also aggravate pre-existing diseases such as schizophrenia and manic-depressive psychosis. Such aggravation is so common in Transkei that it is rarely absent in male patients labelled as schizophrenic, thereby posing considerable diagnostic problems. Answering the question 'Why am I ill?' for the Transkeian schizophrenic is difficult. Not only has one to contend with the smoking and drinking habits just mentioned, but also with the all too frequent belief in bewitchment. Added to these are the food factors of bread and milk, both of which seem to play some part in the causation of this curious metabolic disease, quite apart from genetic factors and stress in all its forms.

Practitioners trained in Western traditions may feel more at home with neurotic disorders, because the development of insight into the cause of the condition is a necessary part of treatment. However, a knowledge of the philosophy of life and of the customs of the people is necessary if he is to develop an understanding as to why his patient is ill. Marriage customs, funeral customs and those relating to respect for the head of the family are numerous and complex. The breaking of these will upset family relations, resulting in anxiety in those who break them. It is in matters such as these that the diviner has an advantage; not only does he know the ways and thinking of his own people, but he has present at his consultation the patient's whole family and usually the neighbours as well. Spiritual disharmony is another well-recognized cause of neurotic disorders in Transkei, easily neglected by Western practitioners and often better managed by spiritual healers or priests.

Hysterical fits are common among teenage girls in Transkei and physical examination rather than psychiatric examination may reveal the answer, such as tonsillitis or pharyngitis. She thinks that she feels ill and needs more attention, and ensures that she gets it by having a hysterical attack. An injection of penicillin, explanation, and reassurance soon put matters right. 'Who made me ill?' The girl who coughed at me at school and my mother who wouldn't believe I was sick.'

The causes of many mental diseases are known, but a full understanding of the aetiology of certain disorders such as schizophrenia still eludes us. Much more research is needed and there can be few better places for doing it than southern Africa. Let those in the medical research centres unite with those in the field to help practitioners answer the unasked questions 'Why am I ill?' and 'Who made me ill?', and so increase the relevance of Western psychiatry for their patients.

The Witchdoctor and the Bowel

I. SEGAL, L. OU TIM

SUMMARY

Most urban Blacks consult witchdoctors for diverse reasons. The potent effects of their herbal medicines can result in damage to almost any part of the gastro-intestinal tract, and the outcome may be fatal. Diseases induced by witchdoctors therefore constitute an important facet of the disease spectrum of recently urbanized Blacks.

Possible reasons for the strong influence of the witchdoctor are given. It is suggested that there should be a reappraisal of medical training in a Black society, so that cognizance can be taken of the important role played by witchdoctors.


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and vague abdominal complaints. Medical personnel treating Black patients are often acutely aware of the important role that so-called 'bile' (Nyongo) plays in the symptomatology of their patients. The latter often consider bile to be responsible not only for reflux symptoms but also for malaise, anorexia, and fever.

It is estimated that approximately 80% of people in Soweto consult witchdoctors, and effects of their medicine, especially on the gastro-intestinal tract, are profound, as is evident from the following case reports based on a series of patients seen from 1 January 1977 to 31 December 1978.

CASE REPORTS

Glossitis and Pseudomembranous Oesophagitis

A 30-year-old man consulted a witchdoctor for impotence and was given a mixture of herbs to drink. Approximately 15 minutes later he developed a burning sensation in his mouth and retrosternally. Twelve hours later dysuria and haematuria developed. The patient was found to have areas of ulceration with a thick white diffuse exudate on his tongue and in the pharynx. Endoscopy revealed mucosal haemorrhages and a white plaque-like exudate lining the entire oesophagus. Urine examination revealed marked proteinuria with 750,000 red cells and 250,000 white cells per millilitre. The initial blood chemistry and electrolyte levels were: creatinine 1.9 mg/dl, urea 69 mg/dl, sodium 141 mEq/l, potassium 5.9 mEq/l, and chlorides 101 mEq/l (urea and electrolyte levels returned to normal 4 days after therapy was commenced); haemoglobin was 19.9 g/dl, white cell count

23,400/µl and the MCHC 34.6%.

A barium swallow (Fig. 1) showed fine diffuse serratation of the entire oesophagus. The oesophageal biopsy showed fibrinopurulent material. The patient was treated with intravenous fluids, nil per mouth, parenteral ampicillin and sodium polystyrene sulphonate (Kayexalate). He recovered completely within 7 days. Two other patients were referred to the gastro-intestinal unit with a diagnosis of oesophagitis after the ingestion of herbal medicines.

Acute Gastritis and Duodenitis

Six patients with acute gastritis were admitted to hospital during the period reviewed, after the ingestion of herbal medicine for complaints other than gastro-intestinal. They complained of upper abdominal pain and vomitting, and in addition, 2 of the patients presented with haematemesis. All patients underwent endoscopy. Three patients had marked gastritis, and 3 had mild gastritis. In 2 patients, duodenitis was also present. All patients recovered. Two cases are described.

A 27-year-old man was given herbal medicine for venereal disease. One hour later he vomited bile-stained fluid. This was followed by haematemesis, severe upper abdominal pain and haematuria. Physically he was normal. Marked tenderness was present in the epigastrium. He had a normal haemoglobin level and differential cell count, as well as normal blood urea and electrolyte levels. Microscopic examination of the urine showed more than 750,000 erythrocytes per millilitre. Endoscopy carried out 2 days after hospitalization showed generalized gastritis of moderate severity. He was treated with antacids and discharged after 7 days.

A 23-year-old man consulted a witchdoctor for 'cleansing' and was given a 'blood-purifying' substance. One hour later, severe vomiting commenced, accompanied by upper abdominal pain and diarrhoea. The patient was mildly shocked, and marked tenderness was present in the upper abdomen. Intravenous therapy was administered and the patient underwent endoscopy. This revealed severe generalized gastritis and duodenitis. During the course of the next 5 days he recovered completely and was discharged.

Duodenal and Jejunal Perforation

A 40-year-old man was admitted to hospital complaining of severe upper abdominal pain, vomiting and urinary retention for 1 day. The symptoms had commenced approximately 2 hours after he had drunk a substance given to him by a witchdoctor whom he had consulted.

Fig. 1. Barium swallow illustrating fine diffuse serratation of the oesophagus.
The marked obesity and physical inactivity of Segal, 48, 48, 49, 49, 1051. Medicine. Wen, Cape 48. 2365. doctor.' Un­turmoil," 14. content home brew to that of Western-type 'hard' liquor associated with the development of hiatus hernia. The change in alcohol consumption from the traditional low alcohol diet has been implicated in the emergence of diverticular disease.10 The Black tribal migrant to the city is subject to a wide spectrum of different disease patterns due to various factors present in a new environment. Thus, a change in diet has been implicated in the emergence of diverticular disease.9 The marked obesity and physical inactivity of middle-aged and elderly urban Black women as compared with their rural counterparts have been shown to be associated with the development of hiatus hernia.9 The change in alcohol consumption from the traditional low alcohol content home brew to that of Western-type 'hard' liquor has resulted in a dramatic increase in chronic calcifying pancreatitis in the urban Black.9 There has also been an increase in the presentation of duodenal ulcer,11 and the first Black patients with the irritable bowel syndrome have been reported.12 These are all diseases common in westernized countries but, with the exception of perhaps duodenal ulcer, they are rare or unknown in Black Africa. Furthermore, the spectrum as outlined above is complicated by witchdoctor-induced diseases which constitute an important facet of the disease spectrum in the recently urbanized Black. The above presentation illustrates that almost the entire gastro-intestinal tract can be damaged by herbal medicines. The complications are often severe, and can be fatal. Other witchdoctor-induced complications which have been reported include acute renal failure,13 disseminated intravascular coagulopathy,14 spontaneous hypoglycaemia,15 toxic liver necrosis,16 and anaemia.17 Furthermore, the morbidity and mortality due to herbal medicines make it imperative that the reasons for the witchdoctor's influence on urbanized Blacks be assessed. The Black migrant leaves a rural tribal sociocultural milieu for the multi-ethnic, uncertain and precarious Western environment. He moves from a subsistence economy into one requiring new skills, new concepts of time, new work attitudes and different work relationships.20 He is removed from the close neighbourhood of a rural community to the anonymity of city life, and his residential arrangements, his family life and his physical environment are all very different from those at home. It is therefore evident that many Blacks must live in mental turmoil,21 turning to the witchdoctor for help. He acts as psychologist, psychiatrist, marriage counsellor and healer, and it is in this guise that the vast majority of Blacks believe in and consult the witchdoctor. They will usually have consulted him before coming to a Western-trained doctor.26 Unfortunately, doctors are often unaware of the Black social structure because this has not received sufficient emphasis at medical schools. Reappraisal of medical training in a Black society is imperative so that cognizance can be given to these aspects. Only then can the importance of the medicine man in Black society be realized. This has already been done in Nigeria, where the WHO has drawn the traditional practitioner into the structure of health care services.

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