinous processes also protect the spinal cord by extending the back of each vertebra away from the spinal cord (Wilke and Volkheimer 2018).

Intervertebral discs are found between each vertebral body of the spine. These discs act as cushions to provide support and minimise the direct forces applied to the bony components of the spinal column. However, as 'shock absorbers', the discs, in turn, are susceptible to extreme pressure effects that may result in disc herniation or bulge (Wilke and Volkheimer 2018).

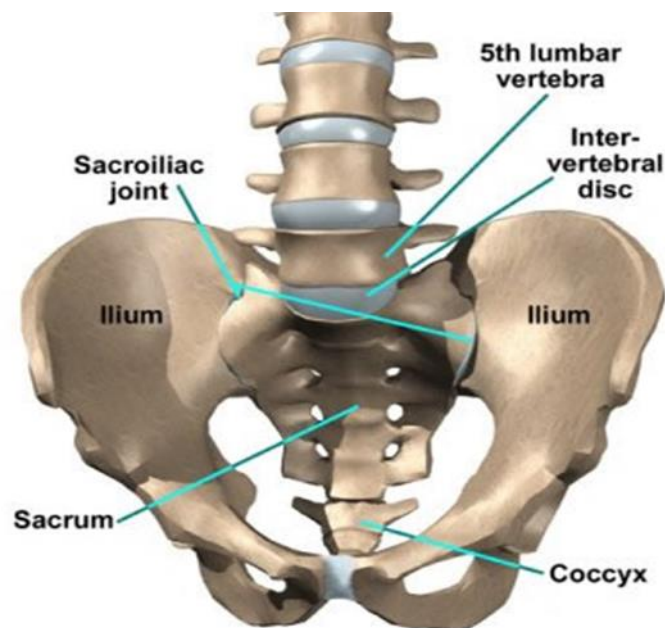
There are, in addition, ligaments and muscles that attach to each vertebra and which provide strength and flexible movement to the spine (Fine and Stokes 2018). However, these muscles and ligaments may become strained and irritated during excessive and strenuous exercise. In such cases, ligament injuries and myofascial pain syndrome may occur (Bogduk 2016).

There are nerves and blood vessels that branch off from the spinal column at each level of the vertebral bones. Nerve irritation is mostly likely to occur if there is a degenerative change in the spinal foramina (spaces through which nerve roots exit the spinal column). Back pain with leg pain, tingling, numbness, and even difficulty in walking may occur in such cases (Bogduk 2016).

2.2.2 The anatomy of the sacroiliac joint

Figure 2.2 below illustrates the anatomy and function of the sacroiliac joint and the surrounding structures. The sacroiliac joint is in the pelvis and is, formed by the iliac bone (pelvis) and the sacrum (lowest part of the spine, made up of 5 fused bones). This joint

transfers forces and weight between the upper body and the legs. It is stabilised by ligaments and muscles, which also limit motion (Wilke and Volkheimer 2018). The sacroiliac joint is another major cause of LBP, - that may worsen as a result of sitting for long periods of time, twisting motions, and certain other movements (Wilke and Volkheimer 2018). Sacroiliac joint dysfunction may occur as a result of leg length discrepancy or scoliosis, pregnancy or recent childbirth, direct trauma or injury and activities that place repeated stress on the joint (regular heavy lifting, contact sports or labour- intensive jobs) (Wilke and Volkheimer 2018).



(Sacroiliac (SI) joint anatomy and function 2018)

Figure 2.2 The anatomy of the sacroiliac joint

2.3 Prevalence of low back pain

All age groups are affected by LBP (Hoy *et al.* 2010). Epidemiological parameters such as prevalence, incidence and remission are important in the diagnosis of a LBP problem in order to determine and understand the risk of developing the condition (LBP) and to

ascertain how widespread the condition is (Hoy *et al.* 2010). A global review of the prevalence of LBP in the adult general population showed a point prevalence of 11.9% 2.0% and a one-month prevalence of 23.2% 2.9% after adjusting for methodological variation (Hoy *et al.* 2014). The overall mean prevalence was 31.0% 0.6%, the one-year prevalence was 38.0% 19.4%, while the lifetime prevalence was 39.9% 24.3% (Hoy *et al.* 2014). LBP has the highest prevalence among women aged between 40 to 80 years (Hoy *et al.* 2012). The study that was conducted concluded that, as the population ages over, there will be an increase in the number of people with LBP (Hoy *et al.* 2014). Overall, the annual prevalence of chronic LBP was reported to range between 15% to 45%, with a point prevalence of 30% (Hoy *et al.* 2012). Studies have reported the prevalence of age-related chronic LBP ranges approximately between 15% in adults and 27% in the elderly (Hoy *et al.* 2010).

In the past, it was believed that children and adolescents did not experience LBP unless they had a serious and life threatening disorder (Balagué *et al.* 2012). However, findings from epidemiological studies suggest that the prevalence of LBP in teenagers is similar to that of adults (Smart *et al.* 2012). Balagué *et al.* (2011) have proposed that a lifetime prevalence of back pain in children and adolescence ranges from 30% to 51%.

2.4 Duration of low back pain

LBP is classified according to the duration and severity of the pain: 1) acute pain is sudden and can last for a few days, weeks or even a month ; 2) sub-acute LBP lasts between six weeks and three months, it is usually due to muscle strain or joint pain and the pain can affect daily living activities; and 3) chronic back pain lasts for more than three months and is usually described as severe in nature and does not respond to initial treatment (Maher, Underwood and Buchbinder 2017).

2.5 Symptoms of low back pain

LBP can also be classified in terms of a wide variety of symptoms as mild, moderate or severe.

The characteristics of LBP include a combination of the following symptoms:

1. Pain that is localised in the low back and, can be dull, aching, burning, stinging, sharp or stiff. This type of pain may be accompanied by latent or active muscle trigger points, limited movement, and pain in the hips and pelvis (Smart *et al.* 2012);
2. Pain that travels to the buttocks, legs, and feet, sometimes associated with numbness or, tingling or a pins and needles sensation from the lower back to the thighs and into the legs and feet. This is due to the irritation of the sciatic nerve, disc bulge or spinal stenosis (Maher, Underwood and Buchbinder 2017);
3. LBP that is sometimes associated with leg pain that comes and goes. This type of pain makes it difficult to walk, sleep, or engage in daily life activities and may be described in many forms, such as aching, numbness, throbbing, or burning (Smart *et al.* 2012);
4. LBP that may also be accompanied by neurological symptoms, such as parasthesia, weakness or loss of function in the affected parts. The weakness may be sudden or unpredictable (Smart *et al.* 2012);
5. LBP that may become worse after prolonged sitting as sitting puts pressure on the discs or nerves. Walking and stretching may relieve the pain quickly but returning to a sitting position may worsen the symptoms while, changing position may sometimes decrease the pain, depending on the underlying cause of pain. Some positions will be more comfortable than others (Kandel, Roberts and Urban 2008);
6. LBP that may be worse after waking up and better after moving around. Many who experience LBP report symptoms at their worse first thing in the morning or after getting up and bending. Pain in the morning is caused by long periods of rest and decreased blood flow and joint fluid with sleep, thus resulting in joint stiffness (Smart *et al.* 2012).

2.6 Causes of low back pain

In most cases LBP, is non-specific although in approximately, 10% of cases a specific cause is identifiable. The causes of LBP can be classified into specific and non-specific causes as will be discussed below (Balagué *et al.* 2011).

Specific LBP is the type of pain that arises as a result of disc herniation, nerve irritation, osteoporosis, tumours, infection, degenerative joint disease, rheumatoid arthritis, fracture, or tumour (Hamilton 2013). A study conducted in the United States found that, of all patients who present with back pain in primary care, 4% have a compression fracture, 3% spondylolisthesis, 0.7% a tumour or metastasis, 0.3% ankylosing spondylitis, and 0.01% an infective aetiology (Hamilton 2013).

Non-specific LBP is defined as those LBP cases in which a clear, specific cause of the pain is not overtly identifiable (Hamilton 2013). Studies indicate that as many as 90% of all patients with LBP have non-specific LBP with the diagnosis being based on the exclusion of specific pathology (Hamilton 2013).

Mechanical LBP is often associated with trauma, including muscular LBP, a sprained back, fractures (e.g. vertebral body fractures due to motor vehicle accident or osteoporosis), ankylosing spondylitis, intervertebral disc herniation, disc bulge, discitis, disc degeneration, lumbar spinal canal stenosis, facet syndrome, or sacroiliac degeneration (Hartvigsen, Natvig and Ferreira 2013).

Organic LBP refers to a pain that is of non-muscular skeletal origin, and is due to abdominal diseases of the liver, gallbladder, pancreas, aorta or kidneys, tuberculosis, spinal metastasis (from prostate cancer, breast cancer, or lung cancer) or diffuse tumours such as multiple myeloma (Hoy *et al.* 2010).

2.7. Risk factors for low back pain

2.7.1 Yellow flags

So called, 'yellow flags' play a role in causing a chronic LBP. These 'yellow flags' are psychological prognostic factors that are associated with a more unfavourable, and often chronic disabling, course of the disease, such as long-term disability (Balagué *et al.* 2012). Examples of 'yellow flags' include, LBP-related work loss, inappropriate attitudes and beliefs about back pain, inappropriate pain behaviour, fear-avoidance behaviour, and reduced activity levels (Balagué *et al.* 2012). Further examples of yellow flags include emotional difficulties, maladaptive pain coping behaviours, functional impairment, low general health status, the presence of psychiatric comorbidities and functional impairment (Hoy *et al.* 2010).

2.7.2 Individual risk factors

It is estimated that approximately 95% of the individual risk factors in respect of LBP are accounted for by more advanced age, poor physical fitness, low educational level, high levels of pain and disability, a sedentary lifestyle and the strenuous activities which are associated with a greater risk of chronic LBP (Hartvigsen, Natvig and Ferreira 2013). However, higher grades or more chronic pain are typically associated with higher unemployment rates, pain-related functional limitations, use of opioid analgesics, pain-related doctor visits, and poorer self-rated health (Hartvigsen, Natvig and Ferreira 2013).

Being overweight can contribute significantly to the symptoms associated with osteoarthritis, spinal stenosis, degenerative disc changes, rheumatoid arthritis, and spondylolisthesis (Peng, Pérez and Gabriel 2018). The main reasons for this is that, when excess weight is carried, the spine is forced to assimilate the burden, and this can lead to structural mal-alignment and injury. The lower back is the region of the spine that is most vulnerable to being affected. Studies show that people who are overweight or obese have an increased risk of LBP and will have presented with an increased incidence of LBP for a day or more in the preceding 12 months (Balagué *et al.* 2011). Although obesity has been identified as a risk factor for LBP, there is insufficient evidence from the literature

to conclude whether obesity alone is significant as a sole cause of LBP. Further, although the literature suggests a positive relationship between obesity and LBP, there is currently an incomplete understanding of the pathophysiology in which obesity in isolation would lead to LBP.

Smoking also contributes to LBP, especially for those individuals who smoke more than three packs of cigarettes a day (O'Sullivan 2011). The Various theories have been proposed for the increased risk of chronic LBP associated with smoking. These include:

1. The chemicals in cigarettes cause the break-down of bone tissue, loss of bone density, and brittle and weak bones which are vulnerable fracture. Weak bones may cause a variety of spinal and low back issues including osteoporosis, degenerative disc disease, pinched nerves and slipped discs (O'Sullivan 2011).
2. Smoking results in cartilage loss and causes the body to break down spinal disc function (Balagué *et al.* 2012).
3. Smoking is also linked to an increased level of oxidant stress, which contributes to the cartilage loss which has been found to aggravate LBP (Balagué *et al.* 2012).
4. Smoking may also lead to inflammation in the joints and this may cause sacroiliac joint dysfunction and rheumatoid arthritis (O'Sullivan 2011).
5. Nicotine causes the tightening and hardening of the blood vessels, thus reducing the blood flow in the body. Spinal disc and vertebrae degenerate at a quicker rate without proper nutrients and oxygen (Balagué *et al.* 2012).

Older people are especially at high risk of LBP, because of the significant musculoskeletal changes associated with ageing, including a generalised loss of muscle, weakened ligaments and loss of bone density (Chambers and Allan 2017). As people age, there is a gradual loss of cartilage and osteoporotic skeletal changes in the joints, including the spine (Chambers and Allan 2017; Frontera 2017). In such cases, LBP may be caused by the breakdown of the cartilage between the facet joints in the spine, or from intervertebral disc changes, and may also cause sciatica in addition to LBP (back pain with or without posterior leg pain) (Frontera 2017).

2.7.3. Psychological risk factors

Psychological factors can directly influence the biomechanical and postural changes in the human body (Hoy *et al.* 2010). These factors may either increase the muscle tension or hormonal excretion that lead to organic changes and the development of musculoskeletal symptoms or they may influence pain perception, thus exacerbating physical symptoms (O'Sullivan 2011). Psychological factors may also impact adversely on an individual's ability to cope with an illness and may influence the presentation of musculoskeletal symptoms (Balagué *et al.* 2011). Psychological factors that contribute to LBP include stress, distress, anxiety, depression and negative mood/emotions (Hoy *et al.* 2010).

2.7.4 Occupational factors

Occupational factors that can contribute to LBP include manual handling of materials, job dissatisfaction, bending and twisting, and the unavailability of light duty on return to work after the illness (Henschke *et al.* 2009). Whole-body vibration, a job requirement of lifting for 3/4 of the day, repetitive tasks, poor work relations and inadequate social support control also contribute to LBP (Henschke *et al.* 2009). Daraiseh *et al.* (2010) conducted a study in 2010 to investigate the predisposing factors associated with recurrent LBP. They concluded that a previous episode of low back injury is a key determinant of recurrence. There is no doubt that chronic LBP is linked to physical activity although, recurrence is more likely in patients whose work involves a sedentary lifestyle rather than in patients whose work involves a hard and active lifestyle (Heneweer, Vanhees and Picavet 2009).

Nevertheless, LBP is a huge problem among construction, manual workers on the African continent. A study conducted by Yang *et al.* (2016) concluded that occupational activities in the construction industry were a notable cause of LBP, with a consequent increase in absenteeism, activity limitation and participation restriction. Approximately 95% of LBP in men is due to disc degeneration and disc herniation. This is usually the result of occupational sitting, awkward postures, standing and walking, pushing or pulling, bending and twisting, and lifting and carrying heavy loads (Hartvigsen, Natvig and Ferreira 2013).

2.8 The western conservative and surgical treatments of low back pain

Studies have been published in which various types of conservative or surgical treatments for LBP that are commonly used in primary and secondary health care are evaluated. The following treatments have been identified as effective treatment for both acute and chronic LBP which are supported by a strong literature evidence (Bier *et al.* 2017). Non-steroidal anti-inflammatory drugs (NSAIDs) and paracetamol have been known to be more effective for relieving acute pain, but they have notable side effects (Bier *et al.* 2017). Patients with acute LBP, continuing ordinary and daily activities within the limits of pain, have more rapid recovery effect than bed rest or back-mobilising exercises (Maher, Underwood and Buchbinder 2017). For chronic LBP, non-pharmacologic therapies include acupuncture, back-exercise, massage therapy, yoga, cognitive-behavioural therapy or progressive relaxation, muscles relaxants or opioids and intensive interdisciplinary rehabilitation are all effective (Maher, Underwood and Buchbinder 2017).

Madden *et al.* (2015) highlighted that in the western approach to LBP management people are taught to lift with power from the lower body, keeping any load close to the body's centre. Also, patients are advised to avoid any back-specific exercises for acute pain. However, there is no evidence that other interventions, such as massage, lumbar supports, traction or acupuncture are effective for acute LBP (Maher, Underwood and Buchbinder 2017).

A decompression surgical treatment can only be done when there is a structure compressing on a nerve root from the spinal column, which may include a herniated disc, bone osteophytes or any spinal tumors (Hamilton 2013). Microdiscectomy is a minimally invasive procedure for patients with a lumbar herniated disc causing a sciatica (Hamilton 2013).

2.9 Origin and history of chiropractic care

Chiropractic is a natural form of health care that focuses on the diagnosis and treatment of neuro-musculo-skeletal disorders through spinal adjustments or manipulation to correct joint misalignments and allow for the normal functioning of the nervous system (Brosnan 2017). Although chiropractic does not use drugs nor medication there are, nevertheless, occasions, chiropractic practitioners will recommend and refer a patient to another medical practitioner if such, or other, methods of treatment are indicated (Brosnan 2017).

The term, 'chiropractic' is derived from two Greek words, namely, '*cheiro*' meaning 'hand' and '*praktik*' means 'done', i.e. 'done by hand' (Brosnan 2017). The term was chosen by the founder and father of chiropractic, Daniel David Palmer, who performed his first chiropractic adjustment in September 1895 on a janitor who had become deaf 17 years previously, after his vertebrae had been misplaced in the upper back (Brosnan 2017). After the adjustment, janitor 's problem improved. In 1897, Palmer established the Palmer School of Cure, now known as the Palmer College of Chiropractic, in Davenport, Iowa. Palmer's major contribution to the health field was to provide education in art, philosophy, and science of chiropractic which was based on the study of anatomy and physiology (Brosnan 2017).

2.9.1 Chiropractic fundamental goals and beliefs

Chiropractic focuses on the intimate relationship between the spine and nervous system and is based on the following beliefs:

1. The structural and biomechanical misalignment of the spine can affect normal nervous system functioning.
2. In several musculoskeletal disorders or conditions, chiropractic care restores the structural integrity of the spine and other joints, by reducing pressure on the sensitive neurological tissue, and improving the functionality of the individual (Brosnan 2017).

2.10 Chiropractic treatment of low back pain

Chiropractic deals with and treats LBP and other conditions such as muscle pains, wrist, elbow, knee, shoulder, hip, ankle and foot pain, headaches, sport injuries and other musculoskeletal disorders through manual therapy (spinal manipulation and manual manipulation) and other modalities (Fine and Stokes 2018).

The initial chiropractic examination or consultation for LBP involves: a thorough case history and physical examination while; in some cases, laboratory tests and x-rays may be required.

1. Case history involves questions on the nature of the LBP including past and current medical history, family history, occupational history, psychosocial history and individual's lifestyle.
2. Physical examination involves a variety of methods which are used to examine spinal segments and alignment, including range of motion, looking for fixations, orthopaedic examination and myofascial examination (Fine and Stokes 2018).

The chiropractic treatment of LBP is discussed below:

2.10.1 Spinal manipulation

Spinal manipulation or adjustment is the most common method used to treat LBP. It involves the application of a controlled force to the restricted or fixed spinal joints to reduce the pressure on any pinched nerve and realign the spine without surgical intervention. The restriction of these joints is caused by tissue injuries as a result of trauma such as lifting heavy objects incorrectly, falls, hours spent in an awkward position or poor posture (Globe *et al.* 2016).

2.10.2 Joint mobilisation

Joint mobilisation refers to low velocity manipulation that focuses on restoring normal movement with the goal of increasing the range of motion. This technique is used when spinal manipulation is contraindicated in any pathology that leads to significant bone weakening (severe osteoporosis), cord compression, *cauda equina* compression, nerve root compression with increasing neurological deficit, abdominal aortic aneurism, bleeding into

joints, spinal tumours and infections (spinal tuberculosis) and recent back surgery (unstable spine) (Bier *et al.* 2017).

2.10.3 Soft tissue therapy

LBP which is a result of muscle pain syndrome is treated via the application of dry needling, muscle stretches and ischaemic compression therapy (a technique commonly applied to myofascial trigger points to reduce pressure and allow the local blood flow to occur) to relieve muscle stress around the spine and improve muscle strength (Globe *et al.* 2016). Muscle spasms may occur as a result of repetitive overuse injuries (e.g. activities on a daily basis and sport injuries), heavy lifting of objects, poor posture due to sedentary lifestyles, muscle tension due to mental or emotional stress. Myofascial trigger points can also develop as a result of inactivity such as prolonged bed rest or sitting (Bier *et al.* 2017).

2.10.4 Modalities

Chiropractic uses multiple modalities to reduce LBP. These are especially useful in alleviating both acute and chronic LBP depending on the cause of the pain. These modalities include heat therapy (which helps to relieve pain from the muscle spasms and tightness by increasing blood flow in the low back) and cryotherapy (ice) (which helps to reduce the pain, swelling and inflammation from injury and conditions such as arthritis through the application of cold) (Chou *et al.* 2009). Ultrasound (which reduces pain from spinal ligaments, muscles and tendons and speeds up the healing process), traction (involving stretching the spine,- using a traction table to relieve pain and to reduce pressure from the disc during disc herniation or bulge) (Chou *et al.* 2009; Hahne, Ford and McMeeken 2010), and transcutaneous electrical nerve stimulation (TENS) (which helps to alleviate chronic and acute pain) are also routinely employed as modalities of treatment. TENS treats conditions such as muscle tissue inflammations by using low- voltage electric currents that travels through the nerve fibres to reduce the pain) and interferential current (IFC), which targets tissues mainly to relieve pain due to muscle strains and sprains, inflammation and joint problems while and also decreasing muscle spasm, increasing blood flow, and promoting healing (Facci *et al.* 2011).

2.10.5 Patient education

Chiropractic treatment of LBP also involves educating patients on how they can manage pain and take charge of their own health via ergonomic advice (postural corrections, stretches, bed rest), exercise, and lifestyle changes (diet, weight loss) as aids in managing back pain (Facci *et al.* 2011).

2.11 African traditional medicine

African traditional treatment is a combination of information, expertise and practices premised on ideas, opinions, views and values and is applied by indigenous African people in order to preserve health as well as to identify or treat physical and emotional well-being (Bogopa 2010). It may be seen as a frame of information established and built up by Africans over 10 000 years and relates to the cure, management and treatment of the physical, mental and psychological well-being of individuals (Nyika 2009). It includes various methods and knowledge that integrates herb, animal and/or crystal-based remedies to preserve well-being as well as to treat and identify disease (Chitindingu, George and Gow 2014). African traditional medicine is, in fact, a concept that transcends physical health and is socially based. The social base of African traditional medicine implies that African people will continue to use traditional medicine within particular contexts despite the availability of modern medicine (Moshabela *et al.* 2016).

Traditional medicine in South Africa (SA) is a large and growing industry and is an intrinsic component of health care practice in SA, contributing to primary health care. Approximately 27 million people use traditional medicine with these medicines contributing an estimated R2.9 billion to the national economy (Nxumalo *et al.* 2011). In SA, it is argued that traditional medicine is not be an inferior alternative to western medicine, but rather as a necessity for treating many health-related issues that western medicine does not treat (Nxumalo *et al.* 2011). It was only after 1994 that the South African government started to examine the prospect and feasibility of formally integrating traditional health care into the public health system (Zuma *et al.* 2016). Concerns raised in the literature include the current lack of clarity as to whether it is possible for traditional

healers to be embraced by health practitioners whose philosophies of health care are based on the modern, biomedical approach. A further challenge is the lack of evidence in relation to traditional healing diagnostic procedures, methods and training (Zuma *et al.* 2016). The use of traditional medicines for different health problems started more than 2 000 years ago and is a source of remedies for both rural and urban communities throughout the world (Chrissa 2015).

The use of natural medicine in the treatment of disease is an old practice and has been shown to have pharmacological benefits in the treatment of various diseases (Chitindingu, George and Gow 2014). Our African forefathers have employed traditional medicine for the treatment of a range of diseases such as diarrhoea, headaches and skin conditions (Chitindingu, George and Gow 2014). Although, the leaves, roots or bark of plants and trees are usually used, fruits and seeds can also be used (de Andrade 2014). Those who use herbal medicine believe that the plants are imbued with magical powers which contribute to the effectiveness of such herbal medicine (Moshabela *et al.* 2016).

Traditional medicine not only relies on plant and animal-based treatments, but also uses a variety of rituals and other procedures in order to treat disease (Masango and Nyasse 2015). Research has shown that traditional healers use various animal products in their treatment of different pathologies, although it is reported that animal-based remedies are used less frequently than plant-based treatments (de Andrade 2014). Traditional medicine is available to almost 80 % of the South African population, predominantly in the rural areas and is, sometimes, the only form of treatment that is available (Masango and Nyasse 2015). Africa is fortunate to have a wide variety of more than 4 000 plant species that are used to treat several diseases, including LBP, headaches, HIV/AIDS, infection, etc. These medicines are prescribed in accordance with the patient's signs and symptoms (Masango and Nyasse 2015).

Traditional medicines are often effective in treating illnesses such as diarrhoea, headaches and other pains. Though the range of pharmacologically active properties in the traditional herbs used in South Africa is uncertain (Mahomoodally 2013). Based on

patient feedback it is estimated that 60% of traditional healers claim that their medicines are free from any side effect (Mahomoodally 2013). Most African traditional healers believe that the ancestors play an important role in people's lives and have a positive influence on medicinal plant prescriptions. The main challenge facing the continued use of traditional medicine is to prove that the active ingredients contained in medicinal plants are both safe and effective (Semenya and Potgieter 2014).

Traditional medicines may, however, cause harmful or adverse reactions. This could be due to the poor quality of a medicine, or if the medicine is taken inappropriately. It is for this reason that, training, knowledge and communication among the traditional healers, as well as patient awareness about safe usage, are important (Zuma *et al.* 2016). Nyika (2009) argues that harm is not always caused deliberately and may be. This may be inadvertent, hence the need for research to improve the efficacy of African traditional medicines. de Andrade (2014) argued that traditional medicine may have adverse effects on the mouth, tongue, stomach, duodenum and jejunum.

2.12 Reasons for consulting traditional healers

Primary health care systems in SA are limited and, it is estimated that between 70% and 80% of the rural population lack access to these facilities (Mathibela *et al.* 2015). In addition, in areas where such facilities are available, the quality is often inferior and thus, people often to consult traditional healers who are present in most communities. Traditional healers are socially acceptable to communities as they are of the same culture as the community members and they are usually the first health care providers to be consulted in the case of illness as well as culture-based health problems (Mathibela *et al.* 2015). Between 60% to 80% of the South African population use indigenous medicinal plants as the first choice in the interest of quality health care (Graham *et al.* 2013).

The primary reasons for people visiting traditional healers include the fact, that the people know the traditional healers fairly well, and they believe that the condition from which they are suffering arises from a natural cause (Henriques 2013). Traditional healers are always

readily available, affordable and trusted and are a part of the culture and custom. In addition, they manage their patients holistically (Henriques 2013). The patients appreciate the holistic nature of a traditional healer's curative approach while they often lack trust in the ability of modern medicine to treat culture-bound syndromes (Mathibela *et al.* 2015).

Language barriers, especially in rural areas, contributes a further reason for visiting traditional healers. The majority of the doctors working in rural areas are not local and in Kwazulu-Natal, few speak IsiZulu (Madden *et al.* 2015). In some clinics and hospitals, translators are either few or not available at all. This has a significant negative impact on communication, limiting both the understanding of the patient's concern, and accurate assessment. As a result, diagnostic accuracy and the potential of successful treatment are affected and compromised (Madden *et al.* 2015).

de Andrade (2014) researched the views of traditional healers on the reasons why people seek their services and found that 67% of the participants cited the fact traditional healers are able to perform the rites and rituals necessary to treat diseases of another nature. He further explained that, in the main, traditional healers have a good reputation, the ancestors guide patients to them, patients are seen soon, and they guarantee their patients' privacy. Furthermore, it would appear that people feel they are not receiving the desired understanding and treatment from modern practitioners, who either are not culturally inducted or do not acknowledge their patients' belief system (de Andrade 2014).

It would seem that locality and the high cost of medicine are a problem in the choice of health care services. The poverty in the rural areas also plays a role in the use of herbal medicine because many people, particularly in the rural areas, are poor and are not able to afford to go to the hospitals (Cumes 2013). In addition, in the rural areas, the hospitals and clinics are often not easily accessible without adequate transportation and, as many people are not able to afford the transportation fee, they depend on traditional medicine, for themselves and for their children (Cumes 2013). In the rural areas the distance to nearest clinic may be as far as 8km with people either having to walk or hire a car for R60 or more (Madden *et al.* 2015). Patients sometimes referred to a hospital for x-rays and,

although they are transported to hospital by ambulances, they have to pay for their return home approximately R20 for a taxi. For a family without income this is often prohibitive (Madden *et al.* 2015).

Clinic visits usually take up an entire day with long queue. Due to the high number of patients to the clinics and hospitals, consultation times are limited with some lasting approximately 10 to 15 minutes per patient. In addition, privacy is not always available, for example, some clinics do not have curtains and patients may have to be seen by different health care professionals in the same open room, thus limiting personal discussions and undressing bodily for examinations. It is, therefore, not surprising that under such circumstances, people prefer to consult the traditional healers (Madden *et al.* 2015).

Culture also exerts a strong influence on medical decisions in regard to the need for and choice of healing approach (de Andrade 2014). An individual's culture often also determines the symptoms which denote a sickness even if, in another culture, the same symptoms would not be considered as denoting a sickness (de Andrade 2014). The decision to choose either traditional or modern treatment is, therefore, often also a cultural decision. The belief, in terms of the African explanation for the disease, as to whether the illness is either spiritual or not spiritual also has an impact on the choice of a healing approach. Some people believe that certain some illnesses can be cured only with traditional medicine while some patients perceive spiritual illness as a reason to seek traditional care based on the belief that some of the illnesses are caused by spirits (Tabi, Powell and Hodnicki 2006). If such a patient consult modern doctors, they will treat the patient based on the physical signs and symptoms, for example, pain, without any recognition of the 'root' spiritual cause of the malady (Tabi, Powell and Hodnicki 2006).

The African population, even in urban areas, visit traditional healers because of their belief in the causes of a disease when they present certain symptoms and, in the cure, that traditional medicine will effect. Even among those individuals who generally use western medicine when they are sick, there are times when the illness is seen to have an

African explanation and, therefore, cannot be treated by a western medicine (Edwards 2011). Situational factors, such as relatives, friends and family, are an additional determinant when choosing a healing approach (Cumes 2013).

There are, however, a people who believe both in modern medicine as their preferred choice of a healing modality and in the importance of laboratory and radiology results to identify the cause, signs and symptoms of illness. Nevertheless, should they believe the western medicine-trained doctor is not able to cure the sickness in question, they will then consult a traditional healer (Cumes 2013).

2.13 Traditional healing in South Africa

In SA it is difficult to estimate the number of traditional healers in practice. However, other African countries have attempted to recognise traditional healers and to establish traditional healer organisations. The South African government has only recently embarked on this process with the drafting of the Traditional Health Practitioners Bill (Zuma *et al.* 2016). It is estimated that there are 150000 to 200000 traditional healers in South Africa with approximately 7 000 being registered with an interim professional body (Zuma *et al.* 2016). Ross (2010) estimated that there were about 250000 to 400000 traditional healers in SA in 2010. However, it is important to note that these estimates were based on media reports (Zuma *et al.* 2016).

The Traditional Healers Organisation (THO) is an organisation that was established in Southern Africa 1970. It includes 69000 traditional healers in Southern Africa, of which 25000 are from SA (Semenya and Potgieter 2014). Traditional healers play a vital role in health care in relation to both the South African population and elsewhere on the African continent. Traditional healing is based on indigenous knowledge and belief systems with traditional healers being consulted as a result of their explicit linkage with the social and cultural beliefs of their patients (Zuma *et al.* 2016).

In the majority of the provinces in South Africa, there is a wide variety of healing systems, with both traditional and western practices existing side by side. Traditional healing systems continues to play a significant role on the African continent, despite advances in western-style medicine (Cumes 2013). Studies have revealed the popularity and widespread use of traditional and faith healers for health problems. Generally, in Africa it is believed that sickness and healing have a religious or traditional association (Cumes 2013).

The concept of Africanism includes a physical, psychosocial and spiritual linking to God, the self and society. Accordingly, healing should adopt the same approach as this will stabilise a person's health (Edwards *et al.* 2011). For an African child, a holistic approach to healing the body and soul is very important and can never be replaced by any other healing means to bring inner peace. The spiritual wellbeing of an individual is important and it is a basic need as it brings about both inner peace and harmony with the ancestors (Zuma *et al.* 2016).

2.13.1 Traditional healing in KwaZulu Natal

IsiZulu is the home language of 97% of the African population of Durban although some adults also understand and speak English (Madden *et al.* 2015). In 2007, Zuma *et al.* (2016) estimated that there were approximately 25 000 traditional healers in KwaZulu-Natal (KZN). The roles and profiles of the traditional healers from the various cultural groups have been documented in SA, with the findings indicating that most people consult a traditional healer as a first choice for both physical and mental ailments (Masango and Nyasse 2015).

Izangoma (traditional diviners) and *Izinyanga* (traditional herbalists) are the most popular types of healers visited for asthma, diabetes mellitus, hypertension, tuberculosis, sexually transmitted infections and other health issues (Masango and Nyasse 2015). About 84% of clinic patients in Durban were found to use traditional medicine with 18% only of the patients indicating that they may reduce their use of traditional medicine in the future (Zuma *et al.* 2016). Furthermore, 97% of patients indicated that their use of traditional

medicines was by choice and not a result of the access and cost issues associated with western medicines (Mander *et al.* 2013).

2.13.1.1 The practice of traditional medicine among Zulu traditional healers

Healing among the Zulu people centres around God, ancestors, traditional medicine and a person's connection to spiritual forces (Washington 2010). Traditional healers have always been greatly respected in the community and perform various important roles within Zulu society. These include,

- (1) Performing spiritual rites and rituals
- (2) Protecting and providing the customs and sociocultural cohesion; and
- (3) Preventing and healing disease through the application of traditional herbs, remedies or medicines (Washington 2010).

According to Edwards (2011), Zulu practitioners of divination and healing fall into the following categories:

1. Those who carry out the role of diviner (*Izangoma*)
2. Those who are herbalists (*izinyanga*)
3. Those who are faith or spiritual healers/ prophets/ (*abathandazi* or *ababholofidi*).

Herbalists use a wide variety of treatments including herbal medicine and steam baths, to treat disease. Becoming a herbalist (*inyanga*, plural *izinyanga*) is a personal choice as herbalists do not receive a calling from the ancestors. Approximately 90% of herbalists are men. *Izinyanga* specialise in treating all types of disease, including the diseases of specific organs (heart, kidney or lung disease), specifically by the application of herbal medicines (Edwards 2011).

A diviner (*isangoma*, plural *izangoma*) is a person who receives a calling by the ancestors to become a healer. They have to undergo a period of training and apprenticeship (*ukuthwasa* or *ukwethwasa*) for a specific period. After training, they work together with the ancestors to identify an illness, its cause and the required treatment through spiritual energy and supernatural powers using divinatory bones (*ukuhlola*) (Washington 2010;

Edwards 2011). Diviners are highly respected in their communities for their mystical powers in the cultural context. The majority of diviners are female. A diviner may or may not have knowledge of indigenous herbs. Diviners specialise in divination within a traditional religious supernatural context and concentrate on diagnosing the illness in question (Washington 2010; Edwards 2011).

A faith healer is usually a Christian who belongs to either a mission or one of the African independent churches. They heal primarily using holy water, prayer and the laying of hands on patients (Washington 2010; Edwards 2011). Their healing power comes from God through a Holy spirit. Faith healers do not use either herbs or traditional medicine in their treatment. They understand illness in three forms, firstly, as arising in the unconscious, secondly, in conscious awareness and thirdly, through consciousness (e.g. anxiety or trauma) (Washington 2010; Edwards 2011). Praying and a close connection to God helps the faith healers to heal illnesses.

Traditional practice is the most affordable and accessible healthcare system, depending on the type of traditional healer consulted, e.g. faith healers are the cheapest because they work only with the aid of their spiritual gift (Washington 2010).

2.13.1.2 The rural Zulu context

South Africa encompasses both westernised and developing world cultures. Approximately 42.5% of the South African population is rural with the rural people frequently travelling by foot due to a lack of transport (Madden *et al.* 2015). In the rural areas the majority of the people sleep on the floor on reed mats and pillows and chairs are rare. In addition, people sit on the ground and this may influence the biomechanical and structural changes leading to a back pain disorder and other musculoskeletal problems (Madden *et al.* 2015). Due to the high levels of poverty, traditional medicines are essential for the physical and mental wellbeing of rural black households in South Africa (Semenya and Potgieter 2014). Traditional medicine in the developing countries continues to be the mainstay of primary health care as modern health care facilities are either sparsely available or non-existent in these countries. In the rural areas of South

Africa, traditional healers operate in close proximity to community members, and treat a wide range of diseases (Semenya and Potgieter 2014).

2.13.1.3 Zulu lifestyle and demands on spinal loading

The majority of rural Zulu families depend primarily on growing vegetables and crops with most of the work being done by the women (Madden *et al.* 2015). Lifestyles are dictated by the need for food and water and by household chores and the raising of children. In the rural areas the women fetch water from community taps or rivers which may be up to 5km away from their homes. Zulu women carry the water on their heads (*ukuthwala*) (20 to 25 litre containers) and they may have to complete several trips to and from the river or tap in one day in order to have sufficient water to meet their daily needs (Madden *et al.* 2015).

Girls learn about *ukuthwala* from an early age (4 years) and start by carrying 2 to 5 litres containers while the younger boys may use wheel barrows to carry heavy things (Madden *et al.* 2015). Lifting the water container from the ground onto the head requires great skill. A woman lifts the container in stages, balancing the container sequentially on her knee, her hip and then her shoulder using her legs to balance. It would appear that Zulu adapt to their work and home environment in order to survive. However, all the hard work may have an impact on the spine (Madden *et al.* 2015).

2.13.1.4 Pain beliefs in the Zulu language

From a modern western perspective, there are several factors that can cause illness besides the ageing process. These include organic causes, in the sense of the malfunctioning of certain internal organs, which may disturb the whole body and cause an illness, for example, an excessive accumulation of bile can cause headaches while kidneys may refer pain to the low back (de Andrade 2014). Differences in perspective between traditional and modern medicine, in respect of the perceived cause of disease, are characterised by the Zulu term, *ukufa kwabantu abamnyama* (“diseases of the black people”), which implies the need for a treatment based on culture-specific beliefs (Edwards 2011). This term (*ukufa kwabantu abamnyama*) does not mean that the disease

is restricted to African people only but rather, that the interpretation is bound up with the African conceptualisation of health and disease (Edwards *et al.* 2011). Although an illness may present with physical symptoms, the interpretation and evaluation of these symptoms suggest that the physical aspects are combining with the realm of human meaning and discourse to influence the understanding of the role of and benefit to be gained from a particular path toward healing (Edwards *et al.* 2011).

In terms of the western conceptualisation illness is viewed predominantly as a phenomenon that is the result of impersonal or mechanistic causes that may be cured by western methods (Nene 2014). However, in terms of the African cultural conceptualisation, an illness may possibly also be caused by:

God (*uNkulunkulu or uMvelinqangi*) the provider, protector and creator who is believed to have created all things.

Ancestors (*amadlozi*) whose spirits are believed to be alive to guide and protect those who are still alive in the family. Ancestors are regarded as the forefathers of a family, who continue to live among the family in spirit. Several cultures around the world believe in the spirits of the departed and that these living spirits have the power to cause problems or calamities in a person's life (usually as a 'retribution' for not duly performing appropriate cultural rites) (Bogopa 2010).

The ancestors play an essential role in human functioning as it is believed that they care for their descendants although they may also send illness if angered. The relationship which the family has with *amadlozi* (ancestors) is also important and the ancestors must be ritually informed of any changes happening within lives of the family or a particular family member. For example, if a Zulu family is troubled by misfortune then an animal (cow, goat or chicken) must be slaughtered to appease the ancestors or in the first year of a child's life, a ceremony known as *imbeleko* (a ceremony to introduce the child to the ancestors, asking them to protect and guide the child) is performed (Henriques 2013).

Traditional healers also consult with ancestors, especially *izangoma* (diviners), for healing a variety of illness. A person must undergo a period of initiation into a traditional practice or divination to become a diviner (*ukwethwasa*).

Bewitchment (*ubuthakathi*) may be contracted in many forms, for example, by placing a traditional medicine (*umbhulelo* or *umeqo*) on one's path (door or gate) to harm that person. Another form of witchcraft is when one may send mythical animals (a bird or owl) to harm others. *Umeqo* or *umbhulelo* refers to a method of stepping over *muthi* (traditional medicine) and may affect the victim only (who is named when the 'trap' is set), not anyone else (Nene 2014). In Zulu, *umeqo* is usually perceived as a bewitchment when an individual complains about pain that starts in the feet and moves up into the back and involves joint pain (Washington 2010).

Nene (2014) further explained that, in most cases *umbhulelo* or *umeqo* is associated with bad luck or sickness, and that such sickness and bad luck may be treated only by a traditional healing method. Madden *et al.* (2015) argue that, in traditional Zulu culture, any pain or illness may be considered to be a consequence of bewitchment because of jealousy and / or anger. Bewitching *muthi* is bought from a traditional healer and poured along a path used by the target person. The belief is that, when the person who is the target steps over the *muthi* (*umeqo*, also referred to colloquially as *i-speedtrap*), the person will be bewitched and will suffer accordingly (Madden *et al.* 2015). In African culture, it is essential that people are aware of the possibility of *umeqo* if they start encountering one problem after another and they must then seek the services of traditional healers for help.

Pollution occurs after a man has slept with a menstruating women or engage in sexual intercourse with a married woman, whose husband has placed a man-made sexual illness (*ilumbo*) as a 'trap' (Nene 2014). In both marriages and relationships, nowadays, there are numerous problems which cause people to turn to traditional healers for assistance. One of the culturally-framed problems is known as *ilumbo*, which is not recognised within the western conceptualisation of disease (Nene 2014). If a married woman is sleeping

around with other men, her husband will place *ilumbo*, without her knowing that he is introducing a man-made sexual sickness. When her 'secret lover' engages in sexual intercourse with the wife, he will contract a sexual sickness. In some case the person could die if not cured. This condition is characterised by a swollen penis, a genital discharge and a swollen stomach (Bogopa 2010). It is only traditional healer who is able to cure *Ilumbo* (Nene 2014).

The Zulu people believe that anything that is natural and alive has the quality of breaking down (Belisle *et al.* 2015). There are so many causes of illness, according to the Zulus, that world view is extremely important as emotions and morals play a role in the physical healing of persons. According to the Zulu people, any sicknesses that may be man-made or caused by people such as witches (*abathakathi*) may be cured by healers, employing their knowledge of plants and herbs (Edwards *et al.* 2011). As mentioned previously, culture and a lack of forgiveness may prevent a Zulu person from being healed (Henriques 2013).

Human health may be undermined by the living environment, eating something that leads to illness, living a lifestyle that is harmful to one's health or, finally, by having a mind-set that is a cause of not being well in the society (Henriques 2013). This applies to all people and not just the Zulus. However, what is pronounced among the Zulu is that sickness may result either from causes in the body or from causes from outside of the body or in the home environment. Some Africans do not believe in accidents, maintaining that most illness of any severity is caused intentionally (Nene 2014). With the knowledge gleaned from African culture and the beliefs and the insights of traditional healers, it becomes easier for African people to understand the various methods that may be used by witches and that may lead to a range of human problems (Nene 2014).

2.14 Zulu traditional healing approaches to pain

In the Zulu language, the experience of pain is usually expressed with the statement "I am sick" (*Ngiyagula*) rather than "I have pain" (Igumbor *et al.* 2012). The specific word for

pain is rarely used because pain is interpreted as “not feeling well” and is understood primarily as a whole-person illness rather than as a sign of biomechanical or anatomical structural involvement. This makes it difficult, from a western perspective to diagnose and manage pain in view of the lack of understanding or explanation of pain on the part of the patient (Madden *et al.* 2015). In the Zulu culture, any pain or any problem brought on by a curse may be cured by visiting a traditional healer (Madden *et al.* 2015).

A disease among black people in SA may be viewed as a supernatural phenomenon and, thus, traditional healers use a holistic approach in dealing with health and health related problems (Washington 2010). This implies that the healers address deal the whole person, and provide treatment for physical, psychosocial and spiritual symptoms (Nyika 2009).

The traditional healing process goes through different stages, namely, the identification of the cause, followed by the removal of the hostile source by the prescription of certain traditional medication and, sometimes, a period of reconstruction (Bogopa 2010). Diviners use bones as diagnostic tools, while herbalists ask questions to find out more about the nature of the problem (Bogopa 2010). The divining bones are collected during the training period as part of the training tasks (Bogopa 2010). Each bone represents an important aspect of a person's life. These bones include shells, bones, and animal parts. The diagnostic process may take a long time and may require follow-up visits. However, in certain situations, traditional healers may not be able to determine the problem and, after several unsuccessful visits, they will consider referrals to another traditional healer or a western doctor (Washington 2010).

Healing is defined as the correction of the disease affecting the body, mind and soul and for which traditional healers have a wide range of traditional healing methods (Bogopa 2010). Examples of such treatments include taking herbal remedies internally, a mixture of hot water and herbs where the vapour enhances relaxation (*ukugquma*), administration of traditional medicines that improve the blood circulation (blood cleansing and incision), and communication with the ancestors (Bogopa 2010). A traditional healer may often

prescribe medicinal treatments that range from the frankly traditional *muthi* (traditional medicine) to modern and 'untraditional' solutions such as battery acid (Washington 2010).

The traditional medicines are frequently laxative in effect, while treatment may also involve the use of a razor blade to make superficial cuts in the painful areas (*ukugcaba*) and then applying *muthi* into the wounds to extract the illness. Hot compresses (*ukuthoba*) and needle-pricks with porcupine quills (*ukuchoncosa*) are other common remedies used (Washington 2010).

In terms of the traditional view, illness represents personal and cultural forces which are governed by familial, social and cultural factors, thus suggesting that illness is culturally and socially created (de Andrade 2014). According to the traditional approach, illness cannot be situated in the mind or body alone but instead, it is situated within an integrated social pattern. It is and for this reason that disease may be attributed to social disharmony (de Andrade 2014). Traditionally, disease is perceived as a fundamentally supernatural phenomenon governed by a hierarchy of vital powers stemming from an all-powerful deity down to less spiritual plants and other objects. The treatment of the patient's symptoms involves using herbs and other objects while simultaneously, appealing to the supernatural powers of the ancestral spirits (Washington 2010).

2.15 Conclusion

This chapter reviewed relevant literature on LBP as one of the major health problem affecting many people of all ages and gender. The chapter briefly described the chiropractic approach to the treatment of LBP. The overview of the traditional healing approach in Africa elaborated on the essential elements of the significant role played by the indigenous knowledge system in addressing the primary healthcare needs of indigenous African people. The chapter also elaborated on the significant role of plants in African traditional healing and discussed the understanding and conceptualisation of pain disorders and their underlying mechanisms in both rural and urban groups in South Africa. Chapter three discusses the methodology which was used to explore the relationship

between the conceptualisation and management of pain among Zulu traditional healers, and its relationship to the chiropractic and biomedical conceptualisation and management of LBP.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methods, research setting, sampling process, data collection, population, data-analysis technique and ethical considerations of the study. It also explains the rationale behind the methodology employed, the instruments used to collect the requisite data, and the manner in which the study was conducted.

The research for this dissertation had its inception in February 2010 when I first walked through the Warwick Muti Market area, which I had singled out as a possible site of interest for possible research. At first, I did not even know that traditional healers were working in the area, or what the *muthi* vendors were selling. It was only when I came to the middle of the Warwick Street bridge that I saw people consulting with traditional healers. I then asked a friendly woman, who was willing to tell me everything about the market and what was happening. The nature of the research question, its relationship to my studies as a student chiropractor and the identification of the Warwick Muti Market as the site of the study germinated from this watershed event.

3.2 Methodology

Research methodology refers to a specific procedure which is selected by a researcher as a means of obtaining the information required in a study and describes the approach used to conduct the study. In the research context methodology encompasses the approaches, processes and methods used to gather and examine material (Henwood 2014). The methodology also provides guidelines and approaches that researchers may employ to render their work open to examination and and/or adaptation for the purpose of verification or for subsequent research. Kathryn (2010) refers to a study methodology as an analysis of those principles and procedures that describe how an investigation

should be carried out. This research study used a qualitative approach that does not involve measuring variables in a quantifiable way (Henwood 2014).

3.3 Qualitative research

Anderson (2010) highlighted that qualitative research is based more on narrative events than on numbers as it is not possible to count phenomena such as opinions, views, thoughts and symbols. She argued that the goal of qualitative research is to form a holistic view of specific events in order to gain a deeper understanding of the cultural- or social aspects of the 'meaning' of phenomena. Qualitative data is typically collected by means of interviews, observations, document analysis and narrative analysis and includes case studies, focus groups and historical research (Anderson 2010). The qualitative research approach further seeks to improve the validity of the research findings while also increasing the capacity to cross-check one data set against another (Kathryn 2010).

It is incumbent on the researcher to avoid enforcing his/her expectations on emerging data as the primary goal of the research process is to acquire the relevant information from the respondents in a natural setting without either bias or preconceived assumptions. Qualitative research questions are usually framed as behaviours or perceptions, factors accounting for such behaviours or perceptions, and the elaboration of associated factors (Kathryn 2010). Questions may also address changes over time. The qualitative interview allows the researcher to ask probing questions but also prioritises the neutrality of individual interviewee responses, and actively seeks to reduce interviewer bias (Kathryn 2010).

3.4 Research paradigm

The qualitative research approach adopted for the purposes of this study was based on the interpretive paradigm. This approach was deemed the most appropriate for examining different facets of a single phenomenon or a small group of related phenomena, as well

as for adding breadth and depth to the examination of the phenomena in question. The interpretive paradigm emphasises the ability of the individual to construct meaning and understand social phenomena by observation of the direct experience of the people concerned (Sarah 2015).

The interpretive paradigm was also deemed appropriate to the purpose of the study and the research questions. It was considered the most suitable approach as it involves an attempt to derive a construct from the field by an in-depth examination of the phenomenon/phenomena of interest. The interpretive paradigm seeks to create meaning through the reading and re-reading of the data throughout the data analysis process (Sarah 2015). The objective of this research study was to obtain a true reflection of the social aspects of the area of investigation by providing an account of the understanding and management by traditional healers in the treatment of LBP. The research paradigm employed also created the opportunity for an understanding of the symptoms related to LBP (Sarah 2015).

3.5 Research design

The research design is understood to be a systematic process of research that entails the intensive planning of events, prior to conducting the actual study. The objective of the research design of every study is to provide solutions to an existing problem. The qualitative research design based on the interpretive paradigm was deemed to be the most suitable for the purpose of this study. This qualitative research study used a research design that sought and described new observations, in respect of which no prior information existed (Marshall *et al.* 2013). According to Sarah (2015), the research design links the research questions to the implementation of the study, in other words, to how the research is structured, and the methods of data collection used. Thus, it assists the researcher in collecting material relevant to the research (Sarah 2015).

3.6 Sampling technique

The participants were selected using the purposive and snowballing sampling methods. Purposive sampling is a non-random sampling method that involves the conscious selection by the researcher of certain participants to include in a study (Marshall *et al.* 2013). While snowball sampling works like a referral chain with the existing study participants recruiting future subjects from among their acquaintances (Marshall *et al.* 2013). I chose the purposive and snowball sampling methods due to both the limited number of traditional healers in the area (Warwick Muti Market) and their availability during the period of interviewing (Michelle and Nicola 2012). I approached the healers in the market asking them to participate in the study. I also explained the purpose and the inclusion criteria of the study. Some of the healers did not meet the inclusion criteria and were therefore, excluded from the study. However, some of the traditional healers who participated in the study were recommended as potential participants by those who had been excluded from the study.

I interviewed ten traditional healers (herbalists) who had met the inclusion criteria. Thus, the study sample comprised of 10 participants. Data saturation was reached when any new data was just replicating the data that had already been collected from other traditional healers. The following inclusive criteria were formulated:

1. The participants had to be traditional herbalists (*izinyanga*), with a minimum of five years' experience as a traditional healer. The reason for including the herbalists only, was that one of the objectives of the study was to obtain the traditional medicines or herbs commonly utilised by traditional healers in the treatment and/or management of LBP. As previously stated that herbalists engage in the use of herbal preparation to treat illness without settling bones to connect with the ancestors.
2. The participants needed to be practising in the Warwick Muti Market.
3. The participants needed to be able to understand and communicate in IsiZulu, as the interviews were conducted in IsiZulu.
4. Those traditional healers who did not meet the above criteria were excluded from the study.

Diviners and Spiritual healers were excluded in the study. As mentioned previously in chapter 2 that diviners may or may not have knowledge about the herbs, since their main focus is to connect with the ancestors to diagnose the illness, the cause of such illness and provide spiritual solution. While the spiritual healers do not use any herbal medicine to treat the illness.

3.7 Study site

Yilmaz (2013) defines the study site as the location or place where the study will be conducted. It may be the homes or work places of the respondents, a university library or a community library in the relevant city or town. The research site for this study was the Warwick Muti Market in Durban where traditional healers practise. It was the most likely place where the participants would feel comfortable during the interviews, and I felt that this would promote the most free and honest responses to the questions possible. I sought and obtained the informed consent of each of the participants to carry out the study in their setting.

The Warwick Muti Market is an area located in central Durban. It is a transport interchange area that provides access to taxis, buses and trains for nearly half a million people daily (Cousins, Williams and Witkowski 2012). Approximately 38 000 vehicles and 460 000 people pass through the market daily. There are 23 taxi ranks, 19 bus terminals and two major train stations in the interchange (Chazan and Whiteside 2007). The Warwick Muti Market provides space to approximately 700 traditional healers with this area being accessible to almost all the residents of the greater areas, both rural and urban areas, around Durban (Chazan and Whiteside 2007). The market allows the opportunity to explore the world of African traditional healing (Cousins, Williams and Witkowski 2012).

All types of people, including international visitors, make their way through the market and are able to witness a variety of traditional healers and traditional medicines being prepared for sale. *Izangoma* (diviners) and *izinyanga* (herbalists) share their valuable

knowledge with these people, especially those of the Zulu culture. There is an abundance of the various ingredients used for traditional healing, including snake skins, plants and mysterious powders. Traditional healers consult within the market and provide a variety of insights into traditional healing. Visitors from other provinces may also consult the traditional healers who provide the appropriate traditional medicine for the complaint. These treatments may include acupuncture, herbs, libation and even love potions. The Warwick Muti Market functions like a western pharmacy but also, highlights the difference between modern and traditional medicine (Cousins, Williams and Witkowski 2012). Customers approach traditional healers with their complaints and the healers supply them with the appropriate medicine. Traditional healers are consulted in the privacy of small rooms. In order to facilitate the interviews, some of the traditional healers allowed me to interview them on a Sunday, which was quieter than other weekdays because everyone is resting at home and the level of noise is not as high as it would be on other weekdays.

3.8 Research instrumentation

I used semi-structured, individual interviews to obtain information on LBP from the participants. Turner and Daniel (2010) maintain that interviews are useful tools for gaining an understanding of both the perceptions of subjects and also how they attach meaning to phenomena. In other words, they include an affective element. This type of interview allowed me to ask many pre-determined questions and also to explore the participants' responses. In addition, the interviews allowed for greater flexibility to follow up on interesting responses. Moreover, the face-to-face interviews enabled me to clarify the responses through neutral probing (Turner and Daniel 2010). In order to ensure the effectiveness of the study, I took care that the interview questions were relevant to the study while also avoiding ambiguous, double-barrelled and leading questions. I remained aware of possible social desirability effects in terms of which participants seek to give more socially acceptable responses and I made conscious efforts to reduce these effects by using non-threatening, indirect question forms and by stressing the scientific importance of the research study. In addition, I endeavoured to convey a positive attitude to the respondents by demonstrating a culturally-aligned respect for their viewpoints.

3.8.1 Open-ended questions

Turner and Daniel (2010) define open-ended questioning as a set of questions posed to the respondents in which the researcher always probes for further elaboration. The type of question posed indicates both the respondent's and the researcher's knowledge of the topic under discussion (Turner and Daniel 2010). Yilmaz (2013) has suggested that open-ended questions allow the respondent to offer information in areas that may not have been foreseen by the researcher and are especially useful when studying complex issues. I posed open-ended questions to traditional healers, with the purpose of gathering information on the research topic. I made sure that they were permitted to elaborate on their responses detail and with unfettered flexibility.

In view of the fact that the focus of this study was on LBP and the traditional understanding of LBP, the use of open-ended questions was hugely beneficial. It enabled an in-depth understanding of the topic with much information on traditional healing being revealed and especially on the dynamics of African healing. Disadvantages of open-ended questioning that have been identified include the fact that it may be time consuming and the researcher may record information that is not relevant to the study (Yilmaz 2013). In addition, it also requires skill to analyse and record the data which has been collected in this way.

I found it difficult to pose questions to the respondents and record information at the same time. Most of the healers had initially refused consent to the use of a voice recorder, fearing that I may pass the information on to other healers and the media. However, in these cases, I assured the participants that the results would remain confidential, that the information provided by them would not be publicly reported, and that only I and my supervisors would have access to the data. I further, assured the participants that there would be no violation of either rights of their privacy and that no names would be revealed in publications. They then agreed to the use of a voice recorder.

3.8.2 Informed consent

Before the interviews began I informed all the traditional healers about the purpose of the study as well as their role in the study. I provided the Letter of Information (Appendix A) and Informed Consent Form (Appendix B) and emphasised the following critical considerations:

1. The interviews were being conducted on the traditional understanding and management of LBP.
2. The aim of the interviews was not to use their information for any treatment purpose but for research purposes only.
3. The interview questions would also revolve around their most common traditional treatments for LBP.

3.9 Data collection

I conducted the interviews in the participants' home language, namely IsiZulu as this is also my home language. The majority of the traditional healers were old people and felt the most comfortable speaking IsiZulu, although some did understand English. The aim of these interviews was to explore and document the depth of understanding of the symptoms of LBP, and their treatment, among the traditional healers (*izinyanga*). I approached the traditional healers in person and confirmed their availability to participate in this study. I then scheduled mutually acceptable appointment dates and times. The interviews took place once the participants had read the Letter of Information (Appendix A), agreed to the informed consent questions and signed the Informed Consent form (Appendix B) and the Confidentiality Statement (Appendix C). The interviews were then voice recorded for approximately 30 minutes each, with only three exceeding this time. As already mentioned all the interviews were in IsiZulu, which was the participants' home language.

I asked all the participants the same open-ended questions which were contained in the interview guideline (Appendix D). However, a few questions were asked based on the individual participant's responses during the data collection. These questions were not

included in the interview guideline (Appendix D) but are recorded in the subsequent *verbatim* transcription. During some of the interviews I found that some of the interviewees were leaving out valuable information when they were being interviewed individually and then they wanted to come back at a later stage and mention what they had left out. However, this was easily effected within the flow of the interviews. I conducted the interviews within a period of two weeks (05 to 18 November 2017) without interrupting the traditional healers working settings. As the data collection commenced I noted the emerging categories and themes, which then informed subsequent interviews.

3.10 The transcription of the interview data

3.10.1 Process of transcription of the interview data

I carried out the transcription of the data from audio recordings into a written text through a process of repetitive and careful listening to the original interview audios, going back and forth to verify the original interview. It took me between 3 to 4 hours to transcribe each interview. At the end, all the audio recordings and transcriptions were sent to my research supervisors to verify the original interviews and to make sure that no valuable and important information had been omitted.

3.10.2 The coding of the Subjects

The participants were assigned pseudonyms to facilitate the representation of their words in writing while protecting their identities. The codes used reflected the individual's healer designation, placement in the sequence of the ten interviews. The coding sequence was as follows:

1. Healer designation (**N** = *inyanga*);
2. Placement within the ten pairs of interviews (**1,2,3**, up to **10**)
3. Gender of individual (**M** or **F**)
4. Age of the traditional healer

3.11 The translation of the interview data

3.11.1 First translation phase

I first translated individual interviews into an understandable English version of the original text although, in this initial translation, the emphasis was not on the subtlety of the vocabulary. I worked from the original Zulu and the first English draft to correct obvious errors in both the grammar and the vocabulary. I encountered some difficulty in identifying appropriate English 'substitutes' for some Zulu words, particularly those referring to Zulu cultural concepts that are foreign to Anglophone cultures. I have indicated the meaning of these words in footnotes together with the final English translations.

3.11.2 Second translation phase

The second translation phase was completed by my research supervisor who is a mother tongue English speaker, a second language Afrikaans speaker and a third language IsiXhosa/IsiZulu speaker. The supervisor reviewed the draft English translated text against the original IsiZulu transcriptions, focusing on the accuracy of the translation and the refinement of the English vocabulary used to ensure that the meaning and nuance of the original text had been appropriately conveyed in English.

3.11.3 Data analysis

(Figure overleaf)

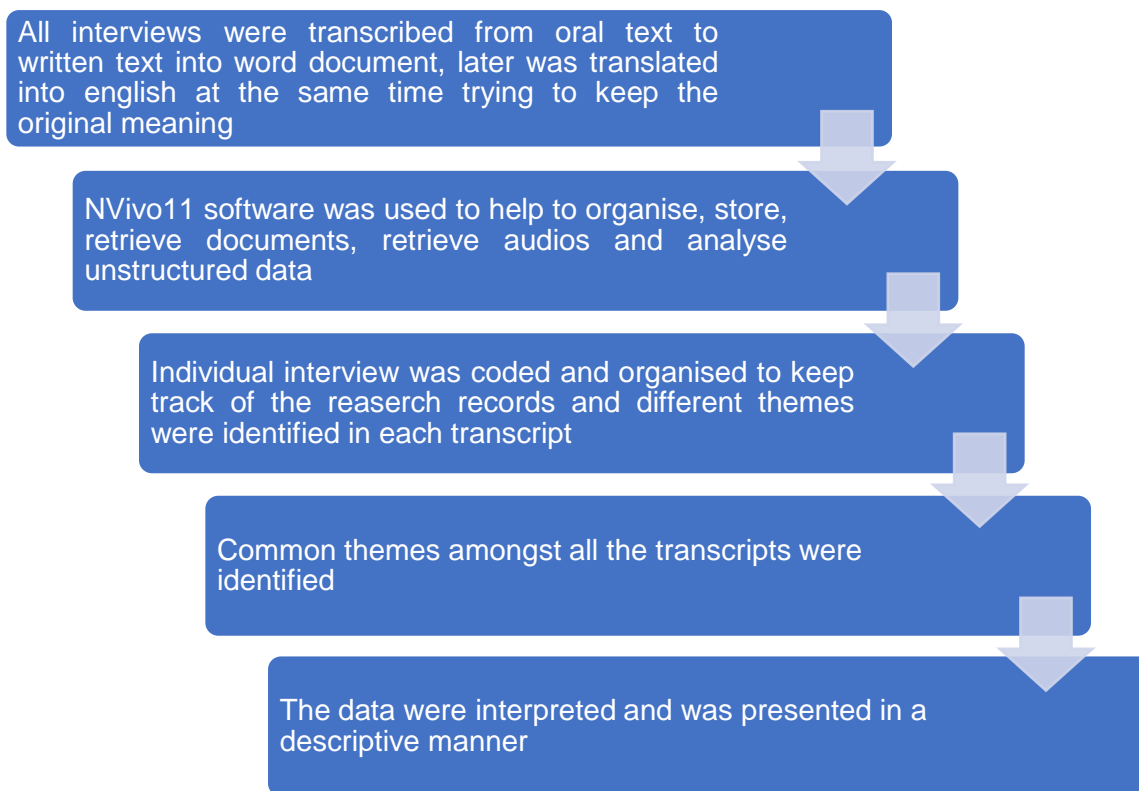


Figure 3.1: Schematic representation of the steps taken to analyse the raw data

3.12 Data storage

The data was stored on a compact disc, which will be kept in locked storage in the research supervisors' office archive for five years, after which it will be physically destroyed. The data has and will be accessed only by the study supervisors and myself.

3.13 Trustworthiness

Linda *et al.* (2016) suggest four criteria to ensure the trustworthiness of qualitative research, namely, (a) credibility, (b) dependability, (c) conformability and (d) transferability. To enhance the quality of the research study, these four criteria were used.

3.13.1 Credibility

Credibility refers to when the participants recognise the reported research findings as their own experiences (Linda *et al.* 2016). To ensure credibility I endeavoured to be

coherent and consistent and, yet, still to display flexibility. I posed both closed and open-ended questions during the semi-structured interviews to ensure that I portrayed an accurate reflection of the actual situation.

3.13.2 Transferability

Transferability refers to a probability that the study findings will be meaningful to others, in similar situations (Carcary 2009) . I achieved this by documenting the methodological processes and procedures used in detail to provide the necessary context for the reader.

3.13.3 Dependability

Linda *et al.* (2016) explained that dependability refers to the extent to which the research findings may be replicated with similar subjects in a similar context, similar results would emerge. The dependability of this research study was ensured by the following measures:

1. describing in detail all the steps taken in conducting the study from start to finish as recorded in this chapter; and
2. the transcription and analysis phase were initiated by me and checked by the research supervisors for any discrepancies

3.13.4 Confirmability of the findings

Confirmability refers to the objectivity, in the extent to which the researcher is aware of or accounts for individual subjectivity or bias (Carcary 2009). To ensure this:

1. the research methods used to conduct this study were supported by existing literature, as demonstrated in this chapter; and the research paradigm used was explicitly discussed in this chapter.

3.14 Ethical considerations

The researcher has a moral obligation to strictly consider the rights of the informants who are expected to provide the requisite knowledge (Carcary 2009). The study, including the specific methodological considerations as well as other considerations seeking to protect the rights of participants, was approved by the Durban University of Technology,

Institutional Research Ethics Committee (IREC 099/17). I asked the participants for their permission to include them in the research, each participant was given information about the study (Appendix A) and a provided with a written consent form in which the participants agreed to be interviewed.

3.15 Conclusion

This chapter outlined the structure of the study in terms of the methods used for the data collection and data analysis. The selected method of purposive and snowball sampling was the result of the availability of respondents during the research. The requisite data was collected by means of semi-structured interviews. The research methods selected were deemed to be appropriate as they enabled me to explore the understanding and management of the symptoms of LBP by traditional healers from the Warwick Muti Market in Durban. The next chapter presents the results of the study and the data analysis.

CHAPTER FOUR

THE RESULTS

4.1 Introduction

The methodology described in chapter 3 was used to arrange the raw data into patterns so as to derive meaning from the data. This included conducting semi-structured interviews as the primary data-collection tool that was administered to a sample of ten traditional healers. The focus of this chapter is on the presentation of the results and not on a discussion of the results. The discussion of the data and the relationship between the data and the understanding and treatment of LBP within a biomedical chiropractic paradigm are discussed in chapter 5. The study results are presented in alignment with the four areas of interest (research questions).

4.2 Participant demographics

4.2.1 Gender of participants

The study population consisted of 10 traditional healers. The gender of participants was equally distributed with the sample comprising 5 males and 5 females.

4.2.2 Interviewee Demographics

The relevant demographics of the ten interviewees (in interview sequence) are presented overleaf in table 4.1

Table 4.1 The interviewee demographics

No.	Age	Gender	Years in practice	Duration of interview
01	40	Male	10	00:21:21
02	35	Female	7	00:17:59
03	70	Female	38	00:26:49
04	80	Male	40	00:25:52
05	72	Male	26	00:35:37
06	60	Female	20	00:31:09
07	37	Male	8	00:18:21
08	43	Male	11	00:30:02
09	55	Female	29	00:44:54
10	81	Female	48	00:29:56
Ave.	57	1:1	23.7	00:28:06

4.3 Presentation of the findings

The data was analysed in terms of four themes using NVivo® 11 software. An overview of the themes that were identified during the data analysis is presented in overleaf.

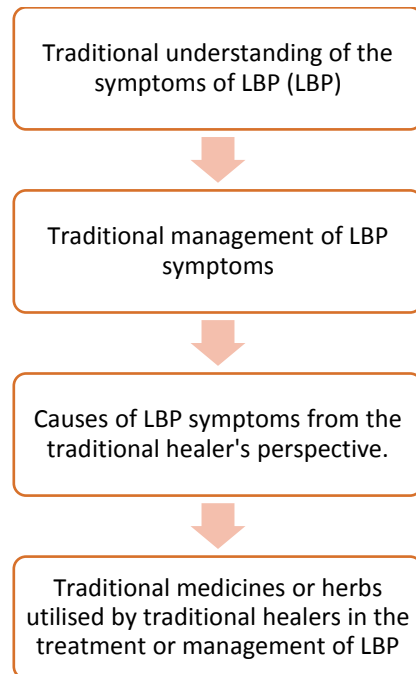


Figure 4.2: Overview of the themes

The above themes are discussed in detail in this chapter.

4.3.1 Theme one: Traditional understanding of the symptoms of Low back pain.

The findings of the study revealed that the traditional healers understand LBP in terms of the physical symptoms which a person may present. These physical symptoms include feeling pain that makes it difficult to sleep, walk or engage in daily life activities. Many reported that LBP may be worse at night, on moving around, and when a person has been bending and standing for a long period of time.

Sometimes it is possible to go to sleep and wake up with a sore lower back. Others cannot work properly. When you have a lower back pain that renders you unable to bend when working. N1M40

Most people who come to me with back pain. Some complain of not sleeping at night, of being unable to sleep well because of the pain in the lower back. N2F35

*One person may complain about difficulties when standing up or bending, others may complain about pain when standing up after bending. Then you get those who suffer from lower back pain caused by umbhulelo¹. They feel like their back is breaking. In such cases, I have to prepare muthi² to stop the pain and get rid of the thing that causes it. **N5M72***

*Even when you try to move, you can feel that there is pain on your lower back. They would say they do not feel right in their lower back, or that they experience pain on moving. In such cases, I must then see what I can do about it. **N7M37***

*You see, when you have pain in your lower back, it means there is a problem. You get sharp pains in the lower back, in that case, it means you have umbhulelo¹. **N9F55***

However, the traditional healers also stated that, in some cases, the pain is described in the following statement 'I have pain in my back'.

*They say they have pain in their back. As a healer you need to give them what you know is appropriate (pertains to) for back pain. **N3F35***

*Let me just say that there is lower back pain where a person would say, "I have pain in my lower back". **N9F55***

*They feel pain. You have to provide them with medicine to relieve the pain. There are pains that can make a man lose feelings. **N10F81***

4.3.2 Theme two: Traditional management of Low back pain symptoms.

Traditional healers identified a similar traditional management approach for LBP symptoms. There were a number of alternative Zulu names that the traditional healers

¹ *Umbhulelo (also known as umeqo)*: Refers to a form of witchcraft in which sickness is believed to arise by walking or stepping over a traditional medicine.

used to refer to their traditional medicine. These include herbal medicines (*imbiza* and *imithi*), salmonic blocks (*imihlabelo*), and black powdered herbs (*izinsizi*) and a mixture of both animal fats and herbal medicines. The traditional healers also mentioned that they prescribed these medicines by making skin incisions (*ukugcaba*) to extract the illness, as an enema, and as an emollient for rubbing the painful areas. These medicines may also be licked (powdered herbs) or a person may also drink the medicine, depending on the cause of the pain.

The healers believed that the function of traditional medicine is to “heal” or “manage” a person who presents with LBP with the majority reporting that, most of the time, when they use their medicine to heal a person who suffers from LBP, the main aim is to ease the pain, repair a broken bone if injured, cleanse the body (bowel cleansing), and restore blood flow in the painful area. The healers also stated that there are different ways in which to heal the pain.

As traditional healers, we have as many ways to heal people as there are different pains.

N1M40

It depends on what the person says when they come to me, the way they describe their pain is what informs the treatment method I use. N5M72

The various management approaches for LBP symptoms are divided into the subthemes below:

4.3.2.1 *Imbiza*

The traditional healers indicated that they give *imbiza*² to drink and to use as an enema to treat and manage LBP symptoms. This type of medicine is made up of different and,

² *Imbiza*: Is a generic term for a large number of strong herbs, used in various combinations for healing.

usually, a large number of strong herbs, used in various combinations for purpose of healing. It is prescribed in the form of a liquid (it has a laxative effect) for bowel cleansing (cleansing from the inside). After examining the patient, a healer decides whether a patient may need the *imbiza*² which is drunk or whether it is used as an enema.

*There is also a medicine that is used for pain and it is called uzifozonke*³. **N1M40**

*I give a person imbiza*² to apply as an enema. **N2F35**

*I give them imbiza*² to drink and to use as an enema. We then ask them to come back and explain how they are feeling. **N3F70**

*I do treat lower back pain, and pain in the knees, body pain, with decoctions or an imbiza*². We discuss and arrange accordingly with you, as a patient, whether you need the one for drinking or the enema but, most times, people prefer the one used as an enema. I make the decision and tell them "For you, it will have to be the one for the enema". **N4M80**

*You also get an imbiza*², specifically for lower back pain, that works in synergy with the *insizi*⁴. The *imbiza*² does its thing, there is one that is solely used as an enema, and another one that is used for both drinking and the enema and the *insizi*⁴ does another thing, but they serve the same purpose. **N6F60**

*There is also an imbiza*² to be administered as an enema, which removes a thick jelly-like substance around the joints in the lower back. Those substances cause dehydration in the

³ *Uzifozonke*: Refers to several strong herbs used for all ointments or illnesses.

⁴ *Insizi (plural: izinsizi)*: A strong black powdered traditional medicine made from the dry herbs and ground.

back, or dryness in other organs which makes a person feel tired. Imbiza² keeps the liquid in the spine, and prevents the tendons from stretching, and alleviates the pain. N8M43

Yes, I also have an imbiza² for application as an enema. N10F81

However, *imbiza²* helps to manage LBP symptoms, the five healers stated that it must not be used continuously as, in view of its laxative effect, it may contribute to conditions such as malabsorption and death.

The medicine for bowel cleansing is not used continuously because you would end up dead. Yes, it cleans all the waste products inside the body, but nutrients and food must also stay in the body. Just say that, perhaps I gave you 2 litres of a traditional decoction; you'd drink it and use it for bowel cleansing only over the weekend, until you felt better. N1M40

If the backpain is severe, one can apply an enema in the morning and again at night, using a cup measure. Not a mug, but the size of a teacup, a smaller cup. N2F35

You apply an enema once a week, but I normally say twice a week, so you feel better. N3F70

You don't apply an enema repeatedly. You do it only once, on the day you get the imbiza². N7M37

You see, as it is a bottle, you take half a litre, and then use the same volume again after two days. N8M43

4.3.2.2 Izinsizi

The interviews revealed that it is not only *imbiza²* that is administered to treat LBP, but several herbs may be mixed and together they form a traditional medicine (*izinsizi⁴*) with

a strong effect. This combination is then licked by the person who presents with LBP. *Izinsizi*⁴ are powdered herbs that are always used to draw out an illness. This can only be licked and can also be used in conjunction with *imbiza*² to treat LBP. The effect of this medicine is that it makes a person drink a lot of water which then washes off dirt from the inside and removes it together with urine.

There are licked, izinsizi⁴ that are able to treat lower back pain, and then you also get an imbiza², specifically for lower back pain, that works in synergy with the insizi⁴. N6F60

Let's just say a person complained of lower back pain, we do have a treatment for umeqo¹, izinsizi⁴, or a bottle of licking medicine. This medicine makes a person thirsty and they drink a lot of water which then removes waste products. Because that waste may eventually cause lower back pain and kidney failure. If you lick the insizi⁴ it moves to the spot where the pain is and, when you drink water, waste will be removed along with the urine. We do have a treatment specifically for ilumbo⁵. You see, this insizi⁴, this one for ilumbo⁵, may as medicine, be applied as an enema, some may be used for drinking or even, eventually, for scarification. N8M43

4.3.2.3 Umhlabelo

In addition to *imbiza*² and *izinsizi*⁴, *umhlabelo*⁶ is another form of medicine which is used to manage the LBP caused by injuries and sprains and which may also be used for other wounds on the body. This medicine is given in a form of either a liquid or a powder and may be administered by making a skin incision (as a powder) on the low back and in other painful areas, or a person may drink it. These two types of *umhlabelo*⁶ work in a similar

⁵ *Ilumbo*: A sexually transmitted disease, particularly affecting the youth, mainly males. It is characterised by penile sores, discharge, low sex drive and marked inguinal lymphadenopathy and is difficult to treat.

⁶ *Umhlabelo*: Is a medicine used to speed up the healing process, repair a broken bone and decrease muscle cramps or spasms.

way to stimulate and repair an injured bone, speed up the healing process by circulating through the whole body, working on blood clots that cause pain and by breaking down blood that is clotted in the affected area.

*There is a traditional medicine called umhlabelo⁶ if you are injured. It's for skin incisions in painful areas, and a person may only drink it. These medicines clean the injured area, then stimulate the injured bone. **N1M40***

*Let's just say you get a sprain or an injury, the treatment for these is different from that of a person who has umbhulelo¹. A person suffering from lower back pain because of an injury drinks umhlabelo⁶, which breaks down the blood that is clotted in the affected area. **N5M72***

*You see when you have injured your back, you make incisions from the top of the spine downwards, when I put the muthi⁷, it circulates through the whole body, working on the blood clots that cause pain. Even a person who gave birth through an operation needs umhlabelo⁶. It's the same medicine used in hospitals and its purpose is to mitigate pain on the inside. **N5M72***

I sometimes give them traditional medicine. They would have to make incisions on their skin and apply it there or I give them a traditional medicine to lick. Some healers administer traditional medicine as an enema, but, personally, I do not use that method anymore. I make skin incisions on the patients, give them medicines to lick because those administered by licking are medicines that may move to the back, by licking but men generally prefer using enemas. You see, when the pain is in the lower back, you make a little incision, and apply the medicine. That medicine will then move to where the pain is.

⁷ *Umuthi (plural: Imithi)*: Refers to an indigenous or traditional medicine involving the use of herbal medicine, animal parts and plant roots applied on their own or in a combination to manage, prevent and treat illnesses or maintain well-being.

*You find that the pain has stagnated in that area. Let me give an example: let us say you bend, you feel a sharp pain in your back. There will be a bloody substance clogging that area, it's like when you walk, and you suddenly twist your foot. If you make an incision, the medicine will move to the area and break down this bloody substance clogging the affected area break down the blood clots so that the blood starts to flow smoothly in the arteries. Traditional healing it very difficult. **N9F55***

*Sometimes, when they can walk I will take intuma [Solanum aceleastrum], grind it into a paste and make an incision on the lower back. **N10F81***

4.3.2.4 Traditional medicine for muscles and pain relief

Three healers mentioned that there is a mixture of fats from animals (usually from snakes and crocodiles) for the relief of muscle and back pain. This medicine works in similar way to western medicine that is also used to reduce muscle spasms, aches and back pains. However, this medicine may also be given together with *imbiza*² as an enema because it is believed that *imbiza*² removes waste from the inside while the cream (fat mixture) works on the acute pain from outside for a shorter period.

*There is also a mixture of fat (from animal' parts) to rub on the area. This traditional medicine is similar to modern medicine. You do not use it continuously, but only when you have pain. **N1M40***

*One may use something to rub on the painful side, then sit in a comfortable position. I give a person *imbiza*² to apply as an enema, or herbs to rub on the painful part. **N2F35***

*We do have a traditional medicine that we rub on. **N6F60***

In addition, two healers stated that they sometimes recommend another muscle-relieving pain cream from the pharmacy to their patients. This is known as M.C.O. It is a herbal

camphor ointment that is indicated for external use only to ease minor aches and pains in muscles and joints (arthritic and rheumatic pain mainly).

But there is another medicine called M.C.O that I recommend people to buy at any pharmacy, and that comes in a green bottle. A person rubs this onto the painful areas before going to bed and, by the morning, they will be feeling better. N2F35

Sometimes we use a product that we buy from the pharmacy that is also for rubbing on the back. You can buy it and rub yourself with it. It is called the M.C.O. N6F60

Traditional healers believe that traditional medicine helps to manage the pain arising from physiological and physical causes. However, it also helps to manage spiritual (caused by ancestors) LBP, or pain inflicted on the afflicted person by those with evil and wicked intentions (witchcraft). Traditional medicine may be used and assists in performing a ritual for a person's ancestors to ask them to release the person from the calling as a traditional healer when the person is not comfortable practising as a traditional healer. However, it depends on the ancestors whether they agree or refuse to do as they have been requested. If the ancestors insist that the person becomes a healer and the person refuses, the symptoms of LBP may become even more chronic and severe than before. The healers who participated all appeared to be confident about the effectiveness of their medicines in healing a person who presents with LBP symptoms. Four healers mentioned that their traditional medicine had the highest rate of success in curing LBP symptoms and that, in the main, the pain will never return if the person follows the instructions for using the medicine.

If you can find someone who knows herbs, you cannot get the lower back pain back again. Whether you have ancestors or anything. But, if the ancestors want you to become a diviner, then you will always have lower back pain until you do what you need to do. N1M40

*You would feel better even before you have finished the bottle (Imbiza²). It never recurs (lower back pain). **N3F70***

*The patient may complain about pain in the knees and the lower back, and fatigue, so the treatment has to solve all these problems. I, then tell them 'Try and give me a call after three days.' The patient will then say (over the phone) or come in person and say, 'I can notice the difference'. **N4M80***

*It may happen that the treatment temporarily stopped the pain, but the ideal treatment should treat the pain permanently. **N9F55***

Two participants mentioned they did not just administer traditional medicine when a patient presents with LBP, because LBP is a challenging condition to treat as it has many causes. In such a case, a healer must first understand the cause of the illness by asking questions in order to ensure a better chance of healing and managing the condition.

*Listen. The work that we do, is the work that we know. I give you muthi⁷ to use. If you come back, I ask you why do you have pain again, and what am I supposed to do. That means I have to make another plan. Somebody may give you umhlabelo⁶ only to find that what you are suffering from does not require umhlabelo⁶, perhaps it needs you to use imbiza² or izinsizi⁴ and other things. I then give you another muthi⁷, different from the initial one. Even doctors change tablets and give you different ones. It's the same thing with us (traditional healers). **N5M72***

It is not an easy thing to do (to deal with lower back pain). When a person comes and says they have a certain illness, I don't just give them treatment, I first ask them, 'As you say you are suffering from this particular illness, are you not feeling something like this?' (referring to certain symptoms the patient may not have mentioned). I do this because I am seeking to understand clearly whether his lower back pain is associated with spirits or

*umeqo*¹. I then ask where they are employed, what they do, and then about spiritual matters? **N8M43**

*When a person comes to me, I examine them to establish if they are, indeed, suffering from lower back pain. Let me give you an example: there was a boy who had ilumbo*⁵, *now, when he pees, maggots come out, and, you know, maggots grow on rotten things, but these maggots were coming from a medicine that had been used. Before I treat the patients, I ask them; ‘Are you married? Does your wife know about the problem you have? Do you have children? How long have you had this problem?’ You realise that that this infection or virus will end up being transmitted to his wife if he continues to sleep with her. I then prepare a traditional medicine for him. N9F55*

One healer made a distinction between a traditional “healer” and a “witch”. She stated that a “real” healer does not send evil spirits to other people or kill people but, Instead, his/ her sole driving force is to promote life in the community and to heal people. She added that before she gives a medicine to a patient, she tastes it in front of the person to prove that the medicine is not meant to kill but, instead, to help the person. This distinction is evident in the following extract:

Even when I give a person a concoction, I drink it first to show you that it is safe and that, when you get sick, you won’t say it was me. I have a story that once happened to someone. I won’t explain the details though. Someone put poison on the medicine and people died. I drink the medicine first so that, if there is poison, I will die first. Yes, there are stories that we kill people. N3F70

4.3.3 Theme three: Causes of LBP symptoms from the traditional healers’ perspective.

The third theme involved probing the traditional healers' knowledge about the causes of LBP symptoms. Witchcraft cited as a pronounced cause although, on the other hand, when a person presents with the symptoms, these symptoms are presumed to be caused

by the person's ancestors, injuries or accidents, kidney disease, *Ilumbo*⁵, work/job that requires prolonged standing or bending, and ageing. These are discussed below:

4.3.3.1 Umeqo or Umbhulelo

Eight of the traditional healers who participated in the study indicated that LBP, according to their understanding and belief, is usually caused by either bewitchment or other forms of wicked spirits, which may be inflicted by traditional medicine, this (traditional medicine) is known as *umeqo*¹ or *umbhulelo*¹.

We first check to see what may be causing the back pain. For some, the lower back pain is the result of being bewitched. N1M40

That is what causes most people to complain of back pain, as well as umeqo¹. Umeqo¹ does cause back pain. N2F35

Pain may be caused by umeqo¹, or amagobongo⁸. N3F70

Umbhulelo¹ is something you walk over, it then enters your body and moves up to your lower back. That happens when you have been bewitched. N5M72

Lower back pain may be caused by walking over umbhulelo¹, which then moves up to your lower back, and causes the back to hurt. N6F60

There are many things that may cause a person to suffer from lower back pain. Some people suffer from lower back pain because of umeqo¹, which is something that has been trapped with traditional medicine; another may suffer from lower back pain as a result of

⁸ *Amagobongo (singular: igobongo)*: The term refers to the medicinal complexes collectively rather than the receptacle used during the period of initiation or divination.

*witchcraft. We normally deal with those types of lower back pain even although they come in different forms. **N8M43***

*Tradition, injuries and umbhulelo¹ may cause lower back pain. **N9F55***

*It does happen that someone might think they have a back pain when one has contracted a traditional illness that moves from the leg all the way up to the back. The back is the key. There are three things that cause someone to have back pain: umeqo¹, kidney infection and excess fluids on the spine that need to be drained. **N10F81***

Two healers stated that stepping over a traditional medicine may also cause a loss of ability to move parts of the body and an inability to function properly.

*In your body, sometimes it is umeqo¹, there is umeqo¹ that you walk over, which then causes lower back pain, which may lead to paralysis. **N4M80***

Umbhulelo¹ enters through your feet and moves up your body. You see in that case, when a person places that muthi⁷ to set a trap for you, the person would say; 'I want this person to end up being paralysed, as I set the trap with a medicine". When a person uses such a medicine, the person knows it will enter through the feet. In other instances, it will also affect your knees and you will have a problem, or it will move to your lower back and cause difficulties in functioning. In other instances, when you try to walk, your back feels dislocated that happens as a result of a muthi⁷ trap that was set for you. Let me give an example, let me say you were being beaten and, while you were being beaten, you were struck on your spinal cord. Will you be able to stand up and walk? No, you won't. When they make that umbhulelo¹, their aim is for it to cause damage to your back. You see, in your back, the bones have something that is like a lubricant. When that fluid becomes depleted, that is caused by umbhulelo¹. The same thing applies to your knee caps when there is something like mucus, you find something similar in your lower back. When they

put down that umbhelelo¹, the aim is to deplete that fluid so that the back will become paralysed. N9F55

Two of respondents, stated that witches have the ability to use their 'powers' and the forces of nature to cause LBP and harm people and that this harm may be carried by mythical animals.

Being struck by something on your back because there is something that we call a 'stroke' which also happens in the lower back and that just comes out of nowhere and strikes you on your back and causes a painful lower back. N2F60

Umeqo¹ is something that is put on or dug into the ground as a trap where a person is going to walk or it is sent via an animal of witchcraft. If the cause is the witchcraft animal, it will attack bodily organs, and cause damage to the lower back. Normally that witchcraft animal is against relationships and, as the lower back plays a key role in strengthening relationships, the animal will then hinder that. It functions at the spiritual level, but it is visible. Anything that is like an animal may be used as a traditional medicine. For example, a bird or an owl can attack you. You see that dead owl hanging over there? It may be reused, reincarnated to attack a person. This is done by people who practise witchcraft but we can't do that because, truly, we treat people who are affected by such acts of witchcraft. Sometimes we require grime from such things because some things cannot be treated without grime. N8M43

4.3.3.2 Ilumbo

The traditional healers mentioned *ilumbo*⁵ as one of the causes of LBP which is curable but challenging. They gave an example of a man coming to them and telling them he loves a specific girl and wants to cause *ilumbo*⁵ when his lover sleeps around with other man. He will then introduce *ilumbo*⁵ to 'trap' that person. This was confirmed in the extracts below:

*Then there is something that is called ilumbo⁵. This thing causes lower back pain and is seen in symptoms such as swollen genitals and penile sores. **N1M40***

*In young people, it is usually related to umeqo¹, and things like ilumbo⁵. One may have contracted ilumbo⁵. A young person may have had sex with an older person who has it and then the young person would contract the evil spirits that then move to their lower back. That impurity will then have to be removed. **N4M80***

*There are various causes as lower back pain not only affects old people, even young people may suffer from lower back pain. In some cases, your love partner may be sick. Let's just say you are dating me, I will then put my "police" to guard you for me. If another person sleeps with you, the "police" attack him. I do not do that with the intention of harming you (the partner), and the "police" are put on you without your knowledge. In that instance there is a trap set on you and it is called ilumbo⁵. The ilumbo⁵ causes lower back pain. It depends on the sort of impact ilumbo⁵ has once it enters your body. Some people get scrotal swelling. **N5M72***

*There are many diseases in the blood. There is another type of lower back pain that I have forgotten. Its pain is caused by ilumbo⁵. Ilumbo⁵ may lead to paralysis. Let's just say a man got ilumbo⁵ transmitted sexually to him by a woman. The man receives treatment but the women do not. If the man were to go back to sleep with the same woman again, the man would be infected again. Indeed, the pain will cease by using such "stuff" but that is not to say it will never come back. Because, really, with the differences in people's understanding, it may happen that a person may never suffer the same pain again. Ilumbo⁵, this also differs but let me describe it. The disease usually has internal causes and manifests in symptoms such as tiredness, swelling, discharges from the vagina and loss of sensation. These symptoms indicate that you have ilumbo⁵. **N8M43***

*Another thing is, old men used to become involved in multiple sexual relationships. In those days there was a sexually transmitted infection which is not common these days, called ilumbo⁵. You would see a person's stomach swelling. Ilumbo⁵ is a trap set to ensure while the husband is away for a long time because of work. The husband will then set a trap to guard against any man who may try to sleep with his wife. In such cases the man may eventually die. **N9F55***

One healer stated that there are different forms of *ilumbo⁵* and also in the way in which they may be contracted. In addition, *ilumbo⁵* may present differently in different people. The healer further explained that, when different traditional medicine that are from distant places are used to cause *ilumbo⁵*, it would be difficult for a victim to obtain help in his/her immediate environment.

*The types differ but they all serve the same purpose which is to kill. They differ in type and the way in which they may be contracted. Some types may be contracted as one is just sitting at home. Another person may set a trap on his wife. Let's just say, if I were in a relationship with you and there were mischief going on, I would then use things that would remain within you after we had had sex. The person you then sleep would be caught in this way. It's a like setting a trap. The symptoms I have just described would then unfold: sometimes a fish will come out of the private parts, another one would develop as if it were cooked. To give an example, like a 3-legged pot stand, when put on the fire, a person may suffer burns on their private parts. Those burns will eventually be driven inwards and will result in an offensive discharge from the vagina. First of all, the woman will have a foul odour, then a vaginal discharge and there will be blood in her urine. **N8M43***

Two healers mentioned that it is challenging at times to heal a person on whom *ilumbo⁵* has been placed. If a person has been suffering from this illness (*ilumbo⁵*), the person will be healed only by a person who knows which herbs to use. If the illness is left untreated the person may die.

Ilumbo⁵ is something that may be treated unless you are treated by a person who does not know how to treat it because not everyone is able to treat everything. Our knowledge as traditional healers is neither the same nor equal. When treating ilumbo⁵, you do not just treat to cure it and its symptoms, but you also want to return it to the source (the person who made the muthi⁷ to cause it). Ilumbo⁵ may kill you if untreated. It is an awful disease. N8M43

Ilumbo⁵ may kill you if not treated and nowadays there are no people who are able to treat it properly. It is curable if treated by a person who knows it well. N9F55

4.3.3.3 Ancestors and culture

It appeared that the traditional healers interviewed in this study had the same beliefs regarding the role of the ancestors in causing of LBP. Statements made by the respondents about the ancestors indicated that LBP may be the way in which the ancestors communicate their intention that the person in question must undergo the ritual of *ukwethwasa*⁹.

Lower back pain comes in different ways, Sister. You see, it could be caused by the ancestors, because they normally affect your shoulders going down the back. N1M40

Pain may be caused by umeqo¹, or amagobongo⁸. That's when you have back pain because of the ancestors. Maybe you have to be trained as a sangoma¹⁰ (diviner). N3F70

⁹ *Ukwethwasa*: The term is used to refer to the period of initiation into a traditional practice or divination to become a diviner.

¹⁰ *Isangoma (plural: izangoma)*: A diviner, also known as *isangoma* in IsiZulu. Being a diviner is a calling from the ancestors. Diviners go for training for a certain period and are prepared on how to throw bones to connect with the ancestors in order to diagnose illnesses; reveal the causes and provide spiritual solutions.

*There are many different types of lower back pain. There are spiritual lower back pains, or lower back pain caused by spirits, a lower back pain caused by isilonda¹¹. Such isilonda¹¹ is caused by severe diarrhoea and may cause lower back pain. The person may become weak and have difficulties sitting down because of the pain. You may find that the person prefers to sit or lie down with their knees raised. You see that allows air to enter below and reduce the pain. **N5M72***

*Sometimes you suffer from lower back pain because you have ancestral sprits within you because they reside in your back. **N9F55***

One of the healers explained that a failure to perform necessary customary rituals, especially those related to birth, may cause LBP and other problems. These physical ailments cannot be treated by modern medicine. This healer related her story in the following way:

*It may also be tradition related. If certain traditional rituals have not been performed for a child, the child may end up becoming paralysed. I have seen such cases where the child would be conceived without any hassles and appear normal inside the uterus. Once the child has been born, it is easy to see as the child will be examined after a few days and one might start noticing some changes. The child will show signs of disability. This is because the child needs certain tradition rituals to be performed. Traditional rituals vary (she explains rituals performed in her family). There was a disabled child who was taken to [the] hospital. The problem was that the doctor could not find anything wrong with the child. **N9F55***

4.3.3.4 Occupational factors

¹¹ *Isilonda*: A form of illness caused by a waste product inside the body and causing chronic constipation which creates the maximum pressure on the intervertebral discs. It is characterised by lower back pain, tiredness, weakness and loss of appetite.

Seven of the participants indicated that there are a number of life events that may trigger the symptoms of LBP in some people. Such life events may include people who are working for construction companies or in mining, in gardens or any life events that requires prolonged standing or bending.

Most people usually complain about back pain are people who work and stand for a long time or bend down for long periods of time. N2F35

For example, a person who is under the influence of umeqo¹, or who works hard, in the sense of continually bending and straightening up. N3F70

In other people it depends on the type of work they do. For example, at home, those who do ploughing. When they bend, here at the back where the joints meet, dislocations may occur. When a person stands up after sitting for a long time, the person may feel pain because the veins may be damaged. It is you the educated who know what the name of that thing is that holds the back in English. Often men suffer lower back pain because they work in construction companies. Yes, those who work in the mines also do. You get different types of work; with some people doing light work while others do physically hard work. Those who work for long periods of time in a bending position also tend to suffer lower back pain. N5M72

It may be from standing for a long time or being struck on your back by something. N6F60

It could be standing, and waste products in the bladder. N7M37

Others suffers from lower back pain because of the type of work they do. Maybe a person works as a truck driver and is always seated. N8M43

Another healer explained the phenomenon of LBP this way:

I have never suffered from lower back pain. Even if you were to say to me, 'Let's go and make bricks or dig a hole', I might feel some pain only after working and bending for a long time. What I mean really is that the lower back pain does exist, and it is a problem, even if you do physical work, you must not do it excessively. N9F55

4.3.3.5 Injuries and accidents

The traditional healers also indicated that LBP could be due to accidents (motor vehicle) or injuries to the lower back:

Being injured may give you lower back pain. N1M40

It could be an injury. N6F60

One of the healers related her story in the following way:

It may also be injuries. You see, my brother was involved in a car accident but he did not suffer severe injuries. N9F55

4.3.3.6 Kidney disease or kidney infections

Two healers explained that any waste products inside the body, including kidney infections and bladder infections may also cause LBP because all these causes refer the pain to the lower back.

Lower back pain is caused by standing, and waste products in the bladder. N7M37

For example, if someone's kidneys are infected, the infection moves up the lower back because the two are connected. The person then develops black blood clots which cause pain because they (kidneys) are lying against the spine. N10F81

They come to you and say that they have lower back pain, yet it is actually the kidneys. Another may complain about having difficulties when urinating, yet this is caused by waste

products from the lower back which have spread all the way to the kidneys and end up blocking the urinary tract or causing pain when urinating. Isilonda¹¹ may develop as a result of waste products on the inside. Other people may drink enough water but still suffer pain in the kidneys because the waste products are in the person's blood. N8M43

4.3.3.7 Ageing

The traditional healers who participated in the study mentioned that LBP is common in elderly people. The main reason for this is that aging causes the tendons and ligaments to become tired, soft and weak.

Elderly people tend to be prone to lower back pain and painful knees. For them I recommend the imbiza² for the enema. You see, in the knees there is a viscous fluid, depletion of which causes the pain. In the lower back there is a thick, jelly-like substance similar to mucous, it moves up in your back and causes further damage. Once it is removed, you would feel comfortable and come to say, 'Now I'm well'. N4M80

You see, when you age, your arteries and tendons lose strength. Ageing brings about a lot of changes. Others may complain about their feet, ankles, or knees. So lower back pain may be a result of aging. Doctors refer to this as arthritis. You see when you have arthritis, you have to move your body a lot so that the stiff joints move. N5M72

In elderly people it may just be aging because, sometimes, they complain about their knees. When you are old, the back takes strain from having supported you over the years. This is why old people tend to complain about lower back pain although, people's strength varies. N9F55

4.3.4 Theme four: Traditional medicines or herbs utilised by traditional healers in the treatment or management of low back pain.

The majority of the healers stated that, despite the fact that there are specific types of herbs and plants as well as parts of wild animals that, when mixed together, are commonly

known to treat LBP, there is, however, no specific one type of medicine that cures the LBP symptoms. Most of the healers in the study mentioned that low back may be caused by a combination of many factors and, thus, the medicines required in each case may vary. There are specific plants and animal parts which should be in combination in each case. All the traditional healers who participated in the study described the plants that are used to treat and manage LBP symptoms.

We also have another medicine called umacimamlilo [Pentasia prunelloides], umahlab'ekufeni [Croton gratissimus]. This medicine goes straight to where there is pain.

N1M40

*The ingredients that we usually put into this imbiza², one mixes inhlaba [Aloe ferox] with water and then boils it and then leaves it to cool but not until it is cold, and then uses the lukewarm mixture as an enema. Then there is the umkhiwane bush [Ficus carica], the izindoni bush [Vaccinium myrtillus], and also ithembu roots. **N2F35***

*It is not easy because there are lots of things that are put in. I could say, inguduza [Merwillia plumbea] or umthungulu [Carissa macrocarpa] leaf cones. But there are really many others, others we can mention are mlung'umabele [Zanthoxylum capense] roots and masethole [Minikara concolor], which are also roots. It is just one medicine mixture (concoction). It depends on the knowledge you (as a traditional healer) have so that a person may be healed. **N3F70***

*It is trees/plants such as inguduza [Merwillia plumbea], mmbola [Eucomis bicolor], and others. It is roots that are combined. **N7M37***

*In some cases, out of a need to cure ilumbo⁵, you would find apples being utilised, being taken to the river and using traditional medicines from certain trees. **N8M43***

*We, as traditional healers, we treat that with inguduza [Merwillia plumbea] and intuma [Solanum aceleastrum] (cone). Without a doubt it drains the fluid that causes the back pain. The mathunga [Eucomis autumnalis] treats the high temperature. Yes, for the kidneys, it is called ithembu [no botanical name]. It looks like lumps. If you are a man you lose the feeling of wanting to be intimate with someone, your manhood stops working. For that you need to boil milk and add a medicine called jikelele [no botanical name] and the back pain will disappear. Because there are lower back pains that only men suffer from because they do not respond to their feelings properly, and the medicine helps their closed nature. **N10F81***

*Yes, I also have an imbiza² for application as an enema. There's velab'hleke [Celosia trigyna], ntindili [Entada rheedii], zeneke [Haemanthus albiflos], dekani [Pouzolzia mixta], umlom'omnandi [Glycyrrhiza glabra] and nukani [Ocotea bullata]. **N10F81***

4.4 Conclusion

This chapter presented the results of the study. The four main themes that emerged during the analysis of the results were highlighted. The first theme described the traditional understanding of the symptoms of LBP and the second theme addressed the reported traditional management of the low back symptoms with most of the healers expressing their confidence in traditional medicine to manage the majority of cases of LBP. The third theme that emerged during the analysis of data involved the causes of LBP symptoms according to the traditional perspective. Most of the healers cited the ancestors, are the main cause of LBP while witchcraft was also mentioned as one of the causes. The fourth theme referred to the Zulu medicinal plants utilised by traditional healers in the management and treatment of LBP. Chapter 5 contains a discussion of the study results.

CHAPTER FIVE

DISCUSSION OF RESULTS

5.1 Introduction

The previous chapter presented the research results. This chapter discusses the results that were highlighted in chapter 4 and how these results relate to relevant literature. The discussion of the results is guided by the aim of the study, as well as the four areas of interest as described in chapter 1, namely, the traditional understanding of the symptoms of LBP, the traditional healer's management of the symptoms of LBP, common causes of the symptoms of LBP from the traditional perspective, and the medicinal plants or herbs commonly utilised by traditional healers in the treatment and/ or management of LBP.

5.2 Summary of themes and sub-themes

The table below presents a summary of the themes and sub-themes that emerged from the analysis of data as highlighted in chapter 4.

Themes	Sub-themes
1.Traditional understanding of the symptoms of LBP	A. Physical symptoms.
2.Traditional management of LBP symptoms.	A. <i>Imbiza</i> . B. <i>Izinsizi</i> . C. <i>Umhlabelo</i> . D. Traditional medicine for muscles and pain relief.
3.Causes of LBP symptoms from the traditional healers' perspective.	A. <i>Umeqo/ umbhulelo</i> . B. <i>Ilumbo</i> . C. Ancestors.

	D. Occupational factors. E. Injuries and accidents. F. Kidney disease / kidney infection. G. Ageing.
4. Traditional medicines or herbs utilised by traditional healers in the treatment and/or management of LBP.	A. Different plants and herbs. B. Animal products (snakes and crocodiles 'fat).

Table 5.1: Summary of themes and sub-themes

5.3 Main findings

5.3.1 Theme one: Traditional understanding of the symptoms of low back pain

The interviews with the traditional healers revealed a common understanding of the symptoms of LBP in terms of the way which a person with LBP may present physically. Some of the symptoms (pain that makes it difficult to sleep or engage in daily life activities and symptoms that are worse first thing in the morning and with bending and moving around) have been documented in the literature (Kandel, Roberts and Urban 2008; Smart *et al.* 2012). As a chiropractic student, I have also seen patients with LBP presenting with similar symptoms. To this extent the traditional healers' knowledge and/or understanding of LBP appears to be aligned with the chiropractic understanding of LBP. However, I also noted that the traditional healers' understanding tended towards the non-use of the classification system that is used by chiropractors or western health practitioners in reference to classifying pain according to its nature (sharp, aching, burning, pins and needles, numbness or tingling, mild, moderate and severe etc.) and duration (acute, sub-acute and chronic) (Smart *et al.* 2012). Furthermore, the interpretation and evaluation of some of these symptoms that may, from a western perspective be seen as wholly 'physical' are either viewed from an entirely 'spiritual' perspective or else some 'spiritual' aspect is ascribed to them (e.g. *umeqo*, *ilumbo* or range of animals that take the form of spirits).

The traditional healers also stated that pain is sometimes expressed with the statement 'I have pain'. In such case, the western understanding of LBP symptoms is limited, and the clinical pattern of the pain is not clearly understood. This pain expression does not clearly fit the clinical patterns of modern management (Madden *et al.* 2015). For a chiropractic doctor, it may be difficult to achieve a structural diagnosis of the pain. On other hand, traditional healers understand LBP as an illness of the 'whole' and encompassing consequences of witchcraft and other culture-specific beliefs. As highlighted in Chapter 2, pain has different meanings for culturally disparate groups, including fully westernised people (Mahomoodally 2013).

As discussed earlier, in the Zulu culture, pain is usually expressed with the statement "I am sick" rather than "I have pain" (Igumbor *et al.* 2012). The word for pain is rarely used because pain is interpreted as "not feeling well" and understood primarily as a whole-person illness rather than an indication of the biomechanical or anatomical structures involved (Madden *et al.* 2015). I found that this conceptualisation in respect to pain was borne out in the results of this study. Although the healers recognised pain within a specific anatomical region (the lumbar spine), the conceptualisation of the pain was rarely entirely related to the anatomical or physiological dimensions but was almost always seen as having a more 'holistic' cause, or, in some cases, an entirely 'external' or spiritual cause. From this perspective, western medication, that is conceived entirely on an anatomical or physiological base, would be an 'incomplete' intervention for treating people with LBP which is understood to result from witchcraft or some other ancestral consideration.

This understanding of LBP, within the scope of *ukufa kwabantu abamnyama* ("diseases of the black people"), would necessitate a treatment based on these culturally-specific beliefs (Edwards 2011). The emphasis on a biomechanical cause or, at the very least, a cause derived from an anatomical or physiological understanding in chiropractic would make it difficult for the more conservative and traditionally oriented African patient to appreciate the effective 'treatment' of the condition in his/her context.

5.3.2 Theme two: Traditional management of low back pain symptoms

The data suggested that traditional healers believe that if traditional medicine is administered to a person with LBP, the aim is to heal the illness by ensuring that it ceases to exist. Traditional medicine involves a combination of information, expertise and practices based on the ideas, opinions and views inherent in various values that are used to preserve health as well as to identify or treat physical and emotional wellbeing (Bogopa 2010). It would appear that the role of traditional medicine differs from the role that is played by western medication in the treatment/ management of the symptoms of LBP. It has been documented in the literature that LBP medication in western medicine is usually presented as playing the role of alleviating the symptoms rather than curing the disorder of LBP (Chou *et al.* 2009). A traditional healer is usually the first choice for Zulu people with pain, probably reflecting the patients' cultural pain beliefs (Madden *et al.* 2015).

Traditional healers believe that, somehow, LBP has a spiritual explanation and will be cured with traditional medicine only. It is sometimes believed that some illnesses are caused by spirits. However, the modern doctors are consulted, they will treat the patient based on the physical signs and symptoms (Nene 2014). However, from a traditional point of view, it is believed that the condition will be cured using traditional medicine. It emerged from the findings that a mixture of both herbal and animal medicines, such as *izinsizi*, *imbiza* and *umhlabelo*, are used to treat LBP and curb the evil spirits that have been inflicted on the person by people, such as witches.

The literature described that traditional healers may often prescribe medicinal treatments, ranging from herbal *muthi* (traditional medicine) to modern 'remedies' such as battery acid (Washington 2010). Other treatments may also involve using a razor blade to make superficial cuts in the painful areas (*ukugcaba*) and putting *muthi* into the wounds to extract the illness (Washington 2010). These treatments were confirmed during the interviews with the traditional healers stating that the traditional medicines prescribed for LBP may be administered either by making superficial skin incisions (*ukugcaba*) to extract the illness from within while some of them may be licked (*izinsizi*) or used as an enema or taken orally (*imbiza*) to clear the body's "dirty blood". The traditional healers believe

that the cleansing of the blood should be performed with the aim of removing toxins from the blood as well as dilating the blood vessels to allow sufficient blood flow to the tissues.

The traditional healers stated that, before they prescribe these medicines, it is important that they ask questions about the nature of the pain as there are so many causes of LBP and each case is treated differently. Similarly, the modern (chiropractic) evaluation of LBP evaluation includes taking case history and conducting physical examination to ascertain the nature of the pain and find out about the individual's life style (Brosnan 2017).

Chiropractors do not use drugs or medication although there are times when they will recommend and refer the patient to another practitioner when other methods of treatment are indicated (Brosnan 2017).

5.3.3 Theme three: Causes of low back pain symptoms from the traditional healers' perspective.

Modern perceptions and knowledge of the cause of disease are based on a scientific understanding of the biology and physiology of the body while there are different classifications of the cause of the disease (de Andrade 2014). Firstly, LBP may be classified as either specific or non-specific i.e. a LBP with or without specific causes. Furthermore, LBP may be caused by disc herniation, nerve irritation, osteoporosis, tumours, infection, degenerative joint disease, rheumatoid arthritis, fracture or other factors (Hamilton 2013). However, within the context of the traditional understanding of disease an illness may be caused by God, ancestors, witches, pollution and the failure to perform certain cultural rituals (Nene 2014).

5.3.3.1 *Umeqo or umbhulelo*

It appeared that the traditional healers interviewed for this research project had similar beliefs regarding the role of the ancestors, witchcraft, other physiological factors (waste products, constipation, kidney problems) and physical problems (injuries, accidents), in causing LBP. Witchcraft may account for the presence of disease as it is believed that evil spirits may cause illness and, thus, such illnesses may be treated only with traditional

healing techniques and methods (Henriques 2013). The results of the study revealed that bewitchment may be one of the causes of LBP symptoms with the participants indicating that they believed that it is possible for an individual to suffer from a LBP because of *umeqo*, also known as *umbhulelo*.

During the interviews traditional healers stated that traditional medicine for *umeqo* is given by those who practise witchcraft and from those who are jealous and it (*umeqo*) may be placed in front of a door or gate to target a victim. This may sometimes also affect other members of the family but not to the extent that it would affect the victim. It is believed that, when an individual steps over the *muthi*, the individual will be bewitched and will suffer accordingly (Madden *et al.* 2015). *Umeqo* is treated by using a traditional medicine specific for this. If left untreated for a long time the individual may become paralysed as it is the lower body which is affected the most.

5.3.3.2 Ilumbo

Ilumbo is a documented traditional cause of LBP (Nene 2014). It emerged from the interviews conducted for the purposes of the study, that this is a man-made sexually transmitted disease, which mainly affects young males although women may also be affected. *Ilumbo* is characterised by sores on the genitalia, a burning sensation and itching around the genitalia, swollen genitalia, foul-smelling discharge, painful urination, pain during sexual intercourse and LBP. *Ilumbo* is often associated with an infection that causes an inflammation in the joints, including the joints in the low back. In most cases *ilumbo* triggers the symptoms of the LBP.

5.3.3.3 Ancestors

The data suggested that an individual may suffer from LBP because of his/ her ancestors. The respondents' views of the role of the ancestors in this regard indicated that LBP may be a sign the ancestors are using to communicate their wish that a specific ritual should be carried out by a family member or by a specific person (divination). The ancestors are old members of the family who passed on and whose spirits, it is believed, remain alive

to guide and protect those who are still alive. However, they may also be responsible for misfortunes or calamity in the family (Henriques 2013).

The ancestors' spirits play a role in human functioning as it is believed that they care for their descendants although they may send illness if angered (Henriques 2013). Communication with the ancestors may be done through various rituals centered around the burning of incense in a specific place known as *umsamo* (usually a hut) but it may be any room which the family has chosen as the room where the ancestors are believed to reside. The word *umsamo* may also be used to describe all matters pertaining to the ancestors as a collective or as an institution. The family's relationship with the ancestors is important and the ancestors must be informed of any changes happening within the family or in a persons' life.

5.3.3.4 Occupational factors

The participants in the study revealed that working in construction companies (mining) or in any job that requires a person to stand or bend for long periods of time, for example, gardening and making bricks, also cause LBP. Ojoawo and Awoniyi (2012) also stated that any repetitive bending forward, awkward lifting and posture, prolonged sitting and standing and twisting are all risk factors in recurrent chronic LBP. It is estimated that 95% of LBP in men is due to disc degeneration and disc herniation (Yang *et al.* 2016). This is mainly due to occupational factors that exert considerable pressure on the intervertebral discs as these discs act as cushions to provide support and minimise the forces to which the spinal column is subjected (Wilke and Volkheimer 2018). Accordingly, discs are susceptible to pressure that may result in disc herniation or disc bulge. Occupational factors that include a whole-body vibration job that requires the carrying and lifting of heavy objects may also cause both spinal muscle spasms and myofascial pain syndrome in the lumbar spine, which may also contribute to LBP (Souza 2016).

5.3.3.5 Injuries and accidents

The results also showed that injuries and accidents are among the main causes of LBP. Any traumatic injury, caused by car accidents or a fall or sports injuries may injure the

spinal muscles, tendons, ligaments and muscles, resulting in LBP. These observations were consistent with the documented understanding that, in the African culture, illness may be caused by either natural or unnatural causes. Some healers however, also revealed their belief that accidents are not always random, or that an illness may be intentionally caused by witches as a result of jealousy of someone's achievements (Nene 2014).

5.3.3.6 Kidney disease / kidney infection

The participants in the study also mentioned that kidney infection, kidney disease or any waste products from within the body may result in a person suffering from a LBP. The reason for this is that the kidneys help the body to pass waste as urine and kidney back pain is felt where the kidneys are located, namely, above the arches of the pelvis on either side of the lower back, although the pain may sometimes be felt further away, for example, groin and hip area (Hoy *et al.* 2010). In this case, the pain does not originate from the structures (ligaments, muscles and bones) in the lower back region. This pain is known as referred pain.

In modern world it is believed that there are numerous factors which may cause illness other than the process of ageing (Hoy *et al.* 2010). Illness may be due to the organic breakdown of the body, an obstruction or the malfunctioning of certain internal organs which disturb the whole body and result in illness. For example, an excessive accumulation of bile may cause a headache (de Andrade 2014). An organic LBP is described as a non-muscular skeletal origin pain and is caused by the abdominal organs such as diseases of the liver, gallbladder and pancreas (Hoy *et al.* 2010). Tuberculosis, kidneys, spondylitis spinal metastasis (prostate cancer, breast cancer, lung cancer) or tumours, such as multiple myeloma, may also referred pain to the low back (Hoy *et al.* 2010).

5.3.3.7 Ageing

The participants highlighted that LBP is common in elderly people as a result of the different musculoskeletal changes which take place in the body as they age. In particular,

older people are at an especially high risk of LBP. This is as a result of the fact that, there are numerous musculoskeletal changes which are associated with ageing, including a generalised loss of muscle, weak ligaments and a loss of bone density (Chambers and Allan 2017). As people age, there is a gradual loss of cartilage as well as arthritic and osteoporotic skeletal changes in the joints, including the spine (Chambers and Allan 2017; Frontera 2017).

In such a case LBP may be caused by the breakdown of the cartilage between the facet joints in the spine or by the intervertebral disc changes. This may also cause sciatica in addition to the LBP (back pain with or without posterior leg pain) (Frontera 2017).

5.3.4 Theme four: Traditional medicines or herbs utilised by traditional healers in the treatment or management of low back pain.

The participants in the study identified traditional medicines using their traditional names. It was, however, not always possible to translate these traditional names to a specific botanical species. In addition, although there were some plants and herbs that most of the traditional healers cited as using to address LBP symptoms, each individual healer may have his/ her own unique blend of plants and animal parts which are combined to treat a specific patient. This depended on the healer's knowledge as pertaining to each individual case. It was, therefore, not possible to generalise the findings of this study to traditional plants or herbs as a collective entity as a study being confined to a relatively focused topic.

Nevertheless, the traditional healers in this study attached considerable importance to the use of medicinal plants in the treatment of LBP. These medicinal plants included roots, bark (mainly) and fruits. The following plants or herbs were mentioned, namely, *uMacimamlilo* [*Pentasia prunelloides*], *uMahlab'ekufeni* [*Croton gratissimus*], *Inhlaba* [*Aloe ferox*], *Umkhiwane bush* [*Ficus carica*], *Izindoni bush* [*Vaccinium myrtillus*], *iThembu*, *iNguduza* [*Merwillia plumbea*], *uMthungulu* [*Carissa macrocarpa*], *uMlung'umabele* [*Zanthoxylum capense*], *uMasethole* [*Minikara concolor*], *iNguduza* [*Merwillia plumbea*], *uMmbola* [*Eucomis bicolor*], *iNtuma* [*Solanum aceleastrum*],

uMathunga [*Eucomis autumnalis*], *uJikelele*, *uVelab'hleke* [*Celosia trigyna*], *iNtindili* [*Entada rheedii*], *uZeneke* [*Haemanthus albiflos*], *uDekani* [*Pouzolzia mixta*], *uMlomo omnandi* [*Glycyrrhiza glabra*] and *uNukani* [*Ocotea bullata*]. It is, however, worth nothing that the basis upon which each plant or herb is selected for an individual case is not always specifically related to the specific of LBP, per se, but rather to the unique properties of the plant/herb and its effects on pain, back pain, or another traditional cause (including spiritual causes).

Traditional medicine does not only rely on plant based treatments, but also uses other procedures in order to treat disease (Masango and Nyasse 2015). It was highlighted in chapter four that the traditional healers also used some of animal and other products in their treatment of LBP including animal fats, mainly from crocodiles and snakes, for acute muscle and back pain. Another healer also stated that, in the treatment of *ilumbo*, a healer may also use the patient's urine and the stool from a blue bird in combination with certain plants. It has, however, been reported that animal based remedies are used less frequently as compared to plant based treatments (Masango and Nyasse 2015).

5.4 Conclusion

In conclusion, this chapter discussed the study results and related how traditional healers understand and manage the symptoms of LBP using a variety of traditional medicines to restore physical, physiological and spiritual health. The traditional healers highlighted the importance of understanding the causes of LBP as well as the importance of dealing with such causes (*ilumbo*, *umeqo*, ancestors and cultural rituals) traditionally. The following chapter presents the reflections on and implications of the study.

CHAPTER SIX

REFLECTIONS AND IMPLICATIONS

6.1 Reflections of the study

6.1.1 Research questions

In this research project I sought to obtain information on the understanding and management of LBP symptoms by traditional healers from the Warwick Muti Market as the research site. I conducted interviews to the requisite information from the traditional healers. These interviews were conducted in IsiZulu and audio recorded. I identified the following: The traditional understanding of the symptoms of LBP, the traditional healers' management of the symptoms of LBP, common causes of LBP symptoms from the traditional perspective, as well as a broader appreciation of the medicinal plants or herbs commonly utilised by traditional healers as a means of overcoming LBP.

In the main the traditional healers who were interviewed appeared to understand the symptoms of LBP from a cultural perspective. They emphasised the need to consider and understand the patient holistically, without separating the patient from the disease. They clearly believed that they restore the spiritual and cultural well-being. In addition, they placed considerable emphasis on traditional and cultural frameworks in the understanding of LBP.

The traditional healers who were interviewed described various treatments for or management of LBP. These treatments included plant remedies or traditional medicines (*izinsizi, umhlabelo, imbiza*) which have all different healing properties, as well as certain animal extracts (animal fats). Other substances as well as specific rituals, traditional techniques and methods were also mentioned, including making incisions (*ukugcaba*) in the painful area, bowel cleansing (*ukuchatha*) and other treatments for cleaning the 'dirty blood' and toxins from within. It is possible that some of these other methods may not be

effective but, nevertheless, the traditional healers believed in the efficacy of traditional medicine in treating and managing LBP symptoms.

The traditional healers who were interviewed reported various causes of LBP, including *ilumbo*, *umeqo* or *umbhulelo*, accidents and injuries to the back, work or job-related factors, old age, ancestors and culture. The information they provided on the causes of LBP revealed a significant emphasis on a holistic approach to and cultural understanding of LBP symptoms. However, the respondents also cited other factors such as infection and organic deterioration (kidneys), which were thought to play a role in LBP. The study found that the traditional healers tended to personalise the cause of the disease and the reason for becoming ill was often sought in a supernatural realm. With the only remedy for such diseases being traditional treatment.

The traditional healers who participated in the study also mentioned various plants and herbs which are commonly used for LBP symptoms. These plants included roots and bark which may have different healing properties and which play different roles in the treatment of LBP. An important contributory factor to health appeared to be the belief in the plant's ability to heal LBP. However, traditional healers may also use some animal products as an adjunct in the treatment of pain.

The study concluded that traditional healers understand LBP in a bio-psycho-social complex, and that their management and treatment of LBP addresses this complex pain disorder within a holistic context. The traditional belief in LBP takes into account the cultural and bio-psycho-social aspects of pain. African traditional medicine plays an important role in the healthcare structure in South Africa and it is an intrinsic component of the services offered by the traditional healers who are regularly consulted in Warwick Muti Market in Durban for the relief of low back symptoms.

6.1.2 Limitations of the study

- It is not possible to generalise the findings of this study to Zulu traditional medicine in its entirety as the study was confined to the relatively focused context of LBP. In addition, the interviews were limited to a single geographical area.
- The scope of experience of the traditional healers did not cover all the possible causes or manifestations of LBP such as tumours, infections, tuberculosis, discitis, other abdominal organs diseases (liver, gallbladder, pancreas), and metastasis (prostate cancer, breast cancer, lungs cancer).

6.1.3 Strengths of the study

I wish to highlight a significant aspect in relation to the sample of traditional healers. The average age of the participants (57 years) as well as the average number of years in practice (23.7 years) suggested that the majority of participants were relatively above the age of 50 and had been engaged in their practice for a considerable length of time. These realities suggest the long-standing application of principles of traditional medicines, use of specific traditional herbal treatments, and exposure to the entire spectrum of presentations and aetiologies of LBP (from a traditional perspective). On this basis, I am confident that the information provided in interviews was trustworthy.

6.2 Implications

6.2.1 Implications for future studies

- The further analysis of medicinal plants is required to determine their pharmacological effects on LBP for the purpose of acquiring specific knowledge of their suitability for treating LBP disorder, outside of the traditional context.
- The traditional healer's knowledge of western healing methods in the management of LBP was not explored in this study and it would, therefore, be interesting to investigate this area in order to establish a baseline of knowledge for further research studies.

- The participants indicated that they all possessed the ability to treat and manage LBP symptoms. Accordingly, the study recommends that a cooperative relationship between traditional and western medicine be developed at all levels to treat and manage LBP as it is a most common musculoskeletal problem in both the urban and rural population.
- The healers' understanding of LBP included spiritual causes. They further indicated that, in the African population, the understanding is that the disease may be linked to such spiritual causes. In view of that, chiropractic is a medical intervention that does not attach any importance to the spiritual causes of disease, it may be necessary for chiropractors to refer patients to traditional healers where a spiritual cause is understood to underlie the traditional understanding of LBP. I would suggest that this understanding of disease is incorporated into the training of chiropractic and at South African universities so that there is, at least, an awareness of this perspective and a recognition that there may be a need for referral to traditional healers in certain instances.

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APPENDICES



APPENDIX A (English)

LETTER OF INFORMATION TO PARTICIPANTS

Title of the Research Study: An exploration into the understanding and management of the symptoms of low back pain by the traditional healers from the Warwick Muti Market in Durban.

Principal Investigator/researcher: (Name, qualifications)

Thobile Mchunu: Bachelor's degree in Technology: Chiropractic

Supervisor/s:

Professor. A. Ross, (DTech Hom (DUT) MTech Hom (TN) PG Dip Health Res Eth (SU) BMus (UCT).

Dr S. Sobuwa, PhD (UCT) MSc Med Emer Med (UCT) BTech EMC (CPUT) NDip EMC (CPUT)

Thank you for showing an interest in this study.

Brief Introduction to and purpose of the Study:

Outline of the Procedures: I am conducting research into the way in which traditional healers understand and manage LBP symptoms. I intended to interview 10 or more traditional healers (herbalists) at the Warwick Muti Market in Durban in order to gather the requisite data. The interviews will take approximately 30 minutes each to complete. I would appreciate your participation in this study. However, you are not being forced to do so. Your participation is voluntary, and if you agree to participate, I would appreciate your signing the attached consent form.

You qualify to participate in this study if:

- You are a herbalist (*inyanga*) traditional healer, with a minimum of 5 years' experience as a traditional healer.
- Are able to understand and speak IsiZulu.

I will not be able to include you in this study as a participant if:

- You have not read the letter of information and not indicated your agreement.
- You have not signed the informed consent form.
- You are not a traditional healer with at least 5 years' experience in practice.

Possible risks or discomforts to the participant: There will be no risks or discomfort associated with your participation in the study. I will not use the information I obtain for any treatment purpose. This information will be used for research purposes only, and only my supervisor and I will have access to it. The participants' identity will be protected.

Benefits: Your participation in this study will assist in improving the existing knowledge and understanding of this alternative treatment approach to LBP. This may also contribute to the integration of traditional healing into the public healthcare system in the future.

Reason/s why the participant may withdraw from the study: You may withdraw from the study at any time if you feel uncomfortable about answering any of the questions. There will be no adverse consequences for you if you choose to withdraw from the study.

Remuneration: There will be no remuneration

Costs of the study: There will be no costs to you if you participate in the study.

Research-related injury: There will be no research related injury to any participant in this study.

Persons to contact in the event of any problems or queries:

Please contact the researcher, Thobile Mchunu (0725992899), my supervisors, Prof A. Ross (0313732542) or Dr S. Sobuwa (0313735269) or the Institutional Research Ethics administrator on +27 31 373 2375 with any queries. Complaints may be reported to the Director: Research and Postgraduate Support, Prof C.E Napier on 0313732577 or corinn@dut.ac.za



APPENDIX A (IsiZulu)

INCWADI YO LWAZI KUBAHLANGANYELI

Isihloko socwaningo: Ukuqonda kanye nokulawula izimpawu zobuhlungu obuba sengxenyeni engezansi yeqolo ngabelaphi bendabuko emakethe yamakhambi eThekwini.

Umcwaningi: (Igama, neziqo)

uThobile Mchunu – Bachelor’s degree in Technology: Chiropractic

Abaqondisi:

Usofwazi A. Ross (DTech Hom (DUT) MTech Hom (TN) PG Dip Health Res Eth (SU) BMus (UCT).

Udokotela S. Sobuwa, PhD (UCT) MSc Med Emer Med (UCT) BTech EMC (CPUT) NDip EMC (CPUT)

Siyabonga ngokubonisa uthando kulolu cwaningo.

Kafushane isingeniso nenjongo yocwaningo:

Uhlaka lwenqubo: ngiqhuba ucwaningo ukuthi abelaphi bendabuko baliqonda kanjani baphinde babulawule kanjani ubuhlungu obuba sengxenyeni engezansi yeqolo. Ngizokwenza ucwaningo kubalaphi bendabuko abayishumi noma ngaphezulu abelaphela e-Warwick Muti Market eThekwini. Lezi zingxoxo kuzothatha cishe imizuzu engu 30 wamaminithi ngalinye ukuqedela. Ngingakuthokozela uma ungase uhlanganye/ ubambe iqhaza kulolu cwaningo. Nokho, yazi ukuthi awuphoqelekile ukuba wenze kanjalo. Ukubamba kwakho iqhaza ,ukuzithandela futhi uma uvumelana nokubamba iqhaza, sicela usayine ifomu lemvolume enamathiselwe.

Uyakufanekela uhlanganyela kulolu cwaningo uma :

- Welapha ngamakhambi (inyanga) , okungenani iminyaka eyisihlanu (5) nakho njengomelaphi wendabuko.

- Ungakwazi ukuqonda nokukhuluma IsiZulu.

Awukwazi ukuhlanganyela kulolu cwaningo uma:

- Umhlanganyeli wayengazange afunde futhi wavumelana nencwadi yemininingwane.

- Incwadi yemvume kamhlanganeli (Ifomu) ibingasayindwanga.

- uyi nyanga eneminya engaphansi kwengu-5 nakho njengomelaphi wendabuko.

izingozi ezingaba khona noma ukungaphatheki kahle kumbambiqhaza: Ngeke kube khona izingozi noma ukungaphatheki okuhlobene nokubamba iqhaza kulolu cwaningo. Ngeke ngilusebenzise ulwazi nganoma iyiphi injongo yokwelapha. ulwazi luzosetshenziselwa inhloso yocwaningo kuphela, futhi yimina kanye nomqondisi, abayokwazi ukufinyelela kulo. Igama lomhlanganyeli lizovikeleka.

Izinzuzo: ukubambiqhaza kwakho kulolu cwaningo lizosiza ukuthuthukisa ulwazi nokuqonda ezinye izindlela zokwelapha nokuhlola ubuhlungu obusengxenyeni engezansi yeqolo. Lokhu kungaba nomthelela nokuhlanganiswa kokwelapha kwendabuko emphakathani kanye nakwezempilo esikhathini esizayo.

Isizathu esingenza umbambiqhaza aphume ocwaningweni: Ungase Uhoxe ekungeneleni ucwaningo, uma ngabe uzizwa ungakhululekile mayelana nokuphendula noma yimuphi umbuzo. Ngeke kube khona imiphumela enqabayayo ngawe uma ukhetha ukuba uhoxe ekungeneleni cwaningo.

Amaholo: Ngeke kube khona umholo

Izindleko zocwaningo: Ngeke kube khona izindleko kuwe uma ubamba iqhaza ocwaningweni.

Ukulimala okuhlobene nocwaningo- Ngeke kube khona ukulimala okuhlobene nocwaningo.

Abantu ongaxhumana nabo ngomonakalo Noma yiziphi Izinkinga noma Imibuzo:

Sicela uxhumane nomcwaningi, uThobile Mchunu (0725992899), abaqondisi wami, uSolwazi Prof. A. Ross (0313732542) noma Udokotela S. Sobuwa (0313735269) noma i-Institutional

Research Ethics nomlawuli +27 31 373 2375 nanoma yimiphi imibuzo. Izikhalazo ziingabikwa kuMqondisi: Ucwangingo kanye nokusekela ama postgraduate , Prof C.E Napier on 0313732577 or corinn@dut.ac.za



APPENDIX B (English)

INFORMED CONSENT OF PARTICIPANTS

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, **Thobile Mchunu** (name of the researcher) about the nature, conduct, benefits and risks of this study- Research Ethics Clearance Number: **099/17**
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth and opinions will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed electronically by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature / Right Thumbprint

I, **Thobile Mchunu** (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher	Date	Time	Signature

Full Name of Witness (If applicable)	Date	Time	Signature

Full Name of Legal Guardian (If applicable)	Date	Time	Signature



APPENDIX B (IsiZulu)

IMVUME YOKWAZISWA Ko- MHLANGANYELI

Isitatimende Sesivumelwano Kobamba Iqhaza Kucwaningo:

- Mina ngalamazwi ngiyaqinisekisa ukuthi bengilokhu ngigunyazwa umcwaningi, **Thobile Mchunu** (igama lomcwaningi) mayelana nemvelo, ukuziphatha, izinzuzo nezingozi ngocwaningo. Inombolo yemvume yocwaningo:- **099/17**
- Ngiye ngathola, ngafunda futhi ngaqonda ulwazi olungaphezulu obhaliwe (Incwadi ye mininingwane yomhlanganyeli) mayelana nocwaningo.
- Ngiyaqaphela ukuthi imiphumela yocwaningo, kuhlangele nemininingwane siqu ngokuqondene nobulili, ubudala, usuku lokuzalwa kanye nemibono kuzofihlwa, kulolu cwano.
- Uma kucatshangelwa izidingo zocwaningo, ngiyavuma ukuthi ukubhalwa kwemininingwane eqoqwe ngesikhathi salolu cwano ,ungashicilelwa umcwaningi.
- Nanganoma yisiphi isigaba, ngaphandle kokubandlululwa, ngingasihoxisa isivumelwano sami sokubamba iqhaza ocwaningweni.
- Ngiye ngaba nethuba elanele ukuba ngibuze imibuzo futhi (nge nkululeko yami yokuzikhethela) ngimemezele ngokwami ukulungela ukubamba iqhaza ocwaningweni.
- Ngiyaqonda ukuthi okusha okutholakele ngesikhathi socwaningo okuphathelele nokuhlanganyela kwami kulolu cwano kuzotholakala kimi.

_____	_____	_____	_____
Igama eligcwele lomhlanganyeli	Usuku	Isikhathi	Uphawu/Kwesokudla ugingqo isithupha

Mina, **Thobile Mchunu** (igama lomcwaningi) lapha ngiyaqinisekisa ukuthi umhlanganyeli ngenhla wazisiwe ngokugcwele mayelana nemvelo, ukuziphatha, nezingozi ngocwaningo.

_____	_____	_____	_____
Igama eligcwele lomcwaningi	Usuku	Isikhathi	Uphawu

_____	_____	_____	_____
Igama eligcwele lofakazi (uma kusebenza)	Usuku	Isikhathi	Uphawu

_____	_____	_____	_____
Igama eligcwele lomnakekeli osemthethweni	Usuku	Isikhathi	Uphawu



APPENDIX C (English)

CONFIDENTIALITY STATEMENT

- Once the process of data collection has been completed, all interviews will be transcribed into word documents and stored in the computer.
- Data is being collected only for a research purpose.
- Only researcher and supervisor will have access to the data that has been collected.
- Results will remain confidential.
- The information from the participants will not be publicly reported.
- No violation of participants' rights or privacy.
- No names will be revealed in publications, only codes used.
- Pseudonyms will be used once again to ensure anonymity and confidentiality of participants.
- The information will be stored in a locked office for 5 years after the study ends and will be destroyed at that time.
- The information obtained will be available in the form of a dissertation at the Durban University of Technology.

_____	_____	_____	_____
Full Name of Participant	Date	Time	Signature / Right Thumbprint
_____	_____	_____	_____
Full Name of Researcher	Date	Time	Signature
_____	_____	_____	_____
Full Name of Witness (If applicable)	Date	Time	Signature
_____	_____	_____	_____
Full Name of Legal Guardian (If applicable)	Date	Time	Signature



APPENDIX C (IsiZulu)

ISITADIMENDE ESIQINISEKISA UKUVIKELEKA KWEMFIHLO

- Emumva kokuphothulwa kohlelo lokuqoqwa kolwazi, izingxoxo ziyoshicilelwa emiqingweni ezogcina kuma khompuyutha.
- Umcwangingi kanye nomphathi wakhe kuphela abanegunya lokubona ulwazi oluqoqiwe.
- Imiphumela yalolu cwangingo izogcinwa iyimfihlo.
- Ulwazi oluvela kulabo abayingxenywe yocwangingo ngeke lubikwe/luvezwe emuphakathini.
- Angeke kube khona ukuphazanyiswa kwelungelo lalabo abebeyingxenywe yocwangingo lokuba nemfihlo.
- Angeke kube khona ukwepulwa kwamalungelo abahlanganyeli.
- Angeke kuvezwe amagama abantu emibhalweni kodwa kuzosetsheziwa izinombolo eziyimfihlo esikhundleni sawo.
- Labo abayingxenywe yocwangingo bazophinde banikwe amagama okungewona awngempela ngenhloso yokuvikela ulwazi oluyimfihlo ngabo.
- Ulwazi olutholakele luzokhiyelwa ehhovisi iminyaka eyisihlanu ngemva kocwangingo, lubuye futhi lubhujiswe ngaleso sikhathi.
- Ulwazi olutholakele kulolu cwangingo lungatholakala eDurban University of Technology seluwumqingo womubiko wocwaciningo.

_____	_____	_____	_____
Igama eligcwele lomhlanganyeli	Usuku	Isikhathi	Uphawu/Kwesokudla ugingqe isithupha
_____	_____	_____	_____
Igama eligcwele lomcwangingi	Usuku	Isikhathi	Uphawu
_____	_____	_____	_____
Igama eligcwele lofakazi (uma kusebenza)	Usuku	Isikhathi	Uphawu
_____	_____	_____	_____
Igama eligcwele lomnakekeli osemthethweni (uma kusebenza)	Usuku	Isikhathi	Uphawu



APPENDIX D (English)

INTERVIEW QUESTIONS

The interviews will focus on the following questions:

Primary interview question

How is LBP understood and managed by traditional healers from the Warwick Muti Market in Durban?

Interview sub-questions

1. In your own words, what do you understand of the symptoms of LBP?
2. How do you manage LBP symptoms?
3. What are the common causes of LBP symptoms from the traditional healers' perspective?
4. What are the traditional medicines or herbs most commonly utilised by traditional healers in the treatment and/or management of LBP symptoms?



APPENDIX D (IsiZulu)

IMIBUZO YOCWANINGO

Ucwaningo luzogxila kulemibuzo elandelayo:

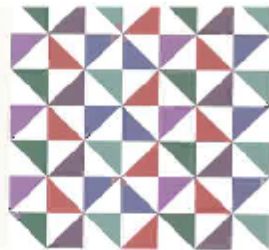
Umbuzo oyinhloko wocwaningo

Ubuhlungu obusenxenyeni engezansi yeqolo buqondwa kanjani futhi bulawulwa kanjani ngabelaphi bendakubo abavela e-Warwick Muti Market e-Durban?

Imibuzo engaphansi kwezocwaningo.

1. Ngokwakho noma ngamagama akho yini oyiqondayo mayelana nezimpawu zobuhlungu obuba ngezansi eqolo?
2. Uzilawula kanjani izimpawu zobu buhlungu obuba sengxenyeni engezansi yeqolo?
3. Yiziphi izimbangela ezivamile ezibanga ubuhlungu obuba sengxenyeni engezansi yeqolo ngokwabalaphi bendabuko?
4. Yimiphi imithi yesiZulu noma amakhambi ajwayelekile wokwelapha izimpawu kanye nobuhlungu obuba sengxenyeni engezansi yeqolo kubalaphi bendabuko?

Appendix E: Ethical clearance certificate



Institutional Research Ethics Committee
Reception and Postal Address Support Directorate
2nd Floor, Beveler Court
Gate 1, Steve Biko Campus
Durban - University of Technology

P.O. Box 1334, Durban, South Africa, 4021

Tel: 031 370 2375
e-mail: ires@dut.ac.za
<http://www.dut.ac.za/2012/02/06/1334-ires-ethics>

www.dut.ac.za

30 October 2017

IREC Reference Number: **REC 82/17**

Ms T B Mchunu
P O Box 31
Laskop
3330

Dear Ms Mchunu

An exploration into the understanding and management of the symptoms of low back pain by traditional healers from the Warwick Muth Market in Durban

I am pleased to inform you that Full Approval has been granted to your proposal REC 82/17.

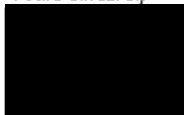
The Proposal has been allocated the following Ethical Clearance number **IREC 099/17**. Please use this number in all communication with this office.

Approval has been granted for a period of two years, before the expiry of which you are required to apply for safety monitoring and annual recertification. Please use the Safety Monitoring and Annual Recertification Report form which can be found in the Standard Operating Procedures (SOP's) of the IREC. This form must be submitted to the IREC at least 3 months before the ethics approval for the study expires.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC SOP's.

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely



Professor J K Adam
Chairperson: IREC



Appendix F: Certificate from the professional language specialist

Alexa Barnby
Language Specialist

Editing, copywriting, indexing, formatting, translation

BA Hons Translation Studies; APEd (SATI) Accredited Professional Text Editor, SATI

Mobile: 071 872 1334

Tel: 012 361 6347

alexabarnby@gmail.com

22 September 2018

To whom it may concern

This is to certify that I, Alexa Kirsten Barnby, an English editor accredited by the South African Translators' Institute, have edited the master's dissertation titled "An exploration into the understanding and management of the symptoms of low back pain by the traditional healers from the Warwick Muti Market in Durban" by Thobile Mchunu.

The onus is, however, on the author to make the changes and address the comments made.



Appendix G (IsiZulu): Sample of a transcript

Interviewer: Ngithanda nje ukubuza ukuthi ngamagama akho yini oyiqondayo mayelana nezimpawu zobuhlungu obusenxenyeni engezansi yeqolo? Iziphi izimpawu, noma umuntu afika nazo mayethi uphethwe iqolo? Uyaye achaze ukuthi kahle kahle uzwani emzimbeni ukuze athi uphethwe iqolo?

N1M40: *Kwesinye isikhathi kuyenzeka nje ulale uvuke usuphethwe iqolo. Siyaye sihlole kuqala ukuthi ngabe iyiphi imbangela yeqolo, abanye iqolo labo lenziwa umuntu ogangayo, omunye engakwazi ukusebenza, mawunenkinga yeqolo awukwazi ukugoba emsebenzini.*

N5M72: *Ubuhlungu beqolo buhlukene kaningi. Kukhona iqolo lemimoya, noma elidalwa imimoya, kukhona elidalwa isilonda. Isilonda lesi sidalwa ukugula njengokukhishwa isisu kakhulu. Lesi silonda siyakwenza uphathwe iqolo, ebese umuntu abe ntekenteke, angakwazi ukuhlala ngenxa yezinhlungu. Uthole omunye ukuthi uthanda ukuhlala noma ukulala amise amadolo. Uyabona leyo nto yenza ukuthi kungene umoya la ngaphansi ukuze kudambise izinhlungu.*

N7M37: *Noma uthi uyanyakaza uyezwa ukuthi kubuhlungu la eqolo. Uzosho ukuthi akazizwa kahle la eqolo, noma ethi uyanyakaza kubuhlungu, lapho ke sekumele ngibone ukuthi ngenzenjani.*

N9F55: *Angisho nje ukuthi kuba khona iqolo la umuntu afike athi 'kubuhlungu iqolo', uyabona ke makusuke kubuhlungu iqolo, kusuke kunenkinga. Kukhona iqolo eliphazimayo, manje ke lelo qolo, usuke uthole umbhulelo, lo mbhulelo ungena ngezinyawo bese uyakhuphuka.*

Appendix G (English): Sample of a transcript

Interviewer: I would like to ask, in your own words, what do you understand about the symptoms of low back pain? Which symptoms do people come with/have when they say they have low back pain? What do they really describe they have in their bodies to say they have back pain?

***N1M40:** Sometimes it is possible to go to sleep and wake up with a sore lower back. Others cannot work properly. When you have a lower back pain that renders you unable to bend when working.*

***N5M72:** One person may complain about difficulties when standing up or bending, others may complain about pain when standing up after bending. Then you get those who suffer from lower back pain caused by umbhulelo. They feel like their back is breaking. In such cases, I have to prepare muthi² to stop the pain and get rid of the thing that causes it.*

***N7M37:** Even when you try to move, you can feel that there is pain on your lower back. They would say they do not feel right in their lower back, or that they experience pain on moving. In such cases, I must then see what I can do about it.*

***N9F55:** Let me just say that there is lower back pain where a person would say, "I have pain in my lower back". You see, when you have pain in your lower back, it means there is a problem. You get sharp pains in the lower back, in that one, it means you have umbhulelo. That umbhulelo enters through your feet and moves up your body.*