Nana’s Natural Remedy

March 1, 2000 By Dennis Chase

It is just after World AIDS Day when I meet up with Nana Makhanya, a sangoma, or traditional healer, in Cape Town, South Africa. I was one of eight U.S. volunteers joining AIDS workers there—from places as diverse as Italy, Wales, Réunion and the Netherlands—to present displays of the International AIDS Quilt. We showed nine displays in eight days, including one at Kyelitsha, an impoverished township bordering Cape Town that relies on Makhanya’s skills.

Makhanya is one of two sangomas employed by South Africa’s national health department to provide the public with HIV prevention and treatment. Even with the extremes of her job—almost a quarter of South Africa’s 43 million people are estimated to have HIV—she is a woman of seemingly boundless energy and passion.

Makhanya says the main obstacle in prevention efforts is that “people are taught that they should change their behaviors and attitudes, but are not empowered to do so.” Makhanya keeps this in mind when dispensing advice. “I cannot tell them what to do and expect that they will follow me exactly—or follow their doctors exactly,” she says. “I give them information so that they can make their own decisions and be their own guide.”

When I press Makhanya about specific methods, she first wants to clear what she sees as a common mistranslation. “I do not say that we can cure AIDS,” she explains. “We have one word, ukulapha, while in English you have diagnosis, treatment and cure. I think that is where the misunderstanding can occur. I seek to help a person understand their symptoms and see methods of alleviating them. And I train other sangomas in the outlying provinces to be clear with people that bettering symptoms does not mean curing AIDS.”

Among traditional healers in South Africa, numerous techniques are used to help diagnose symptoms of HIV. One Makhanya described as “throwing the bones,” a form of necromancy similar to casting rune objects as a method of insight. Most important, she said, was to “listen to the voices and the messages and the dreams” given by intuitive sources, and to “consult with the ancestors.” Herbs, too, can play a role, burned as additional divination tools or used as part of a mixture of medicines prescribed for a person by a combination of healers and doctors. Basically, Makhanya tells me, it boils down to “the messages you receive to pass on” to a patient through all these various methods, including consultations with their medical doctor.

In her job as HIV educator and healer, people sometimes ask Makhanya for tinctures or potions. “They want something that will destroy an outside relationship,” she says, “or prevent an erection

or ejaculation in an adulterous situation. In this way, they hope to prevent HIV from entering their marriage. I try to show them more direct ways of accomplishing that."

The government sponsors educational programs—posters and such—but there is still tremendous prejudice and stigma to overcome. A series of public-service announcements currently airing on South African television addresses some of the misinformation. Also, a new television series, Beat It!, seeks to inform South Africans about the virus by giving viewers a snapshot of the lives of people with HIV. One recent episode investigated the murder of activist Gugu Dlamini, who was dragged from her Kwazulu/Natal home and beaten to death after disclosing her serostatus in a radio interview.

Fighting stereotypes takes up a good deal of Makhanya's work. "Mostly men, especially in the rural areas, say to me, 'Why should I listen to you? You're just a woman.' So we train both men and women to be healers," she says. "They can choose whether to listen or not. Just as they can choose whether to become informed about how to avoid death. It's all up to them."

But sometimes the decision is made for them. Adeline Mengu, a local woman with HIV, spoke to the crowd at the opening ceremony. "Remember this face," she said. "I will be in your face every day, asking what you are doing about AIDS. Now I am told that there is no money for AZT for pregnant women. Yet there is money to intervene when there is a [military] crisis in Lesotho."

Local health officials told me that the estimated annual cost of AZT treatment—triple combinations are just a dream—is $15 million. But South Africa has one of the world's fastest-growing infection rates, and without additional prevention and education efforts, this figure will continue to rise. As will the need for Makhanya's work.

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