Healing Knowledge and Cultural Practices in a Modern Tswana Village

by
Catherine Bolten

A Thesis
Submitted in partial fulfillment
of the requirements for the Degree in Bachelor of Arts with Honors
in Anthropology and Environmental Studies

WILLIAMS COLLEGE

Williamstown, Massachusetts

May 21, 1998

Table of Contents

Acknowledgements

There are many people who were instrumental in the execution and completion of this project. I would like to thank Jim Carroll and Valerie Joseph of SIT for facilitating the execution of the original research, Sehenyi Tlotlego for advising the project, Desmond Green, Greg and Brenda of Delta Camp, Chad and Ali of Oddballs, Regina of Delta Air, and the staff of OTS for allowing me to use Okavango Tours and Safaris as my base. I would also like to thank the people in Sedibana village for welcoming me and keeping an eye on me. I am also indebted to Pete Smith, Paul Scheller, and Tawana Moremi for their resources, advice, and assistance. On this side of the Atlantic, I would like to thank Kai Lee and the CES grant committee; Chip Lovett and the Global Studies Department; and David Edwards and the Class of 1945 for providing the funding for my second trip to Botswana. Finally, I thank Michael Brown, David Edwards, Peter Just, Kenda Mutongi, and Kristen Morwick for providing direction and comments on the drafts.

Table of Contents

Chapter I
Study Area:
The Okavango Delta and Indigenous Tribes,
Historical and Modern Perspectives

The Okavango Delta has been described as one of the world's "last great wildernesses," a statement which, when taken at face value, is somewhat misleading. A "wilderness" is usually equated with an area that is both rich in wildlife resources and devoid of human habitation, which is far from appropriate when applied to this area. The delta has been inhabited by people for over 100, 000 years. The first inhabitants were the Basarwa, a foraging tribe more commonly called the bushmen, or San people.[1] More recently, other tribes, such as the Bayei (the subjects of this study) and Hambukushu have emigrated south from their homes in Namibia and Angola and settled in the Okavango. These two tribes adjusted successfully to their new natural environment and learned to use it to provide food, shelter, and medicine for themselves, just as the Basarwa did.

The Okavango Delta is technically not a "delta" at all. It is an alluvial fan spreading through the Kalahari Desert from the Okavango River, which flows from west to east on the Botswana-Namibia border, entering Botswana at Mohembo.[2] The river originates on the Benguela Plateau, in the highlands of Angola, where it is called the Cubango River.[3] The water flows down from the highlands, through the Caprivi Strip and down into Botswana, where it abruptly splits into the smaller channels and swamps that comprise the delta.[4] The Okavango Delta itself consists of a main river channel, called the Boro, which is surrounded by both permanent and seasonal swamps. These swamps cover about 18,000 to 22,000 km of Ngamiland, the northwestern-most district in Botswana.[5] The permanent swamps cover a small part of this area, namely the land immediately surrounding the main channel. The seasonal swamps are only covered with live vegetation after the rainy season

[1] Ellery, Karen and William Plants of the Okavango Delta, A Field Guide
Tsaro Publishers, Durban, South Africa, 1997 p. 3

[2] A delta, unlike an alluvial fan, must empty into a body of water. Two hundred years ago when Lake Ngami still contained water, the delta may actually have been considered one, but this is no longer true. Now it empties into a sea of sand. It is unclear who first called the fan a "delta", but nevertheless, the name has stuck.

[3] Roodt, Veronica The Shell Field Guide to the Common Trees of the Okavango Delta
Shell Publishers, Gaborone, Botswana 1995 p. 3

[4] even though it is actually not a "delta", the Okavango swamps have been called a "delta" in the vernacular so often that I will continue to call it such in this paper in order to avoid confusion.

[5] This figure depends on the amount of water that arrives from Angola. In years of drought, the actual swamps can be much smaller.

is in full swing (around January) and alternately with water after the previous year's floods arrive from Angola in June. The majority of the hardwood forest vegetation (which could not survive in the Kalahari desert proper) is found in both the seasonal swamps and on islands in the permanent swamps.

The delta has undergone major alterations during its recorded history. The wide depression in which the swamps lie in is bordered by three tectonic fault lines, the Gomare, which runs in a northeast-southwest direction on the northern border, and the Kunyere and Thamalakane faults on the southern border.[6] A small earthquake in the early 1800's caused the depression to shift slightly from its previous position, which ultimately caused major changes in the courses of the water in the Boro as the slight grade which allowed the water to flow southward was lessened. The swamps were once bordered on the south by Lake Ngami, an expansive and beautiful lake that was the original home of the Bayei tribe. David Livingstone noted on his first visit to the area in 1849 that the lake appeared to be drying up, and it has indeed been dry for nearly a hundred years.[7] The Nhabe, the river which fed it (the Nhabe joins the Thamalakane River, a larger river that connects to the Boro at the southern end of the swamps and runs northeast to southwest), formerly served as a perennial water source, and now only flows in years of extremely good rain.[8] The district capital of Maun, population 35,000, lies on the banks of the Thamalakane, about

[6] Ellery, K. and W. Ibid. p. 5
[7] Taken from a lecture by Pete Smith to the SIT program, Maun, Botswana October 1996
[8] The most recent instance of a flood that nearly reached Lake Ngami was in 1974, according to Pete

Smith, a local botanist.

55 km south of the perennial swamps.

The Okavango Delta is a unique ecosystem. As a swamp in the middle of the desert, it contains the characteristics of both ecosystems, as well as those of dry tropical forests. The Okavango River turns sharply south into a wider river basin, where it forms a panhandle region for over 100 km before spreading into the swamps themselves. This northern area is characterized by small islands covered in thick vegetation and surrounded by deep permanent water. Further south one finds the largest perennially dry land mass in the delta, called Chief's Island. This island lies almost directly in the middle of the swamps inside Moremi Game Reserve. The Game Reserve functions in nearly the same capacity as a national park. Given to the national government of Botswana by Chief Letsholathebe of the Batawana as a national reserve,[9] the island used to serve as the personal hunting grounds of his family, which he willingly turned over to the government as a conservation area upon his death.[10] The island contains elements of both savannah and forest ecosystems in a mosaic of thickets and open space. No one dominant forest type exists, though those of acacia, palm, and mixed hardwoods are the most common.

The island is surrounded by areas that experience both floods and dessication. The seasonal swamps are covered with grasses, usually dominated by papyrus (*Cyperus papyrus*) and smaller permanent islands that are characterized by the presence of acacia (*Acacia* spp.) on the drier parts and palm (*Hyphaene petersiana*) forests closer to water.[11] The permanent channels are often lined by mixed hardwood forests, which contain canopy species including Jackal Berry (*Diospyros mespiliformis*), Leadwood (*Combretum imberbe)*, and Sausage Tree (*Kigelai africana*) among others, and dominant understory trees and shrubs such as the Large Fever Berry tree (*Croton megalobotrys*) and Buffalo Thorn (*Zisyphus mucronata*). Despite its ability to support myriad plant life, the delta has only one endemic plant species: a rare orchid which is only found in the northern half of the swamps where water is more reliable.

[9] The Batawana are currently the politically and socially dominant tribe in the area.
[10] Excerpt of the same lecture by Pete Smith
[11] Roodt. ibid. p. 9

Faunal life abounds in the Okavango. Antelope are extremely common, with species such as the impala, red lechwe, and wildebeeste dominating in numbers. Also common are zebra, giraffe, cape buffalo, and warthog, as well as the nearly ubiquitous elephant. Moremi Game Reserve alone contains nearly 70,000 elephants, most of which are permanent residents of the swamps. Not only do they not need to travel in search of water, but the veterinary cordon fence that has been erected on the southern and western borders of the swamps (to prevent the wildlife from mixing with domestic cattle) provides a formidable barrier.[12] The abundance of game species in the swamps ensures that predators are also quite widespread. Lions, leopards, hyenas, and cheetah are seen and heard most often. The channels are also full of hippopotami and crocodiles, as well as over a dozen species of freshwater fish. The swamps play home to over a thousand species of bird, among which are the African Fish Eagle, Saddlebilled Stork, African Jacana, and Cape Glossy Starling. Snakes such as the Black Mamba, Puff Adder, and Spitting Cobra can often be spotted as well. This cornucopia of both plant and animal species provided ample food and medicinal resources for the indigenous people for much of history, and currently serve as a tremendous draw for tourists from all over the world.

Cultural History of the Delta

Until only a hundred years ago, the few inhabitants of the delta proper, namely the Basarwa, were hunters and gatherers. Their prey consisted mainly of impala and red lechwe, a diet they supplemented by gathering wild nuts, tubers, and berries.[13] The Basarwa made their camps mainly on the dry land of Chief's island and on the outer fringes of the swamps where the omnipresent tse-tse flies and mosquitoes were less dense than in the swamps proper. The Basarwa were a very mobile people and would follow the game

[12] From a lecture by Innocent Mogole, employee of the Department of Wildlife and National Parks, Gaborone, Botswana, October, 1996

[13] From a lecture by Rre Lesia, a Basarwa (as translated by Sehenyi Tlotlego) given to the SIT program, Maun, Botswana. November, 1996

and good foraging within their home ranges according to the seasons.[14] In the dry season, the antelope aggregated around water sources in the northern part of the delta, and the people would follow. In the wet season, the large herds broke down and disbursed throughout the swamps. This was a time of plenty in which the large groups would set up more permanent camps from which to hunt, or they often dissolved into smaller family groups and followed game individually.

Around 1750, a tribe called the Bayei emigrated south from their home in the Diyei region, which is now in the Caprivi Strip area of Namibia. The tribe had been attacked by the Bulozi, a neighboring tribe, which attempted to impose rule on them. Half of the tribe chose to remain in the region and submit to Bulozi rule, while the rest left, going first to the Chobe-Linyanti region of northern Botswana.[15] They only moved into the delta slowly, making their way down through the panhandle and dispersing as far south as Lake Ngami. Unlike the Basarwa, who tended to avoid the swamps, the Bayei were a riverine people who preferred to settle on the riverbanks and islands. They were accomplished fisherman, and used finely-woven nets and dugout canoes (the *mekoro* which are still the favored mode of transportation in the delta today) to exploit the river's resources directly. They also practiced small-scale agriculture, maize being the favored crop, and every household had at least a few head of cattle.

The Bayei were an unusual tribe in many respects: descent, succession to the chiefdom, and inheritance were all traced matrilineally (a man's heir is his eldest sister's eldest son). All marriages were exogamous, and polygyny was only allowed if a man could provide for all of his wives.[16] Each village was headed by a chief (an *ushikati*) who was also the head of the village's lineage. Their religion was very similar to that of the Batswana; the supreme being, *Ureja*, was quite similar to the Batswana being *Modimo*;

[14] From a lecture and film series by Doc Heinz, anthropologist, given to the SIT program, Maun, Botswana. October, 1996

[15] Tlou, Thomas A History of Ngamiland 1750 to 1906, The Formation of an African State Macmillan Boleswa, Hong Kong, 1985

[16] This system meant that the individual villages were never far from each other and communication between them was quite common.

very powerful yet remote. Most daily activities were actively controlled by the ancestors, who consequently had to be worshipped with equal attention. Each village had a shrine (the *sishaka*), which was usually a large shade tree under which the chief and his medicine men, the *dingaka* , blessed the hunters and fishermen in order to make them more proficient at their craft.[17]

The Bayei were a gentle people, and lived in relative harmony with the Basarwa. Intermarriage between the two tribes began soon after the Bayei had settled in the delta, which was followed closely by the intermingling of knowledge. The Basarwa were skilled herbalists, especially in the realm of snakebite cures, and shared their information freely with the Bayei. Relations between other tribes were not as genial, however. The Hambukushu migrated to the panhandle region from Angola in search of food in 1800. Once the tribe was established, they drove out the resident Basarwa and started raising cattle on the land.[18] In 1890, an argument ensued over the chieftanship which caused the tribe to split in half. One faction left the delta and established themselves on the Kwando River, while the others stayed on the islands of the panhandle and expanded their cattle operations.

When David Livingstone first met the Bayei at the Boteti River in 1849, he noted that they were "fine watermen but possessed of a timid disposition" and would "submit to the rule of every horde which has overrun the countries adjacent to the rivers on which they specially love to dwell."[19] These words were telling, as the Bayei had just been conquered by the Batawana, a tribe with which they were originally on equal terms. The Batawana were a southern Tswana tribe that formed when their chief, Tawana I, fought with his brother over the chieftanship of the Bangwato, whose homeland was near what is now Gaborone, and so took "his" people and moved north to Ngamiland. They were greeted as friends by the first Yei village they encountered (the village was under the leadership of Chief Sankotse), who shared the land and resources equally with the newcomers. The

[17] Ibid. p. 74
[18] Sillery, Anthony. The Bechuanaland Protectorate Greenwood Press, Westport, CN 1952
[19] Sillery, Anthony. Botswana, A Short Political History Methuen and Co. Ltd. London, UK 1974

Batawana were not riverine and chose instead to settle in the Kwegbe Hills southeast of the delta. They were attacked by the Kololo in 1840 and driven out of their home in the hills, an experience which prompted them to leave Ngamiland altogether.[20] They underwent a period of exile on the Chobe River in northeastern Botswana, and returned destitute to Lake Ngami in 1849 where they were once again welcomed by the Bayei. This time, however, the Batawana demanded that the Bayei turn over all of their cattle or be annihilated, and this action began the period of Yei subservience. The Batawana began calling them the "Makuba", which means "useless people" in Setswana.[21]

Before long, the Bayei were subjected to what the Batawana called "botlhanka": a type of serfdom that may have begun as a kind of voluntary clientship in which the now-cattleless Bayei worked as laborers for the Batawana in exchange for food.[22] After a while, however, the system became hereditary, and the Bayei quickly lost whatever status they had originally claimed. The situation was to be the worst close to the Tawana district capital of Maun, where the ownership of cattle and serfs was a more conspicuous sign of status than in the bush proper. The Basarwa were an oppressed people as well. Bush-dwellers were considered to be inferior people by most Tswana tribes, and the Batawana shared this opinion. They went on "slave raids" into the delta as well as the nearby Ghanzi district and subjected the Basarwa they rounded up to a serfdom similar to that experienced by the Bayei.[23] Before 1900, serfs were not allowed to seek justice for wrongs committed against them; some children were even taken from their parents and sold as servants to European expatriates.[24] They were forced by the Batawana Chief Moremi II to abandon the traditional structure of matrilineal succession and inheritance in favor of the traditional Tswana patrilinial modes.[25] The Bayei also refused to educate themselves, which would

[20] Ibid. p. 87
[21] Datta, K. and Murray, A. "The Rights of Minorities and Subject Peoples in Botswana: an Historical Evaluation" from Democracy in Botswana Holm, J. and Molutsi, P. editors Ohio University Press Ohio, 1989
[22] Ibid. p. 59
[23] Chirenje, J. Mutere Ibid. p. 94
[24] Datta, K. and Murray, A. Ibid. p. 149
[25] Schapera, Isaac. Tribal Innovators: Tswana Chiefs and Social Change: 1795-1940 The Athlone Press, London, UK 1970

have elevated their position in Tswana society. In 1880 Chief Ntare prohibited the help of a black missionary because he did not want his people to be taught white ways, even though the Tawana were integrating the missions and missionary education into their villages.[26]

The Bayei were also denied the right to keep their tribal structure together: they could not have their own *kgotla*, the traditional Tswana meeting house and court, and as late as the 1930's, the Batawana would still not allow the Bayei to obtain cattle. Both actions would have been signs that the Bayei were fully human people who were capable of handling wealth. The Basarwa, who were historically foragers, were also denied the right to practice their traditional means of subsistence and were thus completely dependent on their masters for food and shelter. By 1948, the Bayei began to outnumber the Batawana and were granted their own *kgotla* in order to attempt to prevent an uprising.[27] The Basarwa, however, were still denied their rights since they had never belonged to any type of *kgotla* and were therefore irretrievably inferior.

When Botswana achieved independence in 1966, conditions did not improve much. The Basarwa became even more dependent on the federal government than they had been on their "masters". The initiation of the national parks and game reserves program meant that any people who lived on land that was converted to a park were forced to relocate. Such was the case for all Basarwa who lived inside what is now Moremi Game Reserve.[28] They were forcibly resettled once again in the 1980's when the boundaries of the park were expanded. The Basarwa were not allowed to attempt any form of pastoralism because they lacked both traditional water and grazing rights. They were also effectively denied the right to integrate into Tswana society because, as an oppressed minority tribe, they earned low wages and tended to slip through cracks of the new nation's educational program. In the early 1970's the Rural Area Development Program tried unsuccessfully to turn them into yeomen farmers, but the idea was soon abandoned when the tribe members showed a lack

[26] Chirenje, J. Mutere Ibid. p. 100
[27] Ibid. p. 150
[28] Ibid. p. 151

of interest in raising crops.[29] The main obstacle to all of the repressed minorities in Ngamiland proved to be their lack of representation. The Parliament of Botswana has within it a House of Chiefs in which each of the major tribal districts has a representative whose job is to look after his constituents' interests. The Tawana have a representative, but none of the minorities who actually comprise 80 percent of the population of Ngamiland are even recognized, much less represented, by the federal government.[30]

Extension Services in Ngamiland

Ngamiland is one of the districts in Botswana located the farthest from the capital city of Gaborone, so it was also one of the last to receive missionaries, government education, and hospitals. The Tawana did nothing at first to facilitate the process. They resisted the first missionaries, ignoring David Livingstone when he first arrived in 1849 and laughing outright at Mebalwe, one of Livingstone's Tswana converts, in 1850.[31] In the late 1800's, threats from other tribes such as the Matabele (who chased the Batawana onto Chief's Island at one point in 1884) caused them to accept the white missionaries, ready sources of supplies and weapons, with open arms.[32]

The Batawana were the last tribe to receive a permanent mission station, an event that transpired in 1878. Chief Moremi II invited the London Missionary Society to establish the station, and was himself baptized in 1881.[33] He immediately banned *bogwera* and *bojale*, the traditional initiation rites for young boys and girls, and his successor Dithapo banned the traditional rainmaking ceremonies in 1891.[34] The education provided by the missionaries was mostly theology, and they were supported in their venture to teach

[29] Ibid. p. 153

[30] Mpho, M.K. "Representation of Political Minorities in Policy-making" from Democracy in Botswana Holm, J. and Molutsi, P. editors Ohio University Press, Ohio 1989
[31] Ibid. p. 150
[32] Sillery, Anthony Botswana: A Short Political History Methuen & Co. Ltd. London, UK 1974
[33] Chief Moremi soon, however, reverted to most of his traditional ways because the church would not allow him to smoke his pipe nor take more than one wife.
[34] Schapera, Isaac. Tribal Innovators: Tswana Chiefs and Social Change 1795-1940 The Athlone Press, London, UK 1970

Christianity through small annual grants doled out by the protectorate administration.[35] However, the system of education and religion was far from perfect in reaching its goals of universal tribal conversion and belief. In order to obtain access to missionary schools, one had to be a member of the local congregation. Becoming a member of the congregation required that the initiate endure a period of probation. The probation, and resulting Christianity, obliged one to give up many traditional "vices" such as traditional beer, tobacco, and polygyny, a task that was not undertaken by many. The result was that by 1940, only 20% of the Batawana were Christians.[36]

Protectorate health care was similarly in the hands of missionaries. The mission doctors and traditional *dingaka* used similar methods of healing, a combination of both herbal remedies and prayer,[37] and were often proficient at healing different types of ailments. This meant that the two often worked in tandem to oversee the health of the people. In 1935, the Seventh Day Adventists were encouraged by the federal government to move into Maun (there had previously only been the London Missionary Society) and build a clinic.[38] The resulting center was not particularly well-equipped and could not extend its services much beyond the boundaries of the town, so localized traditional healing remained the dominant mode of healing outside of the direct circle of protectorate/missionary influence.

When Sir Seretse Khama ascended to the presidency of the new nation in 1966, he announced that bolstering the education and health care systems were his primary goals. The first government junior secondary school was established in 1966 near Gaborone, but the new wave of education was not felt further north until several years later.[39] In the early 1970's, development aid from such sources as UNICEF and the national government of the United Kingdom provided over $300,000 for the establishment of mother-child clinics and

[35] These grants officially stopped in 1906.
[36] Scahpera, Isaac. Ibid. p. 140
[37] The main difference lay in whom the prayers were addressed to: the missionaries prayed to god while the Batawana prayed to their ancestors, the *badimo*.
[38] Schapera, Isaac. Ibid. p. 75
[39] Parson, Jack "Succession, Legitimacy, and Political Change in Botswana, 1956-1987" from Succession to High Office in Botswana Parson, Jack, editor Ohio University Press, Ohio, 1990

a secondary school in the Ngwato district, the original homeland of the Batawana.[40] By 1974, both the schools and clinics had the same problem: all larger areas were served by hospitals and secondary schools and smaller areas by clinics and primary schools, but 85% of the people who staffed them were white expatriates. There was no local base of medical or teacher training, and all of the establishments were overcrowded, under-staffed, and underfunded.[41] Maun itself currently has a hospital, which was established in 1977, and the updated Seventh Day Adventist Clinic (established in 1935) to serve the medical needs of its 35,000 residents. Both are, to this day, still staffed mainly by expatriates. The town also has three primary schools and two secondary schools, though one of each is privately funded and usually attended by the children of the area's large expatriate community. In 1980, the government committed itself to making primary education universally accessible, and so endeavored to fund primary schools in every town in the nation.

The most momentous occasion in the recent history of Ngamiland occurred in 1981, when government forces set out to eradicate the tse-tse fly.[42] As the fly was pushed north and away from Maun, the threat of sleeping sickness diminished, and the tourism industry began to flourish. The Okavango Delta became a prime destination for tourists and therefore for expatriate entrepreneurs as well. The Tswana people themselves, and especially the downtrodden minorities who made up the bulk of the district's population, did not have the capital to start up tourism businesses, and so were forced instead to work for the expatriates as wage earners. The allure of consistent wages was, however, enough to draw people away from their villages farther north. They began to flood Maun in droves in order to look for work and to send their children to the new free schools. Many of them either moved into villages that were already established, or began to set up new villages in locations that were convenient to servicing the tourist safari camps.

---

[40] Sillery, Anthony. Ibid. p. 66
[41] Sillery, Anthony. Ibid. p. 68

[42] from a lecture by Pete Smith to the SIT program, Maun, Botswana, October 1996

History of the Study Village

Sedibana, the village where I conducted the bulk of my research, was one of these villages that was located close to a tourist camp, and so suddenly became home for the new migrants from further north. The village was originally established on Nxoga Island (meaning "Snake Island") about 100 years ago. The population was primarily Bayei, though some representatives of the Hambukushu tribe lived there as well. Around twenty years ago, a severe flood threatened the village (which was called Nxweega Village at that time), so the inhabitants packed up and moved further south onto a drier part of the island and established what is now Sedibana Village. The village is about a six hour drive from Maun, depending on the time of year. During the floods, the established dirt road is often underwater and one can only reach the village by boat. The village is also partially accessible by airplane: small Cessnas fly the tourists into the nearby camps, which are located about half an hour's hike or boat ride from the village.

Sedibana is home to about sixty-five families, but the exact numbers vary depending on the time of year. During the school term, the mothers leave the village, which lacks a school, and take their school-aged children to Maun, where the family usually has a second homestead. This means that the mother and children live in Maun for most of the year, returning only for school holidays. However, it is just as common for the fathers to leave the village occasionally to go visit their children in Maun. The population of the village is currently still mainly Bayei, though many of them are not members of the original population. The majority of Yei villagers recently migrated from villages, such as Seronga (where my main informant is from) and Etsha, which are further north. The Hambukushu comprise proportionally less of the population than they used to; now that the Basarwa have been forced out of the delta, they too are filtering in to the villages and becoming guides. Sedibana is also now home to many young Tawana men from Maun who came in order to learn how to guide, but their families are often left behind in town.

Nearly 100% of the adults in the village are directly or indirectly employed by Oddballs and Delta Camp, two tourist camps that are owned by the same company and located on Nxoga Island. The two camps employ about 45 men as river guides: they escort tourists out into the delta in their *mekoro* for anywhere from one to eight days of walking safaris. The guides are encouraged by the management to bring the tourists to the village for a short visit in order to promote cultural tourism, which is one area of tourism the

government shows an interest in exploring further. The women who live in the village are

either employed by the camps as kitchen, cleaning, and laundry workers, or are self-employed. Those who choose self-employment either clean and bind reeds to sell to the camp for construction purposes or make crafts such as baskets and bracelets that they sell to the camps (who resell them to tourists) or directly to the tourists who come through the village during their safaris. This means that the village is half-empty during the day: those who work at the camps are away, and their families are usually in Maun. The only people present are guides who have the day off, older people, self-employed women, and small children.

The village itself is characterized by the traditional one-room huts (called rondavelles) which are usually round structures made of thatch and reeds bound to logs, although models of beer cans interspersed between layers of reconstituted termite-mound clay have become popular in the last several years. The appearance of square huts in the style of western architecture has also occurred recently. All of these huts range from single buildings out in the open to many huts situated inside a compound. The compound itself is fenced with thatch and reeds. Some people grow a few stalks of maize outside of their compounds, but it is usually an insufficient amount to replace purchased maize meal. There is also one larger field planted entirely with maize located at a compound on the edge of the village. It is fenced with substantial logs in order to keep the more persistent browsing antelopes at bay. A few years ago the villagers also constructed a makeshift soccer field on the western edge of the village which is home to pickup games and the occasional inter-village match.

Aside from the living compounds, Sedibana is also characterized by the presence of "tuck shops", small stores that sell basic foodstuffs and toiletries which the owners either buy from the camps or on occasional trips into Maun. Their prices are high when compared to those in town, but the owners who buy their supplies from the camps at inflated prices do not turn much of a profit. The village also has a *kgotla* meeting area which doubles as the gathering place of the many Christian congregations. The people whom I interviewed are affiliated with three churches: the Zion Christian Church (ZCC), St. John the Apostle Church, and Eleven Apostles: all Pan-African Christian religions that

worked their way north from South Africa over the last fifty years. The churches tend to cooperate in scheduling their meetings: the ZCC hold meetings all day on Sunday, and other churches meet on Saturdays and Wednesdays.

Animals are a constant presence in the village. Many people own dogs, most of which are poorly fed and fight with each other over random scraps of food. A herd of goats frequently wanders through the village, although I could not ascertain who specifically owns them. They eat whatever garbage is left out as well as any herbs and bushes they can find between compounds and on the outskirts of town. Wild animals are also regular visitors to Sedibana. When I lived in the village during the dry season, a few solitary elephants were often spotted on the edge of the woods that surrounded the village on three sides.[43] There is also a small herd of about ten cape buffalo that inhabits the area and are often seen on the outskirts of the village. Sometimes they enter the village at night in search of good grazing. Although I did not spot them personally, there are also two prides of lions that are known to frequent the area. They too occasionally roam the village when attracted by the smell of cooking meat.

Much of the staple food in the village is packaged and brought from town. Rice, maize meal, or some other starch is the mainstay of every meal, and meat is also usually present. Beef is very popular and served when it is available, but impala and other wild antelopes are more common.[44] Citizens of the country can obtain hunting permits which allow them to hunt a certain number and type of animals within a quota over the course of a year, as long as the animals are taken outside of a game reserve.[45] This means that wild meat is abundant, and hunger does not seem to be an issue in the village. Employees of the camps are allowed to ride on the airplanes into town when empty spots are available, and often they return loaded with food supplies such as flour, which can be bought more cheaply in bulk in Maun than from the camps or tuck shops. This phenomenon is most common at the end of the month on payday.

---

[43] Elephants, like antelopes, will aggregate into large herds before the rains arrive and disperse again once water is plentiful. The seasons in the Okavango do not necessarily correlate to the amount of water present. Summer, from November to March, is the rainy season, but it is also the time of year when the river level is the lowest. The winter is completely rain-free, but the floods from the previous year arrive in mid-April and blanket the land with water.

[44] Beef was more common a few years ago before cattle lung disease hit Ngamiland. In 1995, the government quarantined the district and killed all of the cattle in order to keep the deadly disease from spreading outside of the immediate area. They eventually gave everyone cash compensation for the cattle lost.

[45] from a lecture given by Innocent Mogole, employee of the Department of Wildlife and National Parks, Gaborone, Botswana, October, 1996

The lower Okavango Delta has a rich natural and cultural history that make it one of the most interesting places in Botswana. The abundant wildlife and scenery draw tourists from around the world, and the work they provide in the camps attracts people from many different tribal and geographic backgrounds, both from the traditional north and the modern town of Maun. All of these influences are visible in the mosaic people and practices visible in Sedibana village.

Chapter II:
Research Methods
and Reasons

This project is unusual in that the village in which I performed the study was more or less chosen for me by circumstance. I was first introduced to Botswana through a study abroad program, in which much of the students' time was spent in structured activities. One of our field trips was two weeks of field research and lectures in the Okavango Delta. We were based at Oddballs, one of the camps mentioned previously as a source of village employment. We spent over a week on one of the mekoro safari trips in order to study animal population patterns, and it was enough time for the students to develop a good rapport with the guides. The other week was spent in lectures given by various expatriate researchers who were working in the area. The lectures took place at the guide school that the company owning the two camps started in order to teach the guides subjects such as basic math, English, and inter-cultural skills. The teacher, Sehenyi Tlotlego, was also peripherally interested in creating a book listing the local medicinal plants to which the guides could refer and answer any questions that tourists might have. He had noticed in the past that tourists took an interest in traditional culture, and he felt it would be valuable to promote it among the guides.

Sehenyi was encumbered by one main obstacle, namely his obligation to teach classes and tend to his duties at Delta Camp, where he was assistant manager. These tasks left him with very little time to pursue his interest in traditional medicine. The program I participated in designated the last month to be used for in-depth independent study of a subject of the student's choosing, so I made arrangements with Sehenyi (who goes by "Shex", which is how I will refer to him from here forward) to do the research for him as my project. We made a verbal agreement, and I returned a few weeks later in order to begin the search for informants. He knew from growing up with his grandfather, who was himself a *ngaka*, that many people used to know the remedies for small problems, such as a case of the sniffles or a small cut, but that for anything major a specialist was necessary. There are usually several *dingaka* in a village, depending on its size, but *dikgosi*, the chiefs,

no longer retain their own diviners.[46] This means that the most powerful healers in the village are not as easily identified as in the past.

[46] There are two specific types of *dingaka*, the herbalists and the diviners, the latter being the more socially powerful. The differences between the two will be explained in the next chapter.

We began with a session at the guide school, where several guides had gathered for afternoon classes. My command of Setswana proved to be less than perfect, so Shex did much of the talking. He explained the purpose of the project, and they brainstormed for a few minutes before coming up with the names of seven men living in the village who had been involved in medical practices at one point in time. The list was not in any ranked order of how knowledgeable the *dingaka* were, so we approached the practitioners as we found them. The first, Lethabo, worked as a general laborer at Delta Camp, but he had not practiced in years and refused to take part in the project. The second, Ribs, was a Basarwa guide who had been relocated to Sedibana from his home in Moremi seven years before.[47]

He had been a well-respected *ngaka* in his tribe but had converted to Christianity (the ZCC) when he moved to the village and started working for wages. Shex spoke to him briefly in Setswana about the project, and Ribs asked if I was planning to become a doctor myself. If so, he would not help because his religion forbade him from promoting the use of traditional medicine. We explained the purpose of the medicinal plant book for the guide school, an answer that seemed to satisfy Ribs. He showed us around the camp for a few minutes to identify a few of the plants that he had used in his practice and told me to return in two days (when he would return from taking clients into the delta) so we could talk again and travel further into the bush in order to collect more plant samples.

I was based at Oddballs, where I had made arrangements with the management to stay while I was working on the project. The next day I got a call from Shex over the radio: Ribs had approached him that morning and backed out of his offer. Apparently he had had nightmares the night before about being sent to hell for conjuring up his past in order to participate. He had decided that talking to us at all was a breach of his faith, and so could not continue. This event prompted me to grab Shex and take my first trip to the village in order to look for the five other men on the list. The first one we found, Rra Keadimilwe[48], had stopped practicing fifteen years earlier when the hospital was established in Maun. He converted to the ZCC and began calling himself James. He was

[47] Many of the guides will adopt quirky English names because Setswana names are occasionally too difficult for clients to pronounce.

[48] Elder individuals are addressed by the title "Rra" for men and "Mma" for women, which is the equivalent of "Mr." and "Mrs." in English.

not interested in working with us at all, not even as a minor contributor to the guide school catalogue, so we kept looking.

The second man we found was Karamono Miti, a guide at Oddballs who is also known as "Doctor". His English is halting, so Shex explained to him in Setswana the purpose of the project. He assented immediately and said that in order to create a more complete catalogue of plants we would need to spend several days in the bush. He was leaving the next day to take some tourists on safari but would be back in two days time, at which point we could go on a trip. Well satisfied, Shex and I left the village to lay out a plan for the types of questions I would ask him. We also decided that it would be more valuable for the guides if we could combine and compare the plant knowledge of at least two doctors. That way I could better explore the possible reasons for the differences, and I could develop an understanding of what creates a differentiation of knowledge.

Although not openly stated by anyone, in the past it was always common knowledge who the most powerful *dingaka* were. The Batswana are very pragmatic people, so when afflicted, they would historically visit different doctors until one created a remedy that worked for them. This process would eventually elevate the most skilled practitioners to high status. Apprenticing to a man who obtained his status through the known effectiveness of his cures increases ones chances of finding effective remedies. Since the practice has moved underground, high status is not automatic, and finding the best *ngaka* proves to be a much more difficult task. This meant that I had to initially approach two informants as equals, work with both of them, and compare the final results of both their plant knowledge and impressions from villagers in order to identify who the "most powerful" *ngaka* was.

As we walked back to the village to find Doctor and go out on a trip, we encountered Thaba, another one of the *dingaka* on the list that the guides had given us. As we described the project to him and Shex asked for his assistance, Doctor approached us and listened to the conversation. He then angrily pulled us aside. Apparently he had thought that we were going to work with him exclusively and was especially upset that Thaba, a man he had had many personal differences with in the past, had been considered as a possible candidate. Because of the time constraints of the original project, I decided that I could not risk alienating my best possibility for an informant, so I tried to convince Doctor that I would not talk to any of the other doctors in the village. This reasoning did

not suffice for Thaba, however, who, out of spite, also wanted to be the only informant. He tried to lie to Doctor about whom I preferred to work with, which meant that Doctor failed to appear for our appointed trip into the bush. Although I would have preferred to work these issues through myself, I decided that in this situation it would be better for Shex to intervene in order to calm the situation, which he did. He explained our mistake to Thaba, that because we had talked to Doctor first we would continue to work with him, which seemed to satisfy Thaba, who ceased to be a problem from that point forward.

Doctor and I took his mokoro up the river for several days, pitched a camp, and collected and identified many of the plants that he used in his practice. The purpose of this original project was more biological than anthropological, so I asked questions specifically about the part of the plant used, what it was used for, how it was prepared, what the dosage was, and what kind of reaction it caused in the patient. There were several plants that Doctor recalled having used in the past that he could no longer remember, so we travelled to Xaxaba, a nearby village, in order to consult with his brother Sakawenge. Sakawenge spent a morning with us looking around the outskirts of his village for those plants that he and Doctor had both learned as apprentices. I took voucher photos and collected many of the parts used, from which Doctor and I prepared many of the remedies upon our return. From the taste of many of the remedies, I could tell if they were acidic or alkaline, and from this process what compounds they could possibly contain. At the end of my study, Doctor asked me to return because we had run out of time before we could go downstream, and there were many other plants that he knew could be found there. The completion of the first project was originally the impetus for my return to the delta.

Justification of Initial Methods

The aforementioned events seem like a haphazard method for choosing informants, but I found that it was invaluable in illuminating both the complexities of professional relationships between *dingaka* (the sacredness of information and secrecy, which will be discussed in later chapters) and in maintaining an ethic of working within the confines of the expectations of the community. By attempting to use more than one informant, I would have not only breached the trust of my first, which could have resulted in the end of my

study, but also ignored the traditional method of apprenticeship, in which the person who desired to learn about medicines chose the *ngaka* he deemed "most powerful" with whom to work. By operating within the boundaries of these particular expectations, I believe I received a botanical education that was more similar to that experienced by "true" Tswana apprentices. For most of tribal history, one who desired to be an apprentice would choose one *ngaka* in his tribe to study with, and he was allowed to expand his repertoire only by studying with a doctor outside of his tribe.

There was also little room for me to speculate about which *ngaka* considered for the study was the "most powerful". As the choosing of a *ngaka* by villagers was a private affair, none of the guides who provided the original list expounded in the least on the healing abilities of each. Merely providing names of those who practice was harmless, but doing more would have been a breach of etiquette. By approaching the *dingaka* as randomly as they were listed, Shex and I both felt that we were not unwittingly biasing our choice of a practitioner through means that were not related to status traditionally accorded them. We were also confined to those who would work with us, which is another consideration to be looked at when thinking about how different *dingaka* see and treat westerners. Perhaps those who held to the belief that knowledge should only be passed through family lines or through those whom the practitioner trusts would have refused to participate; if their information was more "sacred" than Doctor considered his perhaps the process of working with them would be a bit different. However, I accepted these limitations as sacrifices that had to be made in order to record any information and concentrated my efforts on Doctor instead.

The Second Trip

When I returned to Botswana six months later, both physical and social working conditions were different from my first trip. It was now winter and the delta had flooded, which translated into the high season for tourism. This meant that the guides were busier,

hence in the village less often and for shorter periods of time. The village itself had also undergone some transformations. One of the older and most highly respected guides, Kamanga, had been pulled out of his mokoro by a crocodile and killed less than two months before my arrival. This event caused an uproar in the village, with the guides going on strike until they were both paid more and supplied with knives to carry with them on safari. The passing of one of the respected elders in the village also spawned a power struggle between Thaba and a few other men who wanted more "control" in village affairs. There was a high level of tension between villagers who were not being paid and struggling with each other for power, but both problems subsided when the company agreed to slightly higher wages and Kamanga's tragic death began to fade in people's memories. There were also many tourists who needed guides and the monetary drain of the strike became too much for their pockets to bear, so life slowly returned to normal. Such was the state of affairs when I returned to Sedibana.

Before trekking into the delta from Maun, I contacted Shex and asked him to update Doctor on my intentions. He spoke to Doctor, who was excited that I had returned to continue my training. I traveled to Oddballs, and Doctor and I went on a mokoro trip in order to gather more samples. Doctor had changed as well in the six months since I had last seen him. He had converted to ZCC and had quit practicing medicine, but he was still willing to work with me, I think because he wanted his knowledge to be written down. We went back to visit his brother in Xaxaba during our trip, and spent about four days looking for plants that could not be found on my previous trip, which took place at the beginning of the summer rainy season. I collected voucher samples of every new plant, photographed them, and kept records of distribution and habitat. When I eventually left the delta, I took samples that I could not positively identify to a qualified botanist who lives in Maun. After our trip, I moved into Doctor's compound in the village. I spent the first day in the compound of the chief, Batsho, which was a customary introduction for a stranger in the village. He was very accommodating and gave me instructions about how to deal with the

village dogs and where I could safely go without worrying about buffalo and elephants.

During my first visit, Doctor and Batsho discussed my project intentions, and they agreed to tell me about Satheba, Doctor's uncle, whom they deemed to be the most powerful *ngaka* in Ngamiland. Doctor was almost embarrassed that I had reached the limits of his knowledge and therefore wanted to point me towards a man who knew even more. This opportunity would be a chance to study with a man of real status, so I filed it away for future reference and settled in to the village for some participant observation. I spent several days being the object of observation myself, especially for the children, who would follow me around wide-eyed and incredulous. They often see tourists who pass through the village for a few minutes with their guides, but never white people who stay in the village overnight. I knew many of the men in the village already from working with them while on the structured program, so I comfortably and quickly established a working arrangement. The villagers are friendly people, and since Doctor accepted what I was doing, they did as well.

My days were split between learning subsistence activities, observing village life, and interviewing villagers. Because most of the adults were away at the camp during the day, I used that opportunity to watch the children and work for entry into the circle of women who made crafts to sell to the tourists. I found that the best way to take advantage of my situation was to take an interest in their activities, so I began weaving baskets. Batsho's wife Setswansho was the most willing to teach me, and when it became apparent that I was taking this activity seriously, the women opened up to me. The men also appreciated my efforts, so I took this cue to make myself as obviously open to all things Tswana as possible, which would make my interest in medicine seem more natural and, I hoped, encourage people to talk about it.

I conducted interviews at every opportunity. The guides who had days off were very happy to receive visitors, but we could talk casually about such personal subjects as religion and healing only after a while. They were all aware of my intentions, but I think they answered my questions honestly because my interest was innocent, and Doctor had

told nearly everyone that I was "writing a book for him." Nights around the campfires were even more productive. People would gather in the compounds of a few who had the best fires in order to share meals and conversation. I was always welcome at these gatherings and took these opportunities to join the discussions. They were fairly free-form, and I pushed conversations in various directions in order to find a subject related to healing that my interviewees seemed most interested in, then homed in on medicine from there. I also had many interviews that covered areas that affected these practices, such as education and government policy.

It was difficult to get a "random" or representative sample of the villagers, because most of the people I knew and could talk to immediately were guides. It took longer to get to know the women, and, because of the migration to Maun during the school term, there were proportionally fewer of them present. Consequently, I had fewer interviews with women. I also had trouble finding a truly representative age distribution, because the Setswana spoken by the elderly people in the village is half-Seyei, a language which contains many clicks like that of the Basarwa languages. It was not one I was familiar with, nor did they speak English at all, so opportunities for those interviews only arose when either Doctor or Shex were around and willing to translate. However, the villagers did have a great deal to say about each other, as members of small communities tend to know everyone's business. This being the case, they were willing to talk about so-and-so's activities, their church affiliation, family history, and so forth. On the whole, I gained a fairly representative picture of a rather unusual migrant village.

Certain trends began to form in the interviews, so I pursued them. Even among the villagers who did not use traditional healing methods, Satheba Mogkwathi, Doctor's uncle, would be mentioned again and again as a feared and respected healer. They spoke of him with tremendous awe and believed him to be the most powerful healer in all of Botswana. It seemed that Satheba was the elevated *ngaka* for whom I had been searching, so I set out to compare the knowledge and practices of the two *dingaka*. He lives in Maun, so I left the village for ten days in order to look for him. He had moved there from his first home in

Shakawe, which is in the panhandle region of the delta.

Doctor came to Maun to help me, as I could never have found Satheba on my own. We went to his house one morning. The man proved to be an imposing figure who seemed unconvinced by Doctor's explanation that my intentions were good and my research valid. As Satheba also spoke the Setswana-Seyei dialect, I was at a loss to join in the conversation. I instead talked to Satheba's son Gabofele, a university student whose English was perfect. I explained the study in great detail to him, and he decided to act as my advocate to his father. After an hour of pleading my case, Satheba finally accepted my request to study with him. However, in the interest of keeping genial relations between uncle and nephew and not overstepping the bounds of apprenticing to more than one *ngaka* in a tribe, I would only study the cures that Doctor did not know, namely those for snakebites. Unfortunately, most of the components of the cures were herbaceous plants that had died when the rains subsided, so I could only have him describe them in detail and try to record these descriptions faithfully. I had to promise Satheba that I would try to return in the rainy season so we could travel into the bush to collect these plants. The next several days were spent interviewing Gabofele about his childhood and his father.

This second trip into the delta was not as successful as the first. I came down with a severe case of the flu the day after flying in, so was confined to my tent for over a week. I could not move back into the village, so instead resorted to conducting new and follow-up interviews with guides while they were in camp. I was fortunate enough to gain access to demographic information about the village and the people from the camp files. I was also able to meet and speak with Neo, a trainee guide who had apprenticed to his father as an herbalist for several years. As a young man, he was not as careful about the secrecy and traditions surrounding the practice and was more than willing to teach me what he knew. I was not well enough to go for an extended trip into the bush, so I interviewed him in-camp, and we took shorter walking trips looking for plants around the camps. Many of the plants he used were also used by Doctor, so there was no need to collect voucher samples. We also brought a field guide with us, and Neo had learned most of the plant names in English,

so plants that were different from what Doctor used could be identified and catalogued quite easily without outside assistance. Once I had returned to Maun, I went through the available field guides at the library and bookstore in order to clarify identifications and had several conferences with Shex in order to tie up loose ends: questions I had about certain guides, the guide school, etc. Most of the tracing of familial relationships between plants was conducted using materials available in the Williams College libraries.

In total, I spent three months in the field doing a combination of apprenticeships, interviewing, observation, plant collection, and literature research. I was based in a camp in Maun and in Oddballs camp in the delta, from where I moved to the village during June and July. Data collection was more opportunistic than systematic, consisting of journal entries of observations, interactions, and interviews as well as a plant catalogue, but I decided that this was the best approach considering the time constraints of the fieldwork. I was bound by ethics and customs to stay within the boundaries of expected behavior when choosing informants and comparing knowledge between them, so some creative maneuvering was necessary to keep Doctor and Thaba from fighting, as well as to gather information from Satheba. Recommendations about methods that would be useful to further explore the issues covered in this thesis will be explained in detail in later chapters.

Chapter III:
Brief History of Traditional Religion and Healing in Botswana

"We like you, but nevertheless we would like you much more if you just traded with us and left, and stopped talking continually about this God of yours." [49]

This statement is one of the more notable Tswana reactions to David Livingstone's preaching that he recorded in his travel diary, and it is an appropriate beginning to an outline of the history of traditional healing in Tswana society. As mentioned in the introduction, healing for the Batswana is not simply a matter of regaining physical health, but of physical, mental, social, and spiritual well-being. Their relationship with their God and ancestral spirits proved critical to this state of health, and by trying to convert the people to Christianity, Livingstone attempted to undermine a tradition of religion and healing with very old and powerful roots.

In Tswana culture, traditional religion is based upon the tribe's relationship with two specific levels of the spirit world: *modimo* and the *badimo.*[50] *Modimo*, the being which most closely resembles the Christian God, is the most ancient and powerful of all spirits. As the creator and overseer of the universe, he is also removed from the daily lives of the people. Historically, he is mainly responsible for controlling the weather, so the only time he concerned the people was during times of drought. The *badimo*, the spirits of dead ancestors, on the other hand, take an active interest in daily activities. These spirits enjoyed meddling in the mundane affairs of their progeny: they are responsible for everything from unsavory social relations to crop failure, and the only way to satisfy them is through sacrifice rituals and prayer. The father of the family is usually responsible for maintaining and repairing ties with the *badimo* who interfere in the matters of his household.[51] Ancestral ties are determined patrilinially, so a woman inherits the *badimo* of her husband's family when they marry. The chieftanship is also determined by birth, so the ancestors of the chief (who were themselves chiefs) are especially powerful and affect the activities of the entire tribe. By praying to them, the chief (*kgosi*, literally "king") can bless all matters

---

[49] Taken from David Livingstone's journal, from Ben-Tovim, D. Development Psychiatry: Mental Health and Primary Health Care in Botswana Tavistock Publications. New York, NY. 1987

[50] Dennis, Caroline. "The role of *Dingaka tsa Setswana* from the 19th Century to the present" from Botswana Notes and Records Vol. 10 The Botswana Society, Gaborone, Botswana. 1978 p. 53

[51] Ibid. p. 47

of tribal politics (such as intertribal warfare) and can also "make rain" (*go fetlha pula*).[52] He also has two sets of powerful horns, usually of the cape buffalo, which are filled with medicine (a concoction of powdered herbs) that protect the village from invasion, political turmoil, and drought.[53]

If the influence of modern religions have not convinced the people otherwise, sickness is also usually attributed to the actions of the *badimo*, hence it is treated with a combination of prayer rituals and physical treatment in order to address both the cause and symptoms. The *badimo* must in some way be displeased with the activities of their progeny to cause sickness, be it becoming lax in their prayers for their ancestors or a serious breach of the social code, such as entering into unsavory relationships. Treatment must therefore repair both the symptoms of the affliction and the spiritual unhappiness of the ancestors. Prayer rituals, the reparation of social ties, etc. address the root cause of the problem, and herbal remedies are used to treat the physical manifestations of illness.

Both the remedies and rituals are prepared and performed by *dingaka* (the singular is *ngaka*, and *dingaka tsa Setswana* is used when speaking of the profession) who used to fill many different roles in tribal life. Men addressed by the title "*dingaka* " were generally divided into two categories: the powerful "horned" doctors (*dingaka tsa dinaka*) who threw bones and divined the meanings of misfortune through them, and the "hornless" doctors (*dingaka tsa ditshopya* or *dichochwa*), herbalists who examined the patient (both physically and through questioning) in order to determine and treat the causes of misfortune.[54] The herbalists generally did not have much power or influence in traditional Tswana culture because they did not interact with the spirit world in order to deal with the divine cause of the problem. They relied strictly on physical examination of the patient, and if only the physical aspect of the problem was treated, the underlying displeasure of the *badimo* had not been addressed.

The diviners (*dingaka tsa dinaka*) wielded great influence in villages due to their ability to communicate with all aspects of the cosmos. The chief usually had several trusted diviners, called *dingaka tsa morafe*, whom he consulted in all matters of

---

[52] Schapera, Isaac The Tswana Lowe and Brydone Ltd. London, UK 1953

[53] Dennis, Caroline "The role of *Dingaka tsa Setswana* from the 19th century to the present" from Botswana Notes and Records, Vol. 10 The Botswana Society, Gaborone, Botswana. 1978 pp. 53-64

[54] Schapera, Isaac The Tswana Lowe and Brydone Ltd. London, UK 1953

importance,[55] and who conducted public rites such as rainmaking ceremonies and the blessing of warriors before battle. *Modimo* caused great droughts, and he could only be addressed by *dingaka tsa morafe*. Drought has always been so common in Botswana that the rainmaker "possessed an influence over the minds of the people superior even to that of their king", in the words of David Livingstone.[56] Some *dingaka* were even imbued with the power to cure rinderpest, which sometimes wiped out entire herds of cattle. Diviners in general were consulted by villagers in all matters of daily concern. This included people who were interested in procuring protection from bewitchment by sorcery (which will be addressed later), or in attaining increased fertility, and success in hunting.

A diviner's bones consist of two sets of bones used in conjunction with each other. The *thlabana* represent two males and two females and are decorated on one surface. The *bola* are the astralagus bones of quadrapeds, most commonly slaughtered antelopes, and a *ngaka* can have as many of these as he deems useful to enhancing his interpretation of what the *thlabana* state. The bones are told the reason for their being consulted, tossed to the ground, and interpreted by the *ngaka*.[57] Many minor ailments have treatments that were universally known and could be administered by anyone. The Hambukushu tribe, for example, live in an area where scorpion bites are very common. If someone is bitten, he simply rubs sand on the bite and think nothing more of the matter.[58] Generic medicine is often a combination of both animal and herbal ingredients, including manure, powdered horn, and bone.

One Tswana legend states that the first diviners were trained directly by *Modimo,* and therefore all practitioners still carry his power.[59] When summoned to treat an illness, the diviner would throw the bones to divine the source of the illness (*go laola*) and pray for healing from the offending *badimo*. Once the cosmos was under control, herbal remedies were prescribed and administered. The *ngaka* often left some extra doses of medicine (*molemo*) with the patient which could be administered later. Diviners were paid in

---

[55] Chirenje, J. Mutere A History of Northern Botswana: 1850-1910 Fairleigh Dickinson University Press, London, UK 1977

[56] Ibid. p. 62

[57] Schapera, Isaac. Ibid. p.64

[58] Larson, Thomas "The Ethno-medicine of the Hambukushu in 1950" from Botswana Notes and Records Vol. 18 The Botswana Society, Gaborone, Botswana 1986 pp. 39-47

[59] Ibid. p. 62

advance for their services, because the bones do not speak correctly unless they are shown proper respect.[60] The herbalists as a rule did not demand payment for their services unless the patient recovered, but if a certain medicine proved to be particularly effective, the herbalist would often become an itinerant peddler of his wares, much like the traveling tonic salesmen in our own history.[61] The prices set by the *ngaka* depended on the difficulty of diagnosing and treating the illness, the scarcity of the herbs used in the remedy, and the patient's ability to pay.

The reason herbalists were given so little respect was because their methods could never address the cause, namely the cosmos. If the sickness was caused by the displeasure of the *badimo*, this fact could be uncovered and rectified through prayer by the household and by addressing the problem, such as a fight with a neighbor, that displeased the *badimo* in the first place. However, there was another possible sources of illness that could only be discovered through divination. This source was the *baloi*, or sorcerers, who caused illness through bewitchment. *Baloi* were normal people who harbored envy or malice towards someone. The *baloi* could cause illness by purchasing good medicine from an herbalist, casting a spell on it, and dusting their intended victim's food with it. Once the target ingested the poison, he became ill.[62] All forms of mental illness (*sejeso*) were also attributed to the *baloi*. Divination could ascertain who this evil person was and prescribe remedies for the illness. These particular remedies were administered in a rite designed to cleanse the evil from the person as well as treat their symptoms. If someone feared future sorcery, a diviner could also prescribe medicine (*tshitlho*) to not only shield the person from possible sickness, but also to cause the sorcerer to become a victim of his own bad medicine.[63] If a *moloi* (singular of *baloi*) was uncovered and caught, he or she was subjected to a witch trial in front of the village. Guilty parties faced execution.

The *ngaka* could also provide medicines and rites with which to perform ritual cleansing for the "ritually hot", which were people who could potentially harm the village. Women who menstruated during the harvest or a warrior returning from battle were the

---

[60] Scapera, Isaac, Ibid. p.64

[61] Ulin, Priscilla, "The Traditional Healer of Botswana in a Changing Society" from Botswana Notes and Records Vol. 7 The Botswana Society, Gaborone, Botswana. 1975 pp. 95-102

[62] Schapera, Isaac, Ibid. p. 65

most common categories of "hot" villagers.[64] The warrior was particularly dangerous to the village because he was exposed to the third common cause of illness, which was *meila*, the breaking of sex taboos. The Tswana did and still do believe that the blood is the main agent in maintaining health, and so all diseases are characterized by a certain type of "bad blood".[65] Good blood is light red, "cool", and runs thin, and bad blood is exactly the opposite. If a warrior "mixed blood" with a woman other than his wife while away at war, he was susceptible to bad blood poisoning his own, and had to be cleansed before he could rejoin daily village life. We now know that his affliction was most often gonorrhea, which the Tswana characterize as causing the blood to become hot, thick, and dark. If a man was particularly diseased, surgical blood-letting was performed in addition to ritual prayer and standard medicines in order to flush the poisoned blood out of his system. The ngaka too was also in danger of becoming "ritually hot" on occasion and contaminating his own medicines. To avoid doing this, he was mandated to uphold sex taboos when preparing medicines and to not practice the day that someone in the village died.[66] If the death was one of his own patients, he was required to rebless all of his medicines and proceed with his practice with extreme caution for a few days.

Divining and herbalism both were trades learned through familial lines. Divining was open only to men, although women could become herbalists if they so desired. Female *dingaka tsa dichochwa* usually concentrated on curing the ailments particular to women and children, and they also assisted in childbirth and attended to post-partum mothers, all areas of practice forbidden to men.[67] Women usually set broken bones, having often dealt with setting the soft bones of their children. A child who was interested in becoming a *ngaka* would apprentice to his father or mother for a period of about three years, beginning in his early teens. Knowledge was passed on through oral lessons on examination techniques, plant identification and preparation of remedies and, for those apprenticing to

---

[63] Dennis, Caroline, "The role of *Dingaka tsa Setswana* from the 19th century to the present" from Botswana Notes and Records, Vol. 10 The Botswana Society, Gaborone, Botswana. 1978 pp. 53-64

[64] Ibid. p. 56

[65] Ulin, Priscilla, "The Traditional Healer of Botswana in a Changing Society" from Botswana Notes and Records Vol. 7 The Botswana Society, Gaborone, Botswana. 1975 p. 99

[66] Schapera, Isaac. The Tswana Lowe and Brydone Ltd. London, UK 1953

[67] Dennis, Caroline, "The role of *Dingaka tsa Setswana* from the 19th century to the present" from Botswana Notes and Records The Botswana Society, Gaborone, Botswana. 1978 p. 56

be diviners, lessons in how to throw and read the bones. Those children apprenticed to bone-throwers were also required to endure a period of ritual cleansing and abstinence in order to "connect" with the spirits and thereby gain the ability to read the bones properly.[68] Because the methods and remedies were not to be altered or experimented with through generations, the most respected *dingaka* came from long family lines of equally respected practitioners.

If someone who was not in a family of *dingaka* desired to become one, he had to demonstrate his respect and commitment to the profession by paying a large sum of money to the *ngaka* with which he wished to be apprenticed.[69] He would then undergo the same apprenticeship as the son of a *ngaka*, and was usually treated as a member of the family, which accompanied the respect accorded to the family by the community. Outside of familial respect, a *ngaka* could increase his status most easily by increasing his repertoire, which was best accomplished by apprenticing to a non-Tswana doctor. These doctors often originated from refugee tribes which lived on the fringes of the country, such as the Herero of Namibia in the northwest.

The Arrival of Christianity

The arrival of the missionaries in 1848 had little immediate effect on traditional healing. The missionaries tried to convert the chiefs to Christianity before converting the rest of the tribe, since once the chief was converted the rest of the tribe would usually follow his example. Though seemingly logical, this progression was not always the case with Tswana people. Sometimes a converted chief had his authority challenged by the people, as is the case with Chief Khama I, grandfather of the first president of the nation, which led to a small civil war in his district. He had passed a proclamation banning witchcraft and divination in his district, in what is now Southeastern Botswana, in 1889, but decided not to enforce it in order to avert more war.[70]

---

[68] Ulin, Priscilla. "The Traditional Healer of Botswana in a Changing Society" from Botswana Notes and Records, Vol. 7 1975 pp. 95-102

[69] Dennis, Caroline. "The role of *Dingaka tsa Setswana* from the 19th century to the present" from Botswana Notes and Records Vol. 10 The Botswana Society, Gaborone, Botswana. 1978 p. 55

[70] Schapera, Isaac. Tribal Innovators: Tswana Chiefs and Social Change, 1795-1940 The Athlone Press, London, UK 1970

The main problem with the conversion efforts of the missionaries proved to be in not allowing the many chiefs to retain their favorite "traditional vices", such as pipe smoking, polygamy, and *bojalwa*, the traditional beer.[71] The other problem was the lack of understanding on the part of the missionaries: even if the chief converted, he did not have the power to compel the rest of the tribe to do the same. Despite this fact, many converted chiefs still asked their people to observe the Sabbath as a sign of respect to him.[72] Certain chiefs would also try to be politic with the missionaries: Chief Sechele publicly banned divination, but used diviners himself in secret.[73] Missionaries were not always welcome, as the quote at the beginning illustrates, but sometimes their timing was fortuitous. In Ngamiland, my area of study, the missionaries arrived at a time when the dominant tribe, the Batawana,[74] was under attack by the Matabele tribe from what is now Namibia, so the missionaries were welcomed as a source of manpower, guns, and ammunition.[75]

Soon after the London Missionary Society arrived, others began to follow. The Dutch Reformed Church established a hospital in what is now Gaborone, but they did not plant themselves as firmly in the area, since most chiefs would only allow one mission to open in their ward, and invariably the London missionaries had established a foothold first.[76] Most missions erected both a school and a hospital, and they universally condemned both ancestor worship and traditional divining. The consensus among missionaries remained that belief in *badimo* and *dingaka tsa dinaka* (the bone throwers) were "heathenish" whereas herbalists were simply good men trying to heal their fellows. The distinction they drew was that herbalists did not address the cosmos, therefore were not performing any ceremony counter to the teachings of God, such as belief in the power of ancestral spirits. Additionally, during the 1800's, the mission cures were mainly herbal,

---

[71] Chirenje, J. Mutere. A History of Northern Botswana: 1850-1910 Fairleigh Dickinson University Press, London, UK 1977

[72] Schapera, Isaac. Ibid. p. 126

[73] Chirenje, J. Mutere. Ibid. p. 204

[74] There are over forty "dominant" tribes present in Botswana. Most of them are identified with certain districts, such as the Ngwato in the southeast, the Kwena in the southern central area, and the Tawana in the northwest. All of them are considered to be Tswana people.

[75] Dennis, Caroline. "The role of *Dingaka tsa Setswana* from the 19th century to the present" from Botswana Notes and Records Vol. 10 The Botswana Society, Gaborone, Botswana. 1978 p. 57

[76] Schapera, Isaac. Tribal Innovators: Tswana Chiefs and Social Change: 1795-1940 The Athlone Press, London, UK 1970

providing little choice between them and the *dingaka tsa dichochwa*.[77] Other reasons existed for western medicine's acceptance: both the missionaries and the *dingaka* viewed their power as coming directly from God (*Modimo*), and as previously mentioned, the Tswana people had always welcomed the knowledge of foreign doctors in order to increase their own repertoire. The mission doctors were not an exception.

Christian prayer also performed many of the same functions as the rituals to *badimo*, such as asking for rain, crop protection, protection in battle, and so forth. Many Batswana developed warped views of Christianity: they saw little difference between the two religions, so outwardly converted to Christianity and continued to practice traditional divining and rituals.[78] Traditionalists and Christians alike used protective and fertility magic, believed in *baloi*, and sought out *dingaka* in the case of illness. Traditional rituals were still regarded as the premium method used to ensure health, because the approach taken by the *dingaka tsa dinaka* not only cured the body but also repaired social ties (through witchcraft accusations, which often led to mending of social relationships once the reason for the accusation surfaced)[79] and one's relationship with his *badimo*.

The missionaries demonstrated that occasionally the diviner was incorrect in his predictions, but the Batswana invariably laid the blame on the incompetence of the man, not the method.[80] Still, the mission medicines were regarded as superior to traditional means when confronting new diseases that were brought by the Europeans, such as syphilis, small pox, upper respiratory flu, and certain types of skin lesions.[81] The *dingaka* possessed no historical cure for these ailments, and because personal experimentation with new remedies was not allowed (per traditional cultural values), they turned to the missionaries instead. However, these illnesses were found only in areas where the hospitals themselves

---

[77] Dennis, Caroline. "The role of *Dingaka tsa Setswana* from the 19th century to the present" from Botswana Notes and Records Vol. 10, The Botswana Society, Gaborone, Botswana. 1978 p. 59

[78] Schapera, Isaac. The Tswana Lowe and Brydone Ltd. London, UK 1953

[79] Ulin, Priscilla "The Traditional Healer of Botswana in a Changing Society" from Botswana Notes and Records Vol. 7. The Botswana Society, Gaborone, Botswana 1975

[80] This type of reaction to the failure of traditional methods was also illustrated in E.E. Evans-Pritchard's classic Witchcraft, Oracles, and Magic Among the Azande, where the failure of the oracle was not blamed on the randomness of the method, but on the incompetence of the poison.

[81] Larson, Thomas. "The Ethno-medicine of the Hambukushu in 1950" from Botswana Notes and Records, Vol. 18, The Botswana Society, Gaborone, Botswana, 1986

existed, which was mainly along the border with what is now South Africa.[82] (As late as 1913, only one full-time doctor practiced in the whole protectorate.)[83] Many diseases remained that the *dingaka* were more adept at diagnosing and treating, such as certain urological disorders and malnutrition, so the balance had not yet been tipped in favor of western medicine. Other common diseases that the Tswana were accustomed to treating (and preferred the methods of their own doctors) included malaria, enteritis, tuberculosis, pneumonia, and scurvy. For the most part, the status quo dictated that traditional practices still reigned supreme.

The Protectorate Administration

When the area became a British Protectorate in 1885, the representatives of the British government and the Christian chiefs played a more active role in converting the people to Christianity and turning them against their traditional ways. Many banned such traditional religious rituals as the seed-time celebration and the harvest thanksgiving,[84] while others, such as the Ngamiland chief Moremi, abolished *bogwera* and *bojale*, the traditional initiation rites for boys and girls. Some chiefs required *dingaka* in their ward to obtain official permission to perform their practices, and others, such as Chief Letsholathebe, created laws banning the public trial and execution of *baloi*.[85] Chief Seepapitso, in a move that was quite ironic, passed laws controlling the activities of *dingaka* because he thought someone was trying to bewitch him, and so he wanted only the most reliable doctors (namely those who would not sell medicine to *baloi*) to practice.

The Protectorate Administration lumped "sorcery" and "divining" in the same category of evil, and so passed the Witchcraft Proclamation in 1927. This proclamation banned all divining activities, though herbalism, as the missionary's preferred method of healing, was obviously still allowed. As removing the practice of divining would have undermined the foundation of the entire Tswana belief system, it seemed to be an outrageous proposition to the majority of the people. Most people ignored it, and the lack

---

[82] Schapera, Isaac. Tribal Innovators: Tswana Chiefs and Social Change: 1795-1940 The Athlone Press, London, UK 1970

[83] Sillery, Anthony. Botswana, A Short Political History Methuen & Co., Ltd. London, UK 1974

[84] Schapera, Isaac. Ibid. p. 149

[85] Ibid. p. 150

of extension officers from the protectorate government meant that the proclamation was rarely enforced, even in the towns where protectorate administrators were present.[86] Most chiefs, Christian or not, did not feel compelled to enforce it, since as mentioned before, they did not have the authority to force their ward to follow their beliefs. For the most part, the proclamation did little more than make public the fact that divining was disapproved of by the administration.

The New Nation of Botswana

In 1966, an Oxford-educated Christian chief named Seretse Khama III was named the first president of the newly-independent republic of Botswana. As a Christian and friend of the Protectorate government (he was knighted in 1966 after serving as the Queen's Commissioner),[87] he too believed that divining was a "heathenish" and dangerous practice, and officially banned it in the republic. The differences between this proclamation and the one issued by the protectorate government forty years earlier were few but critical: this law was passed by the recognized and respected leader of a new nation, and this leader possessed many more avenues by which to enforce his new laws than did the protectorate government. The people were more respectful of Sir Seretse, and were therefore more likely to obey his orders than those of the protectorate administrators. He also issued orders to the local district councils to strictly enforce the proclamation, part of which included the selling of licenses to *dingaka tsa dichochwa* (the herbalists) allowing them to practice.[88] Any licensed herbalist practicing divining was sanctioned, so in essence the government tried to legitimize and professionalize the healing practice while cutting off the spiritual arm of the system. Visible *dingaka tsa dinaka* stopped passing the divining half of the profession on to their apprentices, so much of the next generation of *dingaka* were strictly herbalists who had little or no knowledge of divining practices.

The traditional practices of the Batswana were not immediately undermined by the new western religions or by the Protectorate Administration, because not only do traditions run deep, but the new religion that began to take its place had to fight a system that worked for the people. The transition to Christianity took place on the surface for over a century

[86] Dennis, Caroline. Ibid. p. 56
[87] Sillery, Anthony. Ibid. p. 164

before it actually began to invade the minds and hearts of the people. As the spiritual side of the practice began to lose strength, the foundation of the belief system began to waver as well, and the ease with which new systems could take its place increased.

---

[88] Dennis, Caroline. Ibid. p. 61

Chapter IV:
Medicine and Life
in a Changing Village

As the invasion of different types of religion and medicine into Ngamiland originally took place over a hundred years ago, there are currently several types of healing that are available to villagers in Sedibana. According to my informants, Christian faith healing and the hospital are the two most popular methods, while traditional herbal medicine is less common. Here we will explore in detail the different systems of religion and healing, namely the Pan-African churches, the hospital in Maun, and traditional medicine, that exist in Sedibana. I conducted interviews with many of the villagers who subscribe to each of these methods, and so will consider their beliefs against their differing backgrounds and current social status in the village.

I argue that the shifts in belief patterns in Sedibana are due to a combination of available modern medicine and healing religion that have filled the spiritual/physical void left by the death of divination. Researchers have often broken down the changes that occur in villages that have been exposed to modern ways and forced to abandon their traditions as experiencing either "acculturation", namely the shift from the traditional way of life to the other, modern way of life they are presented with, or "deculturation", the loss of all

traditions without anything viable taking its place.[89] Neither term accurately reflects what is happening in Sedibana village. The "modern" aspects of culture adopted by the people

[89] The term "deculturation" was first used by James Eder in his work On the Road to Tribal Extinction.

are visible in the same form in the village that they are in Europe, on the contrary, they reflect accurately the needs of the villagers, which is why they are viable.

In Sedibana, the church and hospital are given varying levels of healing importance by different people, but as a whole the villagers seem to want to cover all their bases. As in Europe, some will use only the hospital or both prayer and modern medicine, but the preponderance of people who rely solely on the healing churches is reflective of the underlying power of the traditional belief system. The traditional system, which incorporated both physical healing and religion, is mirrored effectively in the African healing churches as an entity that addresses both physical and spiritual The more strictly spiritual Christian religions that were imported from Europe and the purely physical healing available at the hospital do not address both aspects. The reasons for people who consider themselves to be faithful to their Christian religion also using the hospital are pragmatic: there is systematic proof that the hospital can cure certain ails; therefore it should be trusted to treat particularly dangerous ailments. The combination of the healing church for small problems and hospital for large ones parallels the healing practices of old: one cured small ailments himself (as he now prays for healing) and shopped around for a competent *ngaka* in case of emergency.

The Pan African Churches

The Zion Christian Church, the most common of the faith healing religions, is part of a group of faiths which are officially known as the African Independent, or Pan African, Churches. This is an association that started in South Africa in the 1930's as an all-black alternative to the established white-dominated churches.[90] In order to build a community of commonalities, the church puts many restrictions on its congregation, including a ban on alcohol and tobacco. Church doctrine also pressures members to marry (within the church) by the age of 28.[91] The bi-weekly services of the congregation are characterized by extended periods of singing and dancing that take place anywhere there is enough room to

[90] Ben-Tovim, D. Development Psychiatry: Mental Health and Primary Health Care in Botswana Tavistock Publications, NY NY 1987 pp. 40-70

[91] The "pressure to marry" may only appear to be so from the outside. Marriages are not arranged, but members usually marry early anyway. Morotsi, my interviewee who was describing this practice for me, said that many "free spirits" do not stay with the church for very long.

accommodate the congregation. Particularly wealthy members of the congregation often wear the white suits and hats that are seen during services in South Africa.

Healing is an important part of the belief system because it conspicuously solidifies the congregation leaders' close connection to God.[92] The men who actually perform the healing ceremonies are not elected by the congregation. Rather, they are self-appointed agents of God. In order to appoint themselves healers, they must have made some kind of contact with God, such as in a dream or through a vision, in which He told them to become healers. The healing ceremonies are led by one of these men, who directs the family and congregation in song and prayer while laying hands on the afflicted and praying for them himself. Holy water is also used to bless the person, and he is encouraged to drink "cleansing" liquids such as coffee and tea.[93] Other churches that come from the same association of South African Zionist Christianity include the Christian Healing Church, which was the first to officially forbid people from utilizing traditional medicine.

All uses of traditional medicine are strictly forbidden for two main reasons. The first is because of its historical connection with witchcraft. Belief in witchcraft is considered "unholy," so any medicines used to combat it are equally taboo.[94] The other main reason offered is that the ZCC considers "medicine" that causes violent vomiting to be counter to good physical and spiritual health, therefore anything that causes this reaction is forbidden. Recall that traditional Yei beliefs hold that the *baloi* afflict their victims most often through poisoning food with bad medicine. Many of the cures which combat this are hence designed to rid the body of ingested evil as quickly as possible by causing vomiting.

The other faith-healing religions present in the village are not members of the African Independent Churches; they tend to resemble orthodox Judaism and Islam in their doctrines more than their Christian counterparts. Eleven Apostles and the Church of St. John the Apostle are the two that I encountered most often, and they are quite similar to each other. Both forbid their members from eating pork products or ingesting alcohol (among other restrictions) as a method of allowing the individual greater purity with which to pursue his spiritual destiny. Like the ZCC, Eleven Apostles uses coffee and tea to

---

[92] Ben-Tovim, D. Ibid. p. 56

[93] This last information was provided by Adam, a villager who is not a member of the ZCC.

[94] This was offered by Shex after he spoke to Ribs concerning his reasons for not participating in the project.

cleanse the individual during healing ceremonies. The Church of St. John the Apostle, on the other hand, uses only holy water baths and prayer to cure individuals. Like ZCC, these two faiths also forbid the use of traditional medicines.

Modern Health Care

The clinic and hospital in Maun are readily used by many villagers. Though initially exceedingly primitive, the facilities were gradually updated when funding arrived from Britain (mainly in the form of UNICEF grants) in the early 1970's. The town hospital was constructed around 1982 in order to serve the more than 35,000 people who inhabit the region, as well as serious cases which trickle in from further north, where health care facilities are still very sparse. The impetus for building the hospital was the tourism boom that followed the eradication of the tse-tse fly in the southern delta. The increase of available employment attracted people from villages farther north, creating a need for higher quality modern medicine than the clinic alone could provide. The hospital is entirely government supported, with only a two pula admitting fee (about $0.60) charged to each person. The doctors are mainly expatriates from South Africa and Europe, whereas the orderlies and other workers without professional degrees tend to be local people. Although the hospital is equipped to perform surgery, patients needing extensive medical care (and who can afford to pay) are more often transported to either Francistown or Gaborone, where the government hospitals are larger and have better facilities. There is also a state-of-the-art private hospital in Gaborone, an establishment whose clientele consists almost exclusively of expatriates.

Foreigners living in the tourist camps or in Maun usually fly to Gaborone or to Johannesburg in case of serious illness. Villagers employed by the camps fly in the camp's small planes into town for free when seats are available. This means that the majority of the people in Sedibana can get to the hospital fairly easily if it is necessary. Those who are not connected to the camps by way of employment or the employment of a family member must wait for a supply vehicle in order to catch a ride back to town, which may mean a delay of up to a week.

Traditional medicine has always been available in Sedibana village. As mentioned previously, most of the inhabitants who lived in the village before the mass exodus to the camps began were Bayei, among whom the taking of herbal medicine was a common

practice. As the migration from the north began, men and women who were traditional practitioners in their home villages brought their practices to Sedibana, and the rich diversity of the practice grew.[95] This growth and diversification of the village did not continue ad infinitum, however.

The government took a more active role in controlling the tourist trade around 1987, when the president decided that he did not want the country to duplicate the trend of high volume, low-cost, and high impact tourism, such as that which occurs in Tanzania and Kenya. Instead, Botswana would allow only low-volume, high-cost tourism. This policy led to the division of the delta into "concessions", specific areas in which only a certain number of camps, each with their own limits on the number of beds, are allowed and through which only a certain number of tourists can pass. The number of people employed by the camps was capped, forcing a stabilization of the influx of immigrants. Once the boom had settled, established villagers began to integrate with their new neighbors.

Traditional medicine had exerted a strong influence in the people's daily lives further north, and the myriad choices of *dingaka* that they now had strengthened the practice: the increased competition helped people hone in on the best medicines and practitioners, as well as encouraging children to become apprentices. However, in-migration and new influences had not only come from the north. Many natives of Maun came out to the bush in order to look for work, bringing with them their urban non-traditional methods of healing. As the evidence will show, faith healing and the hospital are now overtaking traditional medicine in popularity.

Villager Healing Preferences

During my time in the village, I conducted interviews of varying lengths and levels of detail with twenty-seven people, twenty-one men and six women. They vary in age from nineteen to early seventies and are fairly representative of the spread of geographic and tribal origins of most of the villagers. Most of the interviews were with my immediate neighbors, as it was not difficult to strike up a conversation with people you associate with on a daily basis, and I was not in the village for long enough to become comfortable with

[95] It now seems ironic that the new gathering of diverse traditional practices began at the same time the hospital was being constructed to serve them.

everyone who lived there. Their demographic profile is no different from those whom I did not talk to, however.

Original Village	# of villagers	average age
Seronga	12	35
Sedibana	4	47
Etsha/Jedibe	4	33
Moremi	2	49
Maun	5	23

The two interviewees who are from "Moremi" are Basarwa who lived in the game reserve before the boundaries were expanded. When the government decided to connect Moremi to Chobe Game Reserve, located to the northeast of the delta, all of the Basarwa were relocated, and many filtered south to look for work.

A majority of the interviewees are members of Pan African churches. Twelve are members of the ZCC, three are members of Eleven Apostles Church, and one is a member of St. John the Apostle Church. As is the custom with these religions, none of them currently use traditional medicine. This was not always the case, however. System (whose Setswana name is Serailwe) recently converted to the ZCC, and he used traditional medicine before becoming a Christian.[96] He knows that botanical remedies work, but because his religion forbids their use, he ceased his involvement with the *dingaka* upon conversion. Ribs, mentioned in Chapter III, was a *ngaka* when he lived in the delta, but he also stopped practicing when he moved to Sedibana and became a Christian. Two other interviewees, including a Moherero from Namibia, also converted to the ZCC within the last year and subsequently ceased all activities pertaining to their traditional ways.

Unlike System, Ribs is unwilling to remember his past, because his take on the ZCC and "being a good Christian" is that what he did as a healer was evil. The evil is not inherent in the practice itself, but believing in the power of traditional medicine necessitates a concurrent belief in sorcery. He can remedy this only by leaving his history behind completely. Certain other members of the ZCC were equally uncomfortable with the subject of traditional medicine. Fox, from Etsha, grew up in an environment where traditions ran strong: his parents continue to use traditional medicine, but he states that he "has *never* touched a medicinal plant" because his religion forbids it. Obviously, he did use

[96] "System" came from Serailwe's penchant for gambling, which he does in a methodical and systematic manner.

botanical remedies while growing up, because he was not always a member of the ZCC. However, as Ribs explained, once you become a member of a Pan African church you are reborn and must leave your old life behind. Fox has never touched a medicinal plant since converting to Christianity.

This way of thinking was true for Rre Lesia, the other Basarwa who works at the camps. Like Ribs, he was re-located out of the delta when the boundaries of Moremi Game Reserve were expanded, and so moved to Sedibana and became a guide. He was keenly attentive to my interest in herbal remedies the first time I was in the delta, not because the medicine was familiar to him, but because he felt it was his mission to turn me away from all of these evil traditions and instead make me believe in God and the doctrines of the ZCC. He would often lament the traditions that his culture had lost when they were forced out of the delta, such as the simple hunting and gathering lifestyle, but traditional medicine or other beliefs were not included in these dirges. As far as he was concerned, they did not exist at all in his history. Three other Christian interviewees were just as adamant about their past lacking any traditional influences such as these, though all admitted to having had frequent contact with or being related to *dingaka* of older generations. As with most people who are born again, the past lacks all meaning for these informants.

The Maun contingent of the ZCC grew up knowing only the church and the hospital. Although all five of them trace their family roots back to Seronga or a similar village, none grew up in an atmosphere with any traditional influences. The ZCC congregation in Maun is active and flashy, with ceremonies often including several hours of singing and dancing as well as dramatic healing performances. The congregations are close-knit and happy, which make the religion an attractive one for recent arrivals to the area who need to plant some roots in the community. These people, whom one of my interviewees explains are "illiterate and impressionable," bring their children up in this new religious environment, so they are not exposed to traditional influences at all. "Traditions" are not real and alive for them, they are ancestral history.

Hospital Users

Both religious and non-religious people use the hospital on a regular basis. One woman who used to practice traditional medicine but is now a member of the ZCC approached me one day and asked for pills to cure her sick granddaughter. She said that

she could not pray enough for her granddaughter to cure her, nor did she believe that the faith of the village would be sufficient. She did, however, put her faith in the effectiveness of pills and felt no qualms about setting aside her faith temporarily to find a remedy for the little girl. She did not feel that Jesus would think less of her for being pragmatic, and she would not hesitate to go to the hospital in case of emergency.

Moeti, one of the guides at the camp, is the same way. He is from Seronga, and used traditional medicine before becoming a member of the Christian Healing church. He prays for small ailments but feels no obligation to put himself or someone else in danger by not going to the hospital in serious cases. His reasoning is logical: if you are unsure of how strong your faith is, then whomever you want to get better may not, but the hospital will cure anyone, no matter how much or little they pray. Moeti did not hesitate to talk about the cures that he had used in Seronga before converting; he didn't think that anyone in the village cared enough about the secrecy of cures to be angry with him. He was right. As he was laying out the different cures for me, some of the other guides arrived and helped him figure out the Setswana (as opposed to Seyei) names for each of the plants that he used. They did not seem to mind in the least that he was being free with "sacred" knowledge.

Two other women whom I spoke with had similar attitudes. They are both members of the ZCC but approached me to ask for pills for various aches and pains they had. These were by no means serious ailments, and I was curious why they did not pray for better health. Neither one felt strongly about the power of faith healing; they simply preferred the religion to ancestral worship because Jesus does not meddle in their lives as much as *badimo* do, and the community of the church was strong and supportive. This seems to undermine the whole foundation of the ZCC, because most of the church's power is derived from the fact that the healers have been appointed by God and can work veritable miracles through faith. Instead, these women chose a religion based on the ease of believing its doctrines and the social scene it offered.

Only a few of those interviewed are not members of an organized church. Sefu is one of the guides who has lived in Sedibana the longest, having moved from Seronga thirteen years ago. While he lived up north, he was a frequent witness to botanical cures aiding small ailments, so he knows that the trees work. When he first arrived in Sedibana, the influences of the ZCC and other healing churches were minimal at best, and he never

felt compelled to join them, or conversely to actively worship the *badimo.* He watches the congregations dance and thinks they look rather silly, so would never join in. He goes to the hospital because, although the trees are effective, he feels that "pills are better" because they are more potent, cheaper, easier to come by (in terms of finding a doctor to dispense

them), and less messy. M.D. is the same way. He grew up in Seronga as well and his father knows a lot about medicinal plants. However, he showed no interest in learning the traditions as a child, so knows very little himself. M.D. also goes to the clinic instead because it is easier than finding and paying a *ngaka*.

Most of the Maun ZCC contingent is equally pragmatic about their healing. They did not grow up with traditional medicine, and several of their parents go to the clinic if they feel the church healing is not effective. Their children tend to follow suit. Mitemako, at 20, was the youngest person I interviewed. He and his parents have always been members of the ZCC, and they never hesitate to visit the clinic. He cannot imagine having to heal himself using plants when pills are so readily available. Lenamile, slightly older than Mitemako, has faint memories of his grandfather, who was a *ngaka*. However, his grandfather only came to visit Maun a few times before he died and did not pass any of his information on to his Christian grandson. Lenamile is more hesitant to use modern medicine than his contemporaries because he is a member of the Eleven Apostles Church, which seems to draw people who are slightly more strict in maintaining the restrictions imposed by the religion than the members of the ZCC are.

The majority of the people who use the hospital are members of a Pan-African church. They do not see a problem with "cheating" on their faith, because to most of them the actual healing of a loved one is more important than testing whether or not one's faith is strong enough to do it alone. They do pray for health, but do not see a problem with "helping the faith along." Villagers also use the hospital because it is cheap, easy, and effective, and does not require the involvement of either finding a traditional doctor and waiting for him to gather the cures, or to rounding up a congregation to pray for healing. Sedibana also lacks a famous and respected healer, which makes the healing foundation of the religion in the village less powerful. If the religion's strongest link to the heavens is through its "chosen" healers, its base in smaller villages like Sedibana, which are not blessed with such leaders, is shakier. The next best option for the people is to visit the

hospital.

Traditionalists

Only five of my interviewees, all men, claim to use traditional medicine when they are sick.[97] Batsho, the chief, and his son Felix (whose Setswana is Maitapiso) are two. They were both born and raised in Xaxaba, only an hour up the river from Sedibana, and relocated to Sedibana twenty years ago right before the initial tourist boom. They are very close friends with Satheba, whom they have witnessed curing people in the past. Neither has ever come down with an illness severe enough to require procuring the services of a *ngaka*, but both claim they would do so if the occasion arose. Batsho is a member of Satheba's generation, so he was raised in an environment in which *dingaka* were powerful and respected. He still carries these beliefs. Felix is 50, of Doctor's generation. He was raised by Batsho in Xaxaba at a time when it, like Sedibana, was still primarily a small traditional Yei village. Xaxaba had several traditional practitioners, Satheba included on occasion, and Felix's upbringing was strongly traditional. These doctrines are still alive for him, as he believes in the power of a good *ngaka*'s "magic".

The three other men who use traditional medicine (aside from Neo, who will not be included in this analysis) are all younger (under 35) and have very close ties to Seronga. K.K. (short for Kekanyetso), a guide at Oddballs, was born and raised in Levideboro and attended six years of primary school in Maun. He is distantly related to both Doctor and Thaba, and his own grandfather, who lived in Seronga, was a witch doctor who taught him some of the most common botanical cures. He believes that these cures, such as fever berries (*Croton megalobotrys*) and wild sage (*Laggera decunens*) for fevers and aches, are much better than pills for curing "Setswana illnesses." Setswana illnesses are those that were common before the missionaries arrived, and are therefore the ones that *dingaka* are historically able to easily recognize and treat. However, K.K. would go to the hospital for

[97] I am not including the three women I spoke to who used to practice occasionally, because none of them have actually prepared or used remedies for years. They concentrated on midwifery drugs and complaints

illnesses that arrived with the white man, such as syphilis. He also feels no compunction about making the trip into town during times of year when certain cures, such as *Croton megalobotrys* berries, are not in season. He firmly believes that both types of medicine are valid and useful, but not mutually exclusive. K.K. thinks a lot of people waste their time trekking to the hospital for any little problem that can be solved in the bush, but he would never put his life in the hands of a *ngaka* if infected with a disease such as syphilis.

John, the assistant manager at Oddballs, is the most spiritually outspoken traditionalist. He is in his mid-30's and moved to Sedibana from Seronga eleven years ago. He left the panhandle while he was in his 20's and still has tremendous respect for the "old ways" that he learned up there. He grew up needing the bush and believing in its power as well as that of the *dingaka* who treated him. "The roots have never let me down because I believe in them," is a phrase that he repeated several times, simultaneously stressing that the effectiveness of a cure, any cure, is determined mainly by how strongly one's faith in it is. People who don't take their "western pills" faithfully or ZCC members who lapse in their prayers over holy water are as likely to find fault with their methods and encounter ultimate failure as those who take traditional medicine "just to see." He feels that people now have so many options and are so willing to try all of them that they don't really believe in anything. As a result, nothing works as well as it should.

Morotsi is the most interesting of these last three. He is 24 and, like John, is from Seronga. His parents still live there, and he picked up bits and pieces of medicinal knowledge from them and others of their generation. At the time I spoke to him, he was treating a cold with root teas, but said that he would go to the hospital in Maun if he were desperately ill. He moved to Oddballs from Seronga seven years earlier, then left after three years to seek a position as a guide at a different camp. He had returned to Sedibana a week before I arrived, found a position at Oddballs, and was welcomed back by the rest of the villagers. At one point in his early 20's he became a member of the ZCC. He does believe in Jesus and "God" (as opposed to the *badimo* and *Modimo*), but was turned off by many of the doctrines of the religion, the stance on traditional medicine being one of them. He likes to indulge in an occasional beer and does not want to be pressured to conform to the marriage rules, and he believes that a lot of the other people in his congregation are

---

of children, and because most women who practiced were traditionally post-menopausal, they never used any of their own remedies.

hypocrites: "The ZCC says that a man should have only one woman and should marry her by his 28th birthday, but I had many friends who would run around like they were impala: one male and his harem, and yet they are good Christians? I could not stay."

Aside from the ban on traditional medicine, the ZCC steadfastly refuses to recognize modern medicine either, yet many members do visit the hospital in Maun when

serious illnesses occur. Morotsi left because the religion was too confining and is not currently actively practicing any sect, though "Jesus is still strong in my heart." He was shocked by the change that occurred in Sedibana in the three years that he had been absent. There used to be many more *dingaka* in the village. Many of them were very old and had no apprentices because all of the children were off at school in Maun and their parents were being heavily influenced by the ZCC and other religions. He sees the religions coming from Maun all the time and making an impression on "all of the illiterate guides from the north." If the children are brought up religiously and with modern education forever, he does not believe that traditional medicine will survive beyond the death of this last generation of old *dingaka*.

"Reculturation?"

Most of the people living in Sedibana are pragmatic about the way they approach both their lives and their healing. Many people who joined the ZCC did so because it occupied a dual role of fulfilling their spiritual needs as well as creating a community of healing. When the government banned divining in the 1960's, it essentially killed the whole system of healing because, as John mentioned, both the spiritual and physical aspects of healing are crucial to its success. When the traditional healers were reduced to being medicine peddlers, the power of control over both the spiritual and physical worlds that they possessed was completely undermined, and the bird cannot fly if you cut off one of its wings. Traditional medicine still works for John, Felix, and Batsho because the spiritual side of the profession is still alive within them. I do not know if this is also true for K.K, but because he knows from experience that Setswana illnesses are better handled by traditional medicine, he will stick with it for those specific ailments if only for practical reasons.

The process that Sedibana village is currently experiencing could be described as

the "reculturation" of individuals, which means that the old traditions are dissolving, and the other cultural practices which are taking the place of what is lost are not singular nor are they consistent within the group. The old traditions are being undermined, so the people find other, similar practices to take their place, but the substitute practices are amorphous western/modern habits that have no particular origin which holds them together as a set of

"cultural practices." Unlike the recent history of the immediate area, one in which diverse tribes came together to share their practices as a mutually-believing community, the village is now a fragmented collection of individuals who have chosen their own paths.

The practice of healing one's physical, spiritual, and social being has been in decline since the spiritual side was officially banned, and the hospital and myriad new churches were similar and convenient enough to take its place.[98] The pragmatism so obvious in the villagers is a result of having lived for so long in a natural and political environment that forces them to adapt in order to survive. Botswana experiences a serious drought every ten years or so, which means that the entire population is at risk of starvation or economic ruin. Historically, people have also dealt with the vagaries of constant intertribal warfare, expatriates coming to dominate economic and religious life, and the necessity of moving from subsistence farming and ranching to wage labor. This last condition was a byproduct of the modernization that infiltrates a country which gains new wealth upon independence, and is another contributing factor to the deterioration of the "community" of the traditional village, which experienced very little in- and out-migration.[99]

This pragmatism was evident in the Tswana traditional lifestyle: one would not pay a *ngaka* unless his cures worked, and there was also no shame in trying several different *dingaka* until one was found whose services were consistently satisfactory. The new shift to modern medicine and Christian religions is an extension of this, adaptability as a

---

[98] The presence of choices the villagers had to replace their traditions with is the difference I draw between Sedibana and the people Eder worked with in On the Road to Tribal Extinction. With his tribe, the people were losing their old traditions to a general sense of forced modernity, and yet they were given no options of practices to take the place of those they had lost. This led to a physical, spiritual, and emotional ragmentation of the tribe and he feels will ultimately lead to its downfall.

[99] Three months after Sir Seretse Khama was named the first president of the new nation, he announced to his people that diamonds had been discovered in several places around the country, and that efforts to mine them would begin immediately. Diamonds are now Botswana's first source of national income.

mechanism for survival. Although one may argue that this most recent example of the people's ability to adapt and is simply another extension of traditional culture, it is not. When outside factors forced a village to change, they did so as a cohesive and mutually understanding group, as the integration of outside tribes and the collective moving of the village to drier ground illustrate. The basic tenets of belief and community life remained the same, and it is these very pillars of Tswana village life that once held them together that are now being destroyed and replaced by individual decisions concerning spiritual and healing choices.

Sedibana and a Changing Botswana

Aside from the larger trend of the dissolution of community life occurring in Sedibana, there are many other reasons why traditions in general are losing strength as quickly as they are. One is the government policy towards education. Since independence, it has been the goal of the federal government to make primary education available to as many children as possible. When Quetumile Masiere took over the presidency upon Seretse Khama's death in 1981, he vowed to make primary education *universally* available by the end of the century. Masiere has made good on his promise, which means that there are now several primary schools in Maun and all children are encouraged to attend. Children are flocking to the schools at a tremendous rate in order to learn English, basic math, and other skills that are necessary to work in the modernizing economy of Botswana. Mothers will take their school-age children out of the bush for several years at a time in order for them to attend school, and this has serious consequences for traditions.

The first problem encountered by the lack of school-age children in the village is the lack of apprentices available for the *dingaka*. Apprentices are usually chosen when they are ten or eleven years old; they are most often children of *dingaka* who show both interest in the tradition and some natural ability. However, the fact that children leave their home village at six and go to Maun for nine years of education means that not only do they not live in the village long enough to appreciate and learn about their traditions, but they are also exposed to all of the glamour of modernity (including Christian religions) instead. Children who spend a long time in Maun are out of touch with the traditional ways and, if they choose to return to the village at all, often have little or no interest in becoming a *ngaka*.

According to Moeti, children attend school not just to read but to learn how to live in town. When he was growing up in Seronga, skills such as hunting, fishing, and plant identification were crucial to one's upbringing. Children spent many years learning how to survive comfortably and intelligently in the bush, which meant that they often stayed in the bush as adults. Children who leave the bush during these critical formative years do not learn these skills, so living in the bush is not nearly as easy as it is for those who learned these necessary skills as youths. Living in the bush is no longer an attractive option for them, so many look for work in Maun or travel to an even larger town once they are finished with school. Although he knows of a few boys in the village who swore to return to Sedibana and work as guides once they finished school, he is not sure how many will make good on this promise, and how many of those who do will know enough about the bush to pass their guide exam and stay for more than the few years of training.

With the recent government decision to gear all of the country's tourism to up-scale customers, the amount of work for guides in the delta will soon be limited even further than it is presently. During my second stint of fieldwork in Sedibana, a law had been passed to limit the number of guides working on each concession to twenty. Remember that there are two camps on the concession served by Sedibana, and before this new law, they employed a total of forty-six guides. The company is trying to work around this rule by scheduling the guides on a rotating basis, so that even if sometimes they do not work, their pay will not decrease because the increased expense of being a tourist at the new upmarket camps will cover the difference. However, the company in charge of the camps does not intend to stay with this policy forever. They are not hiring new guides at the present, and as the older guides retire, the number of guides on the schedule rotation will be reduced, until the camps are employing only as many guides as they need. When only a limited number of people can work at the camps, there are no new jobs and little impetus for the children who have had a taste of life in Maun to return.

As this generation of guides retires, Moeti feels that the company will have to recruit able people in town and coax them into the delta, where they will have to train them as they would an outsider on the ways of the bush. This may be dangerous, because someone who has lived for a long time in the city simply lacks the "bush sense" that is necessary for survival. Many skills, such as the "bush vision", which allows one to "look

through" the grass and see dangerous animals, is possessed by all of the guides by virtue of their upbringing. This simply can't be taught in a year or two of guide training. He doesn't think the quality of the bush experience in general will be as good for tourists because their guides will not be as good, and the village in which they live will be an artificial one

brought from Maun that is unable to function without outside inputs of food and supplies. Many of the tourists currently come to the village in order to have a look around and purchase traditional crafts, and this experience will be less impressive for them if it is not a "true" bush village.

The tourists themselves pose an unusual problem for people in the village. They provide steady employment, but are rarely liked by the envious villagers. Tourists come to the village to look around and to buy souvenirs from the women, yet at the same time they have a negative emotional effect on the villagers, who often feel like second-class citizens in comparison. The desire to have all of the fancy gadgets, such as cameras, that are so easily possessed and waved around by tourists is strong. Tourists have also been known to take these cameras and poke them into people's houses and compounds and take pictures without permission, as if the villagers are caged animals on display. Feelings of resentment can run high, as does the desire to be modern and not the gawked-at "natives". The best way for villagers to accomplish both is to move to town, where amenities and high wage-paying jobs are both available. Town is also less of a museum for tourists, so people who live there feel less scrutinized than those who live in the village.

One final aspect of modernization of the people has an adverse effect on the bush itself. One aspect of Tswana spirituality that used to be important to the people is the mandates that *Modimo* and the *badimo* placed on interactions with the trees. Certain trees, like the raintree (*Lonchocarpus capassa*) and buffalo thorn (*Ziziphus mucronata*) have significant spiritual value aside from their medicinal value. Both trees are believed to bring rain, hence anyone who cuts them down will be cursed with bad luck or drought. Some trees, such as the camelthorn (*Acacia eriloba*) were considered the property of the chief, therefore only he was allowed to fell it. Others, such as the Shepard's Tree (*Boscia albitrunca*), were left standing for practical reasons: the roots and bark have immense nutritional value. Now that the people eat rice and bread and are unaware of traditional beliefs about trees, the food and spiritual fulfillment previously derived from them is no

longer necessary and they are felled more often.[100]

The impetus to leave the village and become "modern" like the tourists they have constant contact with is very strong. The total rejection of traditions is easy because children are removed from them at an early age and thrust into an environment replete with modern amenities, religion, and medicine. Those who are employed and stay in the village will often attain as many of these modern qualities as possible; however, most of them grew up learning the skills that make their lives in the bush comfortable. When this generation of adults is old, the last of the people who know the bush and remember traditions when they were the dominant factor in life will be gone, and a village full of wage-earners from Maun will take its place. Lacking the skills associated with bush living and traditional beliefs safeguarding the health of the plants, they will bring as many of the comforts of Maun as they can with them and simultaneously take whatever they want from the ecosystem.

---

[100] Roodt, Veronica The Shell Field Guide to the Common Plants of the Okavango Delta and Moremi Game Reserve Shell Publishers, Gaborone 1995 p. 22

Chapter V:
The *Ngaka* in Sedibana Village

One of the most illustrative ways of exploring how traditional medicine in Sedibana has changed over the past fifteen to twenty years is to study how each of the generations of *dingaka* present in the village has incorporated the tradition into their personality, lifestyle, and relationship with the rest of the village. By looking at all three aspects of the profession and the differences existing among the different *dingaka*, it is possible to trace the recent trends in the profession and perhaps make predictions as to where it will go in the future. Without the strength of local traditions and the blessing of the *kgsoi* supporting the practice, how the *ngaka* presents himself and his relationship with his community are the critical factors in determining whether or not his knowledge will be utilized practically or passed on at all, the exact extent of this plant knowledge aside. It is these crucial social relationships that will be examined here. The three categories of comparison will be each man's approach towards gaining an apprentice, his method of communicating information, and his everyday social interactions with other villagers.

I will begin with a profile of each *ngaka*, followed by an analysis of the interviews and observations of their interactions with other villagers, including the conditions they set down for an apprenticeship. The profiles will be in the order of my introduction to each *ngaka*, because the interaction between Doctor and Satheba is critical to explaining the relationship between the two men and their respective relationships with the rest of the village, as is my introduction to Neo. The chapter will conclude with a comparative analysis of each of the *dingaka* in terms of their social interactions, attitudes towards their practice, and interactions with a potential apprentice in order to answer the question of why this tradition seems to be in such a severe decline.

The smaller differences between the generations of *dingaka* will become clear. The lack of confidence, deterioration of knowledge among and between generations, general lack of apprentices and customers, and decay of secrecy and respect surrounding the profession that will be elucidated here mirror the current opinions of medicine possessed by

the villagers and the alterations of their lifestyles preferences. The conscious rejection of traditional ways in favor of those which mirror modern practices is a microcosmic example of the larger social and political changes occurring in Botswana, and all of these trends are illuminated by the differences between the *dingaka* included in this study. The final result is a village of people who respect the knowledge of only the eldest generation of *dingaka* and who do not have a stable enough foundation of traditional belief under them to transfer this respect to the younger generations or to retain the rest of their traditional beliefs, such as belief in the *badimo*. The net loss of information caused by these social factors is actually much greater than the scope of this study can indicate. The fact that wisdom is passed in a strictly vertical fashion indicate that the extent of the knowledge is actually much greater than if information sharing occurred between *dingaka* contemporaries, because less knowledge is found to be common to many healers. Every *ngaka* who dies without training an apprentice loses his family's entire history in the practice. The traditions that kept the diversity in the profession alive for most of its history are now a main contributor to its disintegration.

Karamono Miti

Karamono Miti, "Doctor", was born in 1957 in Seronga, the village on an island in the Okavango panhandle that was mentioned in Chapter II. He has had no formal education, so can neither read nor write, but he has learned broken English from younger guides living in the village. He is married to a slightly younger woman and has two young children, a boy and a girl aged eight and four, respectively. The children live nearly year-round in Maun with their mother, where they both attend primary school. Doctor first left Seronga about twelve years ago and moved to South Africa, where he worked in the diamond mines. Eight years ago, he left the mines and moved back to Ngamiland, where he started guiding at Oddballs. Like all other guides who work for that company, he took a national guiding proficiency exam and is fully licensed to take tourists into the delta. He

attends Shex's guide school, where he learns basic math, English, and hospitality.[101] Doctor was taught the profession of *dingaka tsa dichochwa* from his father, whom he claims was a "real witch doctor".[102] He began his apprenticeship in Seronga in 1973, and was still returning on and off to learn about new plants until his father's death in 1991. Doctor and his father both had thriving practices in Seronga.[103]

When first approached with the idea of taking on an apprentice, Doctor assented immediately. However, conditions of the "apprenticeship" that were acceptable to him were a little tougher to come by than the original attraction of being considered to take part would indicate. First, he had to be assured several times that I would not dole out the information freely to anyone else who was curious about plants. He was adamant that I understand the secrecy of the profession, which reflects the sacred nature of the knowledge. The respect the apprentice has for his teacher is reflected in how well the apprentice guards his tutor's knowledge.

This respect is inherent in the relationship between a father and son whom he is training, but if the apprentice is not a member of the *ngaka*'s immediate family, he must pay his mentor a significant amount of money as a sign of respect. I was not exempt from this tradition.[104] Despite the shaky ground on which traditional medicine now seems to rest, the conditions surrounding an apprenticeship have not changed much. When Shex and I had spoken to Thaba before deciding to work with Doctor, the conditions that he laid out were very similar. Both men feared that I would spread their information freely, or write a book about it upon my return home and make millions of dollars at their expense. This fear

---

[101] As of the end of the summer, 1997, Shex had resigned from his position as assistant manager at Delta Camp and subsequently his position as headmaster and teacher at the guide school. To my knowledge, no one has yet taken the position in his absence.

[102] I am assuming that this means that his father was a diviner as well as being an herbalist. When the practice of divining was outlawed by the new Christian government in 1966, many of the diviners chose to pass only the herbal part of their practice on to their apprentices. Others continued to teach divining, but they were forced to go underground, and their practices only survive in more remote areas.

[103] This information was gathered from a combination of interviews with Doctor, Shex, and Desmond Green, Doctor's employer, as well as the guides' demographic information on hand at Oddballs.

[104] After consulting Shex about what would be proper, we agreed on a price of P120, or about $40. I had to pay as much upon my return in order to continue the apprenticeship.

served to reinforce two things: despite the faltering popularity of traditional methods in the village, both men believe strongly in the universal effectiveness of their cures, and this effectiveness means that the knowledge is as inherently valuable to them and as deserving of respect as it was before the hospital arrived.

After the price of the apprenticeship is settled upon, the apprentice is effectively adopted as a member of the family, as he must be trusted in order to become privy to the family secrets. The process is not formal. Once the money has changed hands and is sealed with a handshake, the apprenticeship begins, and the mentor is free to choose what his apprentice learns. My acquisition of knowledge included anything I asked about that he could find, because a good *ngaka* does not "cheat" his apprentice. Withholding information from one's apprentice leaves them an inferior *ngaka*, and this reflects poorly on a mentor's legacy and family line. This meant that Doctor was quite willing to take me to other *dingaka* with whom he was on good terms if they could find the plants that eluded him. The more the apprentice learns, no matter from whom, the better the mentor looks.[105] As one of the terms of our agreement, Doctor was responsible for me the whole time we were either in the bush or in the village. This is usually true for any "outside" apprentice, especially one from another village. When I moved into the village, I pitched my tent in Doctor's compound and ate from his cooking fire. He brought me to Bathso, the chief, as a temporary member of his family who needed to be officially introduced into the village. Once Bathso welcomed me, I was accepted and treated with the respect granted to any apprentice.

The physical and social conditions under which I worked with Doctor were significantly different each time I was in Botswana. The first time we met, in late 1996, Doctor was a heavy smoker who seriously abused alcohol. Apparently he had first become an alcoholic when he worked in South Africa. When he returned to Ngamiland, he worked

[105] His request that I not talk to Thaba has more to do with the bad history between them, but the fact that they are of the same generation and working in the same village means that Thaba's knowledge is off-limits to me. It was mentioned in Chapter II that seeking the knowledge of a *ngaka* outside of one's own village is encouraged.

hard to pull his life back together. Doctor was now functional, though according to the villagers his practice did not receive the kind of patronage or respect that it had garnered when he lived in Seronga. He would drink socially with the other men in the village, but they did not appear to respect him any more than any other man of his age. Traditionally, a *ngaka* of any age would be treated with more deference than his peers. This is not so with Doctor. The fact that he is a *ngaka* is advertised in his nickname but not in his stature. In fact, his nickname marking his profession is counter to the quiet propriety that traditional *dingaka* would deem to be an acceptable form of behavior.

When the apprenticeship continued (from June through August of 1997), Doctor's life had taken a dramatic turn. He had become a member of the ZCC and had consequently given up both drinking and smoking. He had retired from active practice of medicine, as all members are required to do, and would only use faith healing and the hospital. As this seemed to put the rest of the research in jeopardy, but apparently his personal preference for the church did not stand in the way of continuing the apprenticeship. Unlike Ribs, who refused even to speak of his past for fear of angering God, Doctor saw no harm in being a teacher, as long as the simple information was never translated into action. He realized that none of the plants he knew about can be found in the United States, so he was quite content that the research would not compromise his faith.

Doctor's relationship with the rest of the village has not changed much. Though they respect him more as a person for giving up his vices in favor of an accepted religion, it is obviously not related to the strength of his practice. Over time it became obvious that he is now just a man like all the others, whose past involvement in medicine was just that: in the past. His nickname is as meaningless as are the names that other men randomly choose for themselves because they are catchy and easy for tourists to remember. He is now like Ribs, whereas before there was still recognition that he was a qualified *ngaka*. Once a man converts to the ZCC, he leaves his past behind, as all members are considered equals.

Doctor's knowledge of the bush and of plants is extensive and stems directly from the rich history of medicine present in his home village. Seronga is very isolated, so the

people are forced to be completely self-sufficient in terms of providing for their basic needs. They practice subsistence farming as well as hunting and gathering wild foods, with the intermittent slaughter of a domestic animal for festive occasions. There are no government schools or hospitals nearby, so although literacy rates are low, rudimentary knowledge of medicinal plants is common among community members. However, they will always turn to a specialist in times of emergency. Seronga was originally established as a Yei village, but it gradually acquired members of other tribes, mainly the Hambukushu and the Basarwa, who trickled in from outlying areas where they had been persecuted.

The Bayei are a very shy people and do not feel comfortable interacting with people who are not formally a part of the village.[106] At several times in history tribes such as the Hambukushu have moved around in response to local persecution, and they were always welcome in Seronga when they arrived. Their herbal knowledge was integrated into that of the existing Yei *dingaka*, and the overall botanical knowledge of the village expanded. The Basarwa have been persecuted throughout the history of Ngamiland, especially recently. When Moremi Game Reserve was established by the government twenty five years ago, all resident Basarwa were forcibly removed from their homes there. Many came to Seronga and became accepted members of the village. They are renowned herbalists, especially for snakebite cures, and they readily integrated their knowledge into the repertoires of the resident *dingaka*. Doctor considers himself fortunate to have grown up in this environment and learned the myriad skills with which he was presented. The bush skills he acquired while growing up coupled with his extensive knowledge of plants made him extremely qualified to be a guide, and he found ready acceptance by the other guides in Sedibana.

The conversations I had with Doctor were enlightening. He used to charge high prices for his medicines and had no trouble finding people willing to pay them. In Seronga, people were expected to pay at least two head of cattle or more for a single cure. This price was not uncommon among *dingaka* in the past, as the doctor's reward was not so much

[106] Taken from interviews with several Yei tribesmen, including Shex Tlotlego and Gabofele Mogkwathi

about money as a sign of his patient's immense respect for his knowledge. As highlighted by the medical choices made by the villagers in Sedibana, the Batswana are pragmatic people who will continue to search out different practitioners if the cures of one do not work. The price is only paid if the patient recovers; *dingaka* with higher success rates are wealthier and can therefore also charge higher prices. Remedies that are more difficult to either find or prepare cost more. Cures such as the one requiring Camelthorn (*Acacia eriloba*) which is only found in a single stand of trees 5 kilometers from Sedibana run as high as twice the price of an "average" cure.

There are six or seven plants that Doctor's friend Sakawenge helped us find the first time I came that Doctor had not remembered very well. He intended the second half of the apprenticeship to proceed with more assistance from his brother, as he would run out of things to teach but wanted to take full advantage of the time to expand his own knowledge and prestige. He also claims familiarity with many other plants, but says that they are now extremely difficult to find. There were times when we wandered through the bush for several hours looking for a particular patch of ground in which plants such as *kubati* and *monoga* (unidentified) used to be common, but can no longer be found. Doctor feels that some people who live in the bush use medicinal plants carelessly, which causes them to be overharvested and scarce.[107] This carelessness stems from the fact that people no longer depend entirely on the bush for survival. Their sensitivity to the state of the environment has been dulled, hence their feel for when a resource has been depleted is also no longer acute and resource depletion is common.

Before his conversion to the ZCC, Doctor insisted that his profession was in danger of dying out for three main reasons. The hospital, which draws clients away in droves, contributes to the loss of traditional knowledge and deters young people from becoming apprentices. Why would anyone want to become a traditional doctor when the hospital doctors are available to distribute pills? The other two factors he discussed are

[107] The disparity between this remark and his claim that no one uses traditional medicine anymore seem to be contradictory, but it is possible that Doctor believes that the phenomenon of modern health care is limited to Sedibana and other villages that are close to Maun.

environmental in nature. There had been an unusually large number of bush fires the year before the study, and Doctor bemoaned the fact that these "cold fires" (i.e., slow-moving ground fires) destroyed many of the saplings and understory herbaceous plants that he and other *dingaka* used.

Elephants are the other culprits involved in the destruction of bush flora. They love to eat some of the most useful medicinal plants, such as *pheho* (*Venonia glabera*), *masigo-maabe* (or *masogomobe*, *Plumbago zeylanica*), and *Acacia eriloba* .[108] This would not harm the medicinal uses of the plants had the elephants not developed a taste for saplings and pods. They will dig up the saplings, browse the herbaceous plants down to the ground, and shake all of the pods off the camelthorn tree (among others) so that not only are the plant age-groups that the *dingaka* need not available, but the regenerative ability of the plants for the next year is also compromised. The problem with elephants altering the ecosystem this drastically did not become pronounced until recently, when the government decided to erect veterinary cordon fences around many of the wildlife areas in order to separate the wild animals from the domestic cattle. This was done in order to prevent the spread of hoof and mouth disease between species. However, it also served to keep wild populations from either migrating or extending their boundaries when population expansions determined the need to. Since the fence was erected around the Okavango Delta in 1987, the resident elephant population has expanded to over 70,000 individuals, which is far higher than the ecosystem can sustainably support. This means that many plant species which are favored browse (and favored medicine) are in danger of localized extinction. If the cures cannot be found, the people will no longer come to the *ngaka* for help, and this again will present them with more incentive to go find other means of treatment.

Six months after our first conversations about elephants and bush fires, the newly religious Doctor's thoughts on the future of his profession had changed dramatically. Even

[108] These plants and their uses will be discussed in greater detail in the next chapter.

though he himself is a member of the ZCC, he openly blames the church for drawing the people away from all of their traditional ways. When questioned about why he is a member if he believes that traditional medicine should survive, his reasoning is not practical, but spiritual. He feels that the *badimo* of traditional Tswana religion interfere in the everyday lives of their descendants because they are bored and unhappy, whereas Jesus promises those who live piously in this life a peaceful and happy afterlife. Doctor wants to go to heaven just like everyone else, so will not lead the kind of life that bows to the misfortunes imposed by ancestors.

He also believes that faith is a better life-long cure than the botanical remedies are. According to the ZCC, faith must be perpetual in order to work properly. Therefore, if someone becomes sick and prays, he will only be healed if his faith is unblemished and does not waver through the course of the illness. This is an ultimatum that is easy for the church to get around if questioned, because one can always claim that faith can be stronger when faced with an illness that does not recede in the face of constant prayer. Many of the villagers felt this way as well, which is why staid members of the ZCC admitted to not hesitating to visit the hospital if they were ever confronted with a serious illness. Nevertheless, Doctor sees it as a more foolproof method than physical medicines, which admittedly do sometimes fail.[109]

Doctor also blames young people and the new government school system for drawing people away from traditional medicine, a conclusion shared by other villagers. He sees young people going to town and returning to the bush, if they return at all, with less respect for their elders. This lack of respect causes those who are even remotely interested in become *dingaka* to treat their intended mentors with less deference than they should. The elder *ngaka* becomes insulted and turns his intended pupil away, and often passes on without having trained an apprentice. The best *dingaka* are all very old, and even fifteen years ago people began going to the hospital, so their knowledge started to lose its potency.

[109] It is interesting to note that Doctor was much more outspoken about the negative effects of the church on traditional ways when we were alone in the bush. He reverted quite easily into pious religious mode when we returned to his village.

Consequently, *dingaka* of Doctor's generation know less than their elders, practice more sporadically, and have a more difficult time gaining respect. Doctor admits to having resisted when his father wanted him to seek out another *ngaka* in order to expand his repertoire, and he mentions regretting this misstep quite often. Perhaps if he had begun with a stronger base of knowledge he could have maintained the thriving practice and respect of an elder *ngaka*, and would not have fallen to alcohol. *Dingaka* of his generation are now at an age when they would begin taking on apprentices, but these intended students are all at government schools in Maun and are never around long enough nor interested enough to take the time to become apprentices. Doctor's own son is in Maun, and he feels that the boy will probably become a member of the ZCC like his parents. Doctor is also hoping to convert his own mother, who still resides in Seronga, to the ZCC, because he wants her to "see the light". She herself has never attended school and still uses plants medicinally, as do many of her fellow villagers.

One trend that Doctor spotted in his fellows that made him suspect why people stopped using traditional medicine and turned to other means is the influence of "town" and the requisite "loss of bush sense" among the people. As he explained, if they spend enough time in Maun, simple common-sense skills that used to be sharp are dulled. The people blame the consequences of their illnesses on the bush and everything about the traditional lifestyle associated with it, turning to the hospital for assistance instead. One example is the growing number of people who are bitten by snakes every year, and the increased number who die from their wounds. He described some activities that cause this, many of them brought on by the carelessness associated with "city life", such as kicking over rocks encountered on footpaths and leaving sugar and other foodstuffs (which attract hungry snakes) unsupervised out in the open. Once bitten, the person will often try to travel to town for assistance instead of relying on someone who knows cures which can be extracted from the bush. Many die in transit, and it sours their friends and family on living in the bush. His conclusion provides more evidence to support other villagers' opinions about the increased incentives people have to move to town once they have had had enough time to

become accustomed to that life and its conveniences.

Doctor noted that many people have a tendency to use natural resources more carelessly than they used to, and many of them are crucial for traditional remedies. Leadwood (*Combretum imberbe*), for example, is used in both a painkiller and as a cough suppressant, but the wood is outstanding for house construction and cooking fires, as it is hard and heavy, and burns longer and hotter than any other wood in the delta. People have been removing it from the bush indiscriminately, sometimes so quickly in the immediate vicinity of villages that *dingaka* are forced to walk several miles to find them. Not only does this lifestyle contribute to a lack of the sustainability of living in the bush (which contributes to migration to the cities), but also makes finding and preparing remedies more difficult and therefore more expensive and less attractive, a vicious cycle for herbalists. This does not mean that Doctor himself is not immune to some of the habits developed in town. Regardless of the fact that he was outside of his home tending to a cookfire and chatting with friends, Doctor would light a paraffin lamp and leave it burning unattended (and unused) inside his house for hours on end. He likes the look of a lighted house, which is a habit developed to discourage potential burglars in town. He would often talk wistfully about making enough money as a guide to move back to town permanently and buy a big house with lights and glass windows for his family. Despite his realization of what will die with traditions, he too has caught the bug of modern consumerism.

Doctor offered one particularly interpretation of how the decline of traditional medicine relates to the disintegration of marriage in Ngamiland and the related cattle crisis that occurred in early 1996. In traditional Tswana society, a marriage contract took place not only between two people, but between two families. The bride brought a dowry of cattle with her to a marriage, which she was allowed to keep if the union fell apart. Married couples also practiced *mafisa*, the loan of cattle to less fortunate friends and relatives as a display of status. Marriages between communities was a common way of bringing cattle into a village, and *mafisa* meant that nearly everyone could oversee at least a few head. Marriage in general has become less common in Botswana since the early

1980's, and this trend is even more profound in Ngamiland, according to Doctor, because all of the young people want to move either to Maun in order to look for work, or to leave Ngamiland altogether in favor of the more populous cities to the southeast. This creates a dearth of cattle in certain villages and a general stagnation of cattle movement. Since cures are traditionally paid for in cattle, their lack has contributed to people using modern cures, those which can be paid for "cheaply" in pula, instead. Doctor, like some other practitioners, was willing to accept money for his remedies, but would generally charge more than the pharmacy does for pills as an indication of the amount of respect he feels his practice should be receiving.

The problem of a small number of available cattle for payment has been recently exacerbated in Ngamiland. In late 1995, veterinarians diagnosed an epidemic of cattle lung disease, a fatal and highly contagious form of pneumonia, among the herds of Ngamiland. The government immediately quarantined the region and slaughtered every last head. Compensation was paid not in uninfected cattle, but in cash, with which people often purchased luxury goods instead of replenishing their stocks. This led to a tremendous overall decrease in the number of cattle in the region, which in turn led to fewer available payment options for traditional services. Once again, hospitals became the attractive option because they are cheaper and more accessible to people.

Another aspect of the profession that Doctor mentioned frequently is the declining number of female healers. Women commonly treated the ailments of children, such as colic, and those of other women, including menstrual disorders and complications during pregnancy. Many only practiced part-time; those who practiced full-time as *dingaka* (those visited by men as well) did so only if their fathers were themselves *dingaka* and had no sons to train as apprentices. Medicinal plants are useful to child- and female-specific complaints, particularly certain painkillers like tshetho (*Ethulia conyzoides*) which are used to soothe premature uterine contractions.

When the clinic was updated and the hospital arrived, both came with the government promise of increased access to free prenatal care for women and increased care

for children. This lured people away from traditional remedies, which have to be purchased, so the female domain of the practice is more vulnerable to alternative forms of care than that of the full *dingaka*. The only women we encountered in the village who used to practice are all very old (the youngest of the three was in her sixties), had never taken on an apprentice, and had forgotten most or all of what they used to know. One had converted to the ZCC and took her complaints to the hospital instead, and the one woman who did remember a little was too feeble to leave her compound. Mobility would have been a requirement of trips into the bush, so obtaining an idea of the full extent of her knowledge was impossible. She was also reluctant to venture into the bush because she is no longer sure if the plants she once used can be found easily, a reason Doctor agreed with.

Doctor is a man who is caught at the turning point of his generation of *dingaka*. He began his practice in the northern delta where traditional ways still reign supreme, moved to South Africa where drinking robbed him of the respect of his fellows, then returned to the bush in order to rebuild his life and practice. However, instead of returning to Seronga, where he may have been able to rebuild his reputation as it had once been, he chose to settle in a village that is more susceptible to the influences of Christianity and modern convenience. This made regaining the respect he had once received as a *ngaka* much harder to come by, and the impetus to become a religious man instead a much easier choice to make. He is still aware of the value of his traditions and does not want them to die, but is much more concerned about his own physical and spiritual life in the village, so sacrificed his tribal history for his personal spiritual life. For Doctor, the life followed by ZCC members and promised by their God is much more important than the maintenance of a tradition that deals with the problems created by ancestors. *Badimo* are fallbacks to a religion that has not been actively practiced since divining was banned in the 1960's and maintaining their traditions seems irrelevant.

Satheba Mogkwathi

Satheba Mogkwathi is a much different man than Doctor. Doctor did not hesitate to constantly mention Satheba as a man whose knowledge is very impressive. Doctor says

that he "knows everything" about snakebites and other cures that are very uncommon and complicated. There was a lot of reverence and even a little fear in Doctor's voice every time he spoke Satheba's name, but he was determined that the two of us should meet and I should become his apprentice as well.[110] Doctor mentioned this to Bathso, the chief of Sedibana, during our introduction my first day in the village. Bathso is a close friend of Satheba's, and concurred that he is the most respected and feared *ngaka* in Ngamiland. Felix, Bathso's son, agreed with this assessment. He also warned me that becoming an apprentice to this man would be both difficult and expensive, because "the magic is very powerful". Other villagers mentioned Satheba as well when the purpose of the research was explained to them. Many of them are members of the ZCC, but in general this ban on use of herbal remedies was suspended in favor or awed respect for the old man's "magic". What kind of *ngaka* could still uphold this kind of reputation in an area where respect for herbalists was nearly dead?

Satheba does not live in Sedibana, but I decided that it would still be valuable to seek him out. He, like Doctor and the majority of the rest of the people in the village, comes from Seronga, so it is not surprising that the healer that they have the most respect for also comes from that area, where traditional practices are still common. It was also crucial for the study to find someone of the generation that taught Doctor's, so comparisons between the *dingaka*s' practices as well as their standing in the community could be drawn. Part of my thesis is that men of Satheba's generation have a higher degree of traditional knowledge and are also more respected members of the community than the generation that follows them, so the fact that Satheba is related to Doctor and everyone knows of him overruled the fact that he does not actually live in the village. Doctor came to Maun with me in order to locate his uncle, who now lives in a village called Levideboro, on the outskirts of Maun.

---

[110] This brings us back to the point that a *ngaka* increases his own status by facilitating the education of his apprentice through *dingaka* from outside of the village.

Satheba, like most men of his generation, has three homes. The first, where his immediate family stays, is in Maun, his "true" extended family home, which he visits several times a year, is located in Shakawe (the largest town in the panhandle region), and his cattle post is on the banks of the Boro River a few miles north of Maun. It is customary for the wife and children to live in town year-round, while the husband splits his time equally between their and his cattle post, which must be attended to on a regular basis. The recent outbreak of cattle lung disease and the subsequent government slaughter have meant that Satheba now no longer spends the majority of his time at his cattle post.[111] Instead, he visits Shakawe more often and spends the rest of his time in Maun.

When Doctor and I first encountered Satheba, he was seated on a chair in his compound, surrounded by five women who were sitting on the ground and talking quietly among themselves. Satheba was dressed up (he had just returned from his son's wedding, which took place in the northern village of Gumare, the bride's family home) and cleaning his fingernails with a machete. He both spoke and acted slowly and with great authority, which commanded quiet, nervous respect from everyone in the compound. Doctor seemed small in comparison. He was extremely deferential to Satheba, who does not speak any English at all. Doctor kneeled on the ground before Satheba and did not look directly at him while speaking to him. He spoke quietly and deliberately about the study, and was often interrupted by the women, who asked occasional questions of clarification about my person, my research, etc., and to which Satheba said very little. Satheba is extremely hesitant to take on apprentices who appeared to have so little personal investment in the traditions and who would not be around in the future. However, he told Doctor that he would consider it, even though he was afraid that I would tell everyone in America about his cures and make a lot of money at his expense. He dismissed his "court" and went inside for the evening in order to ponder his decision.

[111] Although Satheba is originally from Seronga, he moved his family home to Shakawe for personal reasons.

The next morning, Satheba had still not decided whether or not he should take on a short-term apprentice. He was balking at Doctor's reasons for disseminating the information, as I had no loyalty to him and would not be living with him in the bush in order to see the remedies being prepared.[112] He wanted anyone he trained to be fully competent, as an apprentice who is not reflects poorly on him. However, once his son explained to him that the purpose was not for the apprentice to practice, but simply to record dying knowledge before his generation of *dingaka* passed on, he assented. I would do nothing to harm his reputation, therefore the project was valid and he could pass on his information with a clear conscience.

The above process was glossed over in the methods section, but I feel it necessary to reiterate the thoughtful approach that Satheba, and other members of his generation, take when acquiring an apprentice, especially one as unusual as a western woman. Conversations with Gabofele revealed much about Satheba as a man and a *ngaka*. Satheba learned about snakebite cures out of necessity. The bush around Seronga is not the fairly open savannah grassland that it is in Sedibana; rather the high perennial concentration of water in the panhandle gives rise to extremely dense vegetation. The thickets are a favored hiding place for snakes of all types, and bites are fairly common. When Satheba was a boy, his father brought him to many of the Basarwa healers in the village and had him apprenticed as a *ngaka*.[113] Along with the practical knowledge of cures, Satheba also learned the traditional Basarwa way of living and practicing medicine. According to Sarwa philosophy, the concepts of tradition, respect, and modesty are crucial to one's survival as part of a small community. Leaders of that community are effective because they lead by example, not by words, so Satheba prides himself on not being flashy and extroverted. He will often turn people who seek cures away unless they are in serious condition; patients are

[112] Doctor had explained that I was writing a book for him about the cures that he knows, and I think the reasons for this were lost on Satheba. In order to study with Doctor, I had to become "his" apprentice, so the results of the study belong to him.

[113] Unlike the Yei tradition of keeping an apprentice only with one mentor, the Basarwa believe in a more open exchange of practical knowledge between herbalists. Their knowledge is not public property per se, but among them the knowledge can be more similar than that of Yei healers.

only referred to him from other *dingaka* when no one else can help them, and even this process, which denotes the tremendous respect accorded him by other *dingaka*, is done quietly. The Basarwa taught Satheba that the best doctors do not display their knowledge conspicuously; rather they are quiet, and their powers are known through the results.

Satheba's first legendary act of healing was performed on his own son, Gabofele's younger brother. During the winter, the nighttime temperatures in the delta drop below freezing, so the people in Seronga wrap themselves in blankets and often sleep by the fire. One winter, his six year old son took a blanket off the drying line, which had been hung by a large thicket, and forgot to shake it out before rolling himself up in it. In doing so, he disrupted a sleeping puff adder, which showed its displeasure by biting him on the arm six times. Puff adders have cytotoxic poison, which means the venom liquefies cells and leaves huge disfiguring scars in the tissue. Satheba acted quickly enough to treat the boy completely, miraculously without any loss of flesh. After this, his cures were sought out far and wide in northern Botswana for many years. However, another, this time tragic, event, caused Satheba to abandon the greater part of his practice.

Satheba had become close friends with a man named Bobby Wilmont, a South African expatriate who ran a safari camp by the Namibian border of Botswana. He had taught Bobby many of his bite remedies, and was returning home to Seronga from a visit with him in 1987 when he heard that Bobby had just been bitten several times by an unidentified snake while out on safari. He was being brought out of the bush by several of his assistants, who unfortunately knew nothing about either snakes or plants. Apparently Bobby was already too far incapacitated either to describe the snake or the cures that he needed to the men that were with him, and he died an hour before Satheba arrived to help him. Satheba blamed himself, according to Gabofele, and became withdrawn. He stopped teaching people the cures, and treated fewer and fewer patients. Ten years later, he prepares remedies only when he is with someone who is in danger of dying from a bite.

Satheba is extremely secretive about his knowledge: Gabofele knows very little about the actual cures that his father used, and Tshidi, his new wife, had known Satheba for

three years and did not know he was a *ngaka* until I arrived. This difference between him and Doctor is quite obvious: the nickname "Doctor" means that people automatically associate the practice with the person, and much of the mystique is lost. Satheba, on the other hand, practices only enough, and in important enough cases, to keep the glamour of respect and fear around him. The secretive nature of his practice is closely tied to his love of tradition. He forced Tshidi to wear the traditional Tswana wedding shawl and scarf for a month after the marriage, which is a custom that has recently been pared down to only wearing them during the wedding ceremony itself. He is as strict with his diet: anything that he did not eat while growing up in Seronga is not considered food, so more recently introduced Tswana staples such as rice, goat, and paleche (a maize meal porridge) are not consumed.

This hold on tradition is both a blessing and a curse for Satheba's practice. The secrecy and selectivity of his practice means that it holds tremendous mysterious power for the people who come to him. Like the people in Sedibana who say his name with awe, any patient of Satheba's has come to him because he is a man whose actions have spoken. He is a "true witch doctor" because, unlike the men who simply treat common aches, Satheba saves lives. People associate him with the spirit world because he deals only with patients who are close to death. Unlike the cure of a case of the sniffles, people will talk about a man saving another's life for a long time, and this also helps to solidify his status in the minds of the people.

This attitude towards one's practice stems from the time when cures for common problems were widely known, and the glamour of being a *ngaka* existed because specialists only worked when they needed to save lives. As time passed, two things happened to counter this. Common medicinal knowledge became less widespread among people, and the crucial cases began going to the hospital instead. This meant that *dingaka* had to lower themselves to dealing with garden-variety complaints, and their status decreased. However, Satheba still believes that he deserves the status levels that used to be accorded to men of his education and experience. He will not take on an apprentice who does not fully respect

him, nor will he share any information readily. This means he retains the mystique and historical respect among members of his own generation and those immediately following it, lacks patients, and is unknown among people who are of the apprenticing age and are unaware of his past glories. He will not take on apprentices who do not respect him as much as their parents do, and this inflexibility may mean the death of his knowledge.

He will probably take all of his knowledge and respect with him to the grave because the social climate of the area is no longer conducive to producing young people who are sufficiently interested, respectful, and committed enough to herbalism to take the time to become a *ngaka*. If Satheba were not so adamant about maintaining the respect levels and traditional behavior that used to accompany traditional knowledge, he would have a better chance of passing on his knowledge (or some semblance of it) to future generations. As it stands, his own son and his new daughter-in-law are both members of the Seventh Day Adventist Church. His son takes only peripheral interest in his father's practice, and his daughter-in-law just finished her pre-medical education at the national university, and will begin medical school in the USA this year. The secrecy that was once part of the glamour and allure of the practice now only contributes to its alienation from the youth and its separation from modern Tswana culture.

After Satheba accepted me as an apprentice, the conditions of my study were laid down in no uncertain terms. None of the annuals that he used in his snakebite cures were in season, so there was no way we could locate and catalogue them. This being the case, I had to assure Satheba several times that I would do my best to return to Maun during the summer, when the plants are in season, in order to complete the identification and remedy preparation aspect of the apprenticeship.[114] Secondly, the price of my education had to be agreed upon. Because of his age, status, and the precariousness of my position, I was not willing to haggle, so instead asked him to set it. I willingly assented to his request, and was

[114] After I found out that we could not find any of the plants he used during the dry season, the question came up of how bites are cured during the rainy season. Satheba said that *dingaka* used to collect the plants when they sprouted during the rainy season and keep them in dried form. He no longer does this because he lives in Maun most of the time, where bites are extremely rare. When they do occur, people are generally close enough to the hospital to go there instead of a traditional doctor.

subsequently "adopted" into his family, as all apprentices who are not already blood members are. Doctor had advised me after our meeting the day before that whatever Satheba decided to charge his apprentice would be fair, because Satheba is a "real witch doctor," a point which many people in the village that I spoke to, traditionalists and Christians alike, agreed on and often reiterated. This recurring theme leads to the conclusion that proof of one's power, no matter the source, is still a powerful force in the minds of pragmatic Batswana, so traditional medicine can still command respect. The importance of this will soon become evident.

The relationship between Doctor and Satheba contained subtle overtones of the competition between *dingaka*. Doctor had to be both deferential to Satheba and a mentor figure to me, a line which is not easy to walk. Satheba did not mind that Doctor sat in on our snakebite sessions, as Doctor was originally supposed to apprentice himself to Satheba (his uncle) after his father passed away. Traditionally an apprentice was only considered competent when he could identify plants in the field, and because I had to rely on descriptions alone, there was no danger that I could teach Doctor what I had learned once we were away from Satheba. Satheba also knows that Doctor is a member of the ZCC (members wear badges on their chests at all times), and so would never put any of this knowledge into practice. This allowed for the free exchange of information between us in Doctor's presence.

However, when I probed the area of different *dingaka* having widely diverging cures for different ailments, the atmosphere became more uncomfortable. They were both unwilling to divulge any information in front of the other, even though they are related. This lent a new degree of subtlety to the relations between *dingaka*. When I was with Doctor alone, we went to see Sakawenge because he could fill in the holes in Doctor's knowledge while I was still officially under Doctor's tutelage. Having Satheba as a mentor for snakebite cures was also allowed, as Doctor readily admitted to knowing nothing about them. On the other hand, they were competitors in the arena of shared knowledge . As long as the line of questioning did not pass outside of the boundaries of pursuing only

information that Doctor did not have, they were perfectly at ease with each other. As soon as I tried to compare cures between the two, tension was evident. This means that one can only expand the scope of his apprenticeship by pursuing the knowledge of other *dingaka* through channels accepted by his first mentor. This way the mentor can expand his status by adding to his apprentice's knowledge what he does not possess, and does not put himself into direct competition with another *ngaka* by allowing a comparison of similar remedies.

Gabofele reiterated several times the fact that the only reason his father agreed to take on a foreign apprentice is because he trusts me inherently, considers the goals of cataloguing traditional knowledge to be a noble one, and feels that he was paid him the proper respect. He feels he received more respect from a foreigner who has no history of traditional medicine or interaction with his family than from local youths who have been raised in an atmosphere of traditional beliefs. This highlights several aspects of Satheba's personality that create contradictions in the translation of his profession through the succeeding generations. The point at which he agreed to take part in the project was when he asked who I was recording the information for, because he is as afraid as Doctor that I will take it back to America and either tell everyone for free or sell their knowledge and make money myself. My answer was that I wanted the future generations of Batswana to have some record of what their people did in the past, so that maybe they could return to the old ways if they need or want to. This was a more acceptable answer than young

people from the area wanting to start practices themselves who do not offer him proper deference.

One conclusion that can be drawn from this is that the future of the practice is important to him, but only if it is retained in its traditional form of a "proper" relationship between mentor and apprentice. If this respect is lost, the learning environment is no longer conducive to careful acquisition of knowledge. If the work becomes sloppy, the diagnoses and medicine are no longer helpful, and the teaching and learning within the profession would enter a downward spiral. The downward spiral is already occurring, it

seems, mainly from a lack of use which causes the practitioners to allow their knowledge to rust. Satheba would rather have the tradition die a death as proud and noble as its life than see it enter a period of decay in which traditions were slowly corrupted and disrespected. This would reflect poorly on his own memory and the strength of the profession in generations before his own. One does not mar the memory of the *badimo*, and allowing such an integral part of the entire spiritual belief system to wither would be a blow to the history of his family. It is best to kill the pure form than to let a mutant grow.

This process of choosing apprentices is an interesting parallel to our own system of choosing medical professionals. Only the best and brightest students are admitted to medical school, and only those who have the fortitude and intelligence to endure the many tests of the field become respected doctors. If the standards of admission are relaxed, the field would be flooded with incompetent practitioners and the general quality of healthcare would decline. Satheba feels that it is in the best interest of his profession to turn down people who are not qualified, but in doing so he takes a chance that the apprentice he is looking for may never happen along. This would result in his passing on without training someone to carry on his practice. However, as a steadfast traditionalist, he also believes in the inherent value of his profession, which is why taking on a western apprentice is not a tremendous surprise. The apprentice is simply a vessel for the information. By allowing me to study with him, Satheba is clearly not so rigid that he is unable to take on "untraditional" apprentices. The precedent for this was set initially when he trained Bobby Wilmont, but he was faced with a lack of dividends for his investment with Bobby's tragic death. That accident was the impetus for his questioning the validity of his profession, and he had to be reminded of the importance of the information itself. The attitude towards medicine has altered drastically since he stopped teaching, and though this project prompted him to return to teaching, the climate in which he found himself was altered from that in which he taught Bobby. Perhaps he realized that interest among the youth is already nonexistent, and I *was* the best person to come along.

Satheba is the ideal *ngaka* of generations past. He is secure in his knowledge and

the status that it brings him in the community, which allows him to be both modest about his abilities and confident in his interactions with community members. This combination of qualities gives him power among his people, who react to his capacity to choose whom he treats or trains as evidence of his authority. He is also, however, intelligent enough to be aware of the social changes occurring in his world. He is willing to bend the rules of his traditions in order to keep them alive, though he would not allow them to survive in degraded form. Satheba is thoughtful in all matters and weighs the advantages of every decision carefully, as everything he says and does reflect upon his reputation as both a *ngaka* and a community elder.

Neo

Neo, the third *ngaka* consulted in this study, is entirely different from both Doctor and Satheba. I first met him while I was at Oddballs recuperating from an illness. The bartender mentioned to me that Neo, a trainee guide, had extensive plant knowledge, as he himself had been taught a few things. This meant that Neo had taken on "apprentices" in the past, and he might be willing to do the same when presented with this project. My first encounter with him was not an impressive one. He had come to the camp that day hoping to take clients out, but there were already plenty of licensed guides present, and the management did not send him out. He did not want to make the forty minute trek back to

Sedibana just yet, and was in the process of drinking himself into a stupor. It was 8:30 in the morning.

However, he was instantly curious about the research. It would give him a chance to prove to his community members that he was sought after for his knowledge, despite the fact that he was young and had not yet established his reputation. If he could make a positive impression with a foreigner, this would also increase his chances of appearing employable to the camp managers. He assented immediately to taking on an apprentice, and was anxious to begin the transfer of information. He did not seem the least bothered by

the lack of respect I was showing him by asking to study even though it was well-known that he was not the first *ngaka* approached. The bartender commented that he was probably just happy to be doing something, and had no *ngaka* pride like Doctor's. Doctor also did not have so high an opinion of Neo to be upset about this liaison. He considered Neo to be a low-level apprentice, my contemporary as opposed to a possible mentor figure, therefore his information was harmless. Doctor was also less concerned about his status as a *ngaka* at this point than he was six months earlier.

Background research revealed that Neo (whose surname remains a mystery) was in the habit of telling lies in order to make himself seem more impressive. He is 23, and though he claimed to be born and raised in Sedibana, Shex knew that he was actually from Ikoga village, which is in the panhandle region, even further north than Seronga. Neo also asserted that he learned everything he knows about plants from books that he found in the library, a statement that the bartender, who knows all of the guides, discounted. Neo is apprenticed to his father, Dix, a highly respected *ngaka* who lives in a village slightly south of Sedibana that serves another camp. Both Shex and the bartender agreed that Neo was trying to impress the foreigner by both being a "pure" local and an educated man. This attitude is far removed from that of Doctor and Satheba, who are proud of where they are from as well as the origins of their traditional knowledge. Neo, on the other hand, is trying to validate his knowledge through western standards of "education" as well as moving his home village closer to the cosmopolitan influences of Maun.

Finding a day in which to catalogue plants was not difficult. Apparently, Neo is drunk most of the time, the other guides do not want to work with him, and the management of Oddballs feels equally uncomfortable sending him out into the bush with clients. The fact that he drinks so heavily and in public means that he has poor judgment, which is condemned in Tswana society. The people rely on their ability to form strong bonds and make good decisions in order to survive, and Neo's performance in this arena is consistently poor. His lack of social credibility means he spends most of his time alone in the bar at Oddballs.

When the time came to go into the bush he had to be intercepted before he found his first beer. He was ready to leave immediately; he did not so much as mention conditions for my working with him. Apparently he had taught the bartender in bits and pieces whenever the topic came up, and never once wondered if the bartender would cheat him by teaching others what he had learned. The subject of the cost of the apprenticeship did not arise either; it seems that because he had nothing better to do, taking me out for a day of cataloguing plants was simply a novel distraction. It would also have been extremely poor form, considering his social position, for Neo to either set conditions or ask for payment. One does not expect to be "respected" by a contemporary, nor does one who is so patronized by his community have any right to wonder if his "knowledge", which itself is not prized by the villagers, could possibly be the subject of something so lofty as a book. He would be just like a child begging for money from a foreigner. It was to his social advantage to publicly acknowledge his lack of station and try to prove his worth by participating.

Because I was still not strong enough to go for an extended mokoro trip into the delta, we walked around on the island and catalogued whatever plants we could find. Neo speaks perfect English (he spent several years in primary and junior secondary school, to about the equivalent of eighth grade) and related all of the plant names in English instead of Setswana. He is Bayei, but does not know any of the plant names in his native tongue, nor does he speak the dialect of Setswana that is heavily laced with Seyei. He was well versed in the particulars of social interactions, so addressed me as an equal. Again, if he had taken a superior position he would jeopardize his already precarious station as a young adult in the village. Unlike the two older *dingaka*, Neo was extremely curious about life in America. He asked questions of both a general and personal nature; a level of exchange that never occurred during the course of the other two apprenticeships. He was also less concerned with staying within the bounds of the study of medicinal plants than he was with being helpful and knowledgeable. The number of medicinal plants located within such a small range of Oddballs is limited, and this dearth of information would have belied his

claim to be a knowledgeable *ngaka*. Any information was good information as far as he was concerned, so most of the plants identified had non-medicinal uses. For every cure he identified, he found three which are useful as toilet paper, toothbrushes, and dyes, among others.

Among the other cures that he pointed out to cure physical ailments, Neo mentioned using the bark and leaves of the Transvaal Gardenia (*Gardenia volkensii*) to treat a cut that is caused by a bewitching. One would not think that a man who tries as hard as Neo does to associate himself with all that is modern in Botswana would disclose information about protection against *baloi*, but there may be a concrete reason for this. First, Neo is from an area in the north where belief in the traditional ways is still fairly strong, so despite having moved close to Maun and its modern influences, the power of his upbringing in a *ngaka*'s household still holds some sway. His explanation of what this particular plant is used for was hesitant at first, but when prodded to explain, he needed no encouragement to discuss how the concoction of bark and leaves is rubbed over the cut area in order to prevent the bewitching from entering the body.

Neo is a conflicted individual. He moved to Sedibana at a vulnerable age, and was bombarded with the influences of Maun, including the alcohol, at a time when he was building his reputation. Apparently unable to meet the initial challenge of being accepted by the other guides, he turned to alcohol instead. Now he is caught in the downward spiral, which, at his age, is compromising his ability to build a life in this village. His medicinal knowledge would have been something to fall back on in his home village, but in Sedibana, which is heavily influenced by the outside world, the knowledge in itself was not enough to assure him of any place in the community. The villagers did not care to utilize his services, both because he is young and because they no longer use traditional medicine, and this left him with few options.

Neo is now struggling to improve his standing in the village and with his potential employers by acknowledging his lack of standing, and proving that he is in fact capable by cooperating with an outsider. He is also unsure of which direction to move in. His

medicinal knowledge is a commodity that he can use to try to move up in the world, but in this era of decreasing respect for his knowledge, his leverage is decreasing quickly. His childhood beliefs have experienced daily challenges from town, and they are now being buried in alcohol. Neo was brought up with all of the pieces of a successful *ngaka* in place, but unfortunately they, and he, moved south from their safe haven in the panhandle to a village in which one's ability to establish an identity within the accepted confines of the village are crucial to one's social survival. The daily struggle to find an adult identity is compounding his trouble dealing with the lack of relevance his childhood has in town, and for the most part he has abandoned this struggle in favor of addiction.

Summary

Neo is having more difficulty than Doctor is straddling the traditional and modern ways of life. Unlike Doctor, who started on the traditional path and consciously chose to convert to Christianity after having experienced one way of life, Neo was brought up in an atmosphere that stressed traditional values, but moved at a very young age to a village that is more integrated with modern society. Consequently, his upbringing was challenged before he had fully established his identity, and, as his lies about his origins and eagerness to tell me about witchcraft cures shows, is still in conflict. He learned about traditional medicine only because his father is a *ngaka* and becoming an apprentice of sorts took very little effort on his part, yet he still puts some faith in witchcraft cures. Satheba, on the other hand, refuses to subject himself or his knowledge to the corrupting influences of modern society. He is a traditional man with traditional values and actions, and nothing will sway that. His thoughtfulness allows him to decide if unusual options, such as those for untraditional apprentices, will be fruitful without compromising his beliefs, and will act upon his decisions with as much commitment as he has to his profession.

These three men also play different social roles. Neo is a young man without a concrete identity and a lot to prove. He wants to prove himself by pleasing everyone he interacts with, but is a slave to his personal addiction. He cannot, however, rectify the fact

that his method for dealing with his lack of stability reflects poorly on him and contributes to his social problems in the village. Doctor is sure of his place in the village now that he is a member of a recognized congregation, so his actions had more to do with increasing his own status than for establishing it. He has nothing to prove now, so did not go out of his way to set up collection trips or to point out other plants if he was having trouble finding samples.

Satheba places himself on the other end of the spectrum from Neo. He has a clearly defined place in his community, and every action he takes bears weight with people in the village. Unlike Neo, who was trying to establish an identity through his information, Satheba was in a position to make a decision about the future of his profession by deciding whether or not his apprentice was worthy and capable. Satheba has much more confidence in himself and his abilities than either Doctor or Neo. The security of his status has already been assured by years of producing results and keeping a low enough profile to remain known for his healing actions instead of his other deeds. The weight of this legacy must be considered carefully when deciding its future, which is why the apprenticeship process is infinitely more involved in the oldest generation.

Both Doctor and Neo, on the other hand, have had problems with other aspects of their lives, alcohol most notably, and this has contributed to their lack of lasting respect as *dingaka*. This lack of respect leads to a lack of confidence in one's abilities, which has even greater consequences. As a *ngaka*'s confidence declines, his abilities to both attract respectful apprentices and patients also declines, and his status will continue to fall. This means that the deterioration of knowledge is tied to a feedback loop of externally-determined factors such as modernization, modern vices, and religion, which cause the *ngaka* to lose patients, status, and sharp knowledge, which in turn augment his inability to attract patients and apprentices.

One external factor that has a great effect on a *ngaka'*s ability to practice is that of money. As Doctor was describing, payment for services used to be given in cattle, and now that wage-earning has become more popular and all of the cattle in the area have been

destroyed by the government, people are cattle-poor and subsisting from paycheck to paycheck. Village structure is no longer held together by *mafisa* (the loaning of cattle), and cash can just as easily purchase pills or a trip to the hospital than a traditional cure, which, at upwards of P100 (about $28) a cure, is too expensive. Satheba never had problems finding patients who were willing to pay, and up north in the panhandle, he was their only option. He became very rich in cattle, and has no problems now living on the compensation. Doctor and Neo did not have this luxury of establishing a long-standing practice in Sedibana at a time when their services were considered valuable, so they became full-time wage-earners instead. Neither one had cattle that had to be destroyed, but neither do they now have the resulting compensation for them.

The final influence on the differing successes of each man is political. Satheba began his practice at a time when divining was still legal and widely practiced in Botswana. Divining was such an important part of the practice because it created a bond between the spiritual and physical world that added to the effectiveness of the cures.[115] He is still known as a "real witch doctor" because he is associated with that connection. His association with *Modimo* is strong, and people acknowledge and respond to this accordingly. Doctor and Neo, on the other hand, were taught the profession by "real witch doctors", their fathers, who had already been forced to abandon the divining aspect of their practices years before they took on apprentices. The fathers could only pass on the traditionally less-respected herbal practice of the *dingaka tsa dichochwa* to their sons, who then started their professional lives a step down the social and economic ladder from Satheba.

Taken as a whole, the remarkable social differences visible in the three generations of *dingaka* draw a striking parallel to the changes in spiritual beliefs and medicinal practices of the people living in Sedibana. The changing social patterns in the village, caused in turn by a mix of the employment draw of the area, the modern influences of

[115] This belief in the power of a cure increasing its power to heal is known as the "placebo effect".

town, and the school system, have, over time, caused the belief in and practice of traditional medicine to seem like an inferior way of life. The profession is inexorably linked to one's identity, and each *ngaka* has used it as a tool, albeit in different ways, to either establish or promote one's identity and status. The power of this tool is lessened considerably in the younger generation of *dingaka*, who are faced with peers who are not as respectful of tradition as those in older generations.

Chapter VI:
Healing Plants:
History and Current Knowledge

One of the most crucial aspects of understanding the whole tradition of medicine is being acquainted with the plants themselves. Each of the *dingaka* that took part in this study possessed knowledge of different useful plants, but the plants themselves have many things in common. The language that describes them, the similarities found in their habitats, preparations, and uses, and the chemically active compounds present in botanical remedies allow us to construct a more complete picture of their relative historical and scientific import. I will explore several of these aspects of botanical knowledge in this chapter. We will begin with the linguistic categorization of plants to explain their relative historical importance to people, move to an examination of the plants that each *ngaka* knows and how they prepare their remedies, and conclude with an examination of the relationships between useful plants that trace both similarities in healing properties to habitat factors and the lineages of plants with known medicinally active compounds.

Plants in Setswana

Setswana is a member of the Bantu family of Sub-Saharan African languages, a general classification which covers over 300 languages as diverse as Swahili, spoken in Tanzania and Kenya, to Chichewa, which is spoken in the small country of Malawi. Setswana is a "base" language in southern Africa. Tswana, which is spoken in the northern half of South Africa, and Sesotho, spoken in Lesotho, are closely related to it. The languages are all based on noun classes which are grouped according to their prefixes. There are thirteen noun classes in Setswana, each of which has a specific prefix and modifies a sentence in its own way. Nouns are placed into these categories based on several factors, such as whether they are singular or plural and how frequently the word was commonly used in speech throughout history.[116] Many of the important words, such as those denoting a single person, contain the prefix "mo-", the first noun class, and the prefix for the plurals of all of the words in this class is "ba-", the second noun class. The third class "bo-" is often used to denote places. For example, a single inhabitant of the country

[116] Cole, Desmond Setswana--Animals and Plants The Botswana Society, Gaborone 1995

BO-tswana is a MO-tswana, and he and his wife together are BA-tswana. They speak SE-tswana, which is included with other languages in the fourth prefix.

There are many idiosyncrasies in the language, and in the naming of plants is one of them. The spellings of plant names are not always consistent from one location to another, and sometimes the name of the plant will also be altered over time. One of the plants that Doctor used, *masigo-mabe*, (literally "bad nights") was originally referred to as *masego-mabe* (bad luck), and also as *masogomabe* (bad francolins) by some current reference guides.[117] The names sometimes reflect the larger changes that are occurring in the country. *Masego-mabe*, the name as it was recorded in 1939, had become "bad francolins" by 1995. Recall that Sir Khama banned divining and witchcraft upon independence, and it is possible that the reference to luck implied a belief in both, so was weeded out of the language.

Names are also descriptive of the plant's appearance. The morotogola-wakgomo (meaning "cow plum") is called the "large sourplum" in English, and the morotogola-wapodi (meaning "goat plum") is the small sourplum. Plants determined to be trees are given the first prefix, "mo-". Those determined to be of a lesser order, namely understory shrubs, creepers, weeds, and herbaceous plants, have prefixes that are further down in the noun prefix order. Several of them, such as the bluebush (*Diospyros lycoides*) have the prefix "le-", which is fifth in the order.[118] Others, like num-num (*Carissa bispinosa*) have the "se-" prefix, the fourth class. The most insignificant herbaceous plants, such as tshetho and thotoba (*Selanin panduriforme* and *Ethulia conyzoides*, respectively) are in the last noun class, which lacks any prefix at all! It has been discovered, however, that *dingaka* used to possess their own names for plants, which often had little to do with the common names. In some cases these names reflected their importance to the *ngaka*, and in others, like the case of masego-mabe, were descriptive of what the plant cured.[119]

Seyei names are more difficult to categorize than Setswana names. I could glean very little information about the nature of the language in terms of how it is structured, a task that was made more difficult by the fact that it adopted many Khoisan elements as the

---

[117] Ibid. p. 13

[118] The name for a single white man, lekgowa, also falls into this category. "Lekgowa" literally means "he who was vomited forth from the sea."

[119] Cole, D. Ibid. p. 14

Bayei integrated with the Basarwa.[120] This means that many of the names are not held to consistent spellings, they contain the four different clicks found in the language and must be approximated phonetically. The language has not been standardized literally, so the examples of names that I present in the sections devoted to the *dingaka*'s knowledge and in the appendix are my interpretations of what myself and Bayei guides who are themselves literate could collaborate on.[121]

Doctor's Plant Knowledge

Like Doctor's life, the delta was in radically different states the two times I visited. During the first half of my research, in 1996, it was summer in Botswana, which meant that the floods were receding, the air temperature was rising, and the rainy season was in full swing. The trees were growing new leaves, and the herbaceous layer was regenerating. Plants that were found only along the channels were also revealed, and some flowers were blooming. When I returned to complete the research in the middle of 1997, the flood waters had already inundated the land and the water levels were still rising. The air was cool, trees were beginning to drop the fruit they had been cultivating for the previous several months, and most of the herbaceous annuals had already died off or been consumed by elephants and antelopes. The large herds of animals that had congregated around the water sources in the summer had also dispersed among the islands that were all connected by land bridges of tall savannah grass in the summer.

Our method of searching for useful plants did not change from one trip to the next, however. Doctor has spent enough time in that particular area of the delta to know it like the back of his hand, just as someone in the developed world would know his way around his neighborhood. Consequently, his method of locating useful plants was hardly haphazard. We looked for a particular kind of plant in association with termiteria, and others only in the understory of specific other plants. One day we walked over five km in order to collect samples from a camelthorn tree (*Acacia eriloba,* mogotlho, wonqooze). He told me that this was the only stand of camelthorn located within walking distance of

[120] "Khoisan" is the general name given to the four somewhat distinct languages spoken by the Basarwa. Three groups in the Kalahari desert region speak languages that have five distinct clicks, while the northern Basarwa who live in the delta have only four distinct clicks.

his village, whereas twenty years ago there were several that the elephants had not yet demolished. He is aware of the types of environments in which each of the plants is located, such as which soil types are indicators of what kinds of plants should grow there. There were also connections between what type of cure could be found in a specific habitat. Our searches around the many termite mounds in the area, for example, were centered around finding painkillers.

On both trips, it became obvious that Doctor had forgotten the specific plants for cures that people had stopped using so we visited his friend Sakawenge in the neighboring village of Xaxaba in order to fill in some of the gaps. It was helpful for both of them to work together, for they could answer each others' questions and remember practices long since forgotten for lack of use. Like Doctor, Sakawenge is experiencing a drop-off in the number of patients, and his practice and memory are suffering accordingly.[122] Both men usually identified plants by their Setswana names, though sometimes it was only the Seyei names that they could remember. Many plants are also known by more than one Setswana name (just as many plants in this country have several names), so I confirmed their English and scientific names at Oddballs where Shex and I could pore over plant guides and work through the myriad languages. Because Seyei does not have standard spellings, tracing Seyei names back to Setswana and English is difficult. The best method for making the connection was to commit the name to memory and write it out phonetically, then repeat the name to people orally.

Over the two research periods combined, Doctor and I collected and positively identified 37 species of medicinally useful plants. Most of the cures involved digging up the roots of one or more plant (nearly half the remedies involved combining parts of two or more plants), cleaning and boiling them, and drinking the resulting tea as hot as the patient can stand it. The sweat that sometimes results from drinking hot liquids (especially in hot weather) is indicative of the cleansing of the body. Depending on the severity of the illness, a remedy may be administered more than once, but Doctor said that most of his

---

[121] Plants will be listed by common name first, followed by scientific name, Setswana name, and Seyei name if it could be discovered.

[122] For purposes of making comparisons across generations, Doctor and Sakawenge will be combined in a single section as one body of knowledge. It is significant simply to note that they had to jog each other's memories in order to come up with information that both previously would have known immediately.

medicines are powerful enough to work on one dose. Cures of the root tea variety are mainly for ailments such as individual cold and flu symptoms, constipation and diarrhea, aches and pains, gonorrhea, coughs, and various illnesses requiring an emetic. There are many plants that are useful only when combined with others, and this commonly occurred in a remedy I christened the "everything pot." When a patient has an illness that is either unidentifiable as a single disease or is characterized by the presence of many symptoms, such as a severe case of the flu, Doctor would collect as many of the roots on his "everything list" as he could find within time constraints, boil them all together, and administer them as many times as it took for the symptoms to recede. He explained that this was how his father had treated cases that baffled him. By using plants that were useful for certain symptoms on their own, the combination of several of them, as well as plants that were not useful unless allowed to mix with other roots, would treat all of the symptoms and hopefully the disease as well. It is the boiling of many roots together that makes the medicine powerful, hence the more ingredients you can find, the more powerful the everything pot is.[123]

Many of the plants we catalogued are also used to treat more than one illness. The Large Fever Berry Tree (*Croton megalobotrys,* motsebi, okayi) is used as a treatment for malaria, as a simple fever reducer, and the berries can be crushed and applied as a poultice to skin infections and muscle aches, or ingested as a purgative. Both the bark and roots of the camelthorn tree (*Acacia eriloba*) are medicinally useful; the former relieves headaches and the latter tuberculosis symptoms. The Large Sourplum (*Ximenia caffra,* moretogola wakgomo, shenxoldi-sheshe engombe) is used both to treat head and backaches, as an ingredient in the "everything pot", and to relieve constipation.[124]

Certain plants are not used solely as boiled root tea remedies. Num-num (*Carissa bispinosa* or *edulis,* semboba, tlhaba-dilebane) can be boiled as a root tea, where it acts as a

---

[123] I did not fully understand the usefulness of this peculiar remedy until I myself caught a case of the flu. The strain that I had was characterized by extreme fever, sweats and chills, fatigue, delirium, nausea, and debilitating aches. Many people thought I had malaria, whose symptoms are nearly identical. The everything pot, as Doctor explained it, can treat each of the individual symptoms without the *ngaka* having to decide whether or not the patient actually has malaria. If the antibacterial properties of many of the roots in the pot cannot eliminate the sickness, the patient probably has malaria.

[124] Most of the cures that Moeti told me about, be they for gonorrhea or impotence, involved many plants instead of a single root. This is indicative of how different the unrelated *dingaka*'s knowledge can be. However, Moeti's *ngaka*, like Doctor, uses milkweed roots as a cure for a cough. More research could find other similarities, which may be indicative of cures that are especially effective.

painkiller, but the more common remedy it is used for is as relief of a tuberculosis cough. When broken open, the root emits an extremely concentrated menthol odor, and when it is boiled, the steam that it emits is even more powerful. When the sufferer hangs his head over the steam and breathes deeply, the lungs are numbed immediately and the cough is temporarily relieved. The Shepard's Tree (*Boscia albitrunca,* motopi) provides a commonly-known relief for irritated eyes. The leaves are crushed and boiled with a little water, and the patient once again hangs his head over the steam. Earaches are cured by squeezing the juice out of a baked bowstring hemp (*Sansiviera aethiopica,* mokutse, mpopusa) root directly into the ear. Doctor's favorite remedy for an infected cut is to squeeze the juice of the fruit of a sour apple tree (*Selanin panduriforme,* thothoba) directly into the wound before covering it.[125]

Healers insist that illnesses are a sign of "bad blood," one of the characteristics of which is that it is "hot." Historically, people who were unclean and posed a threat to the village-- for example, menstruating women and men who had just returned from war-- were considered "ritually hot" and had to be cleansed before they could re-enter village life. One would think that the remedies for these "hot" situations would be considered "cool" in nature. However, *none* of the cures that Doctor showed me were ever administered in any fashion other than as hot as the patient could stand it. If there is not a specific ritual reason for this, perhaps there is a biochemical one. Some chemicals must be raised to a certain temperature, often boiling (100 degrees centigrade) in order to become "active". I also noticed when Doctor and I prepared the remedies ourselves that the water did not change color until it had reached boiling, and the remedy is served immediately upon this change occurring. The same is true for the "everything pot", in which the compounds present in the roots have a small window of time in which to mix before they are administered. This seems to indicate that the compounds are believed to be most active just as they are released.

Snakebite Cures of Satheba Mogkwathi

During one long interview, Satheba systematically reviewed remedies for the three most common snakebites that he treats as well as his favorite remedy for scorpion stings.

[125] For a complete listing of all of the catalogued plants and the associated remedies, please see the Appendix.

Satheba learned about the different cures from many different *dingaka*, so he knows from first-hand experience that they sometimes have slightly different cures for the same ailment. He was fortunate enough to be able to learn each of these remedies and keep only those versions which worked for him. *Dingaka* do not necessarily treat the most dangerous snakebites. Some of the most venomous snakes in the bush are shy are rarely bite people, so cures concentrate instead on assisting with the most common bites.

Satheba divided his cures into three different types: those for "large snakes," those for puff adders, and finally those for "two-headed snakes." The "large snakes" category includes cobras and mambas, and Satheba described the poison as "affecting the blood and moving quickly through the body, and the victim has less than a day to be helped." This analysis is correct for the neurotoxic poison of both cobras and mambas. The two most common cobras in the Okavango Delta are the Egyptian (*Naja haje anchietae,* sekake) and the Mozambique Spitting (*Naja mossambica*). Both species are highly aggressive, and death usually occurs within a few hours if a bite is inflicted. The two mambas frequently encountered are the Black (*Dendroaspis polylepsis,* mokwepa) and the Green (*Dendroaspis angusticeps*). The Black mamba is only mildly aggressive but will strike repeatedly when cornered. It is a large snake, often two to three meters long, and can strike with lightning speed anywhere on the human body. If a bite is inflicted on the head or torso region, death will usually occur within seven hours.[126] Bites from this snake are even more deadly because mambas always thrash around when they are nervous and trying to escape, whether or not they actually inflict a bite. They strike so quickly during the thrashing escape that a victim may not even realize he has been bitten until he begins feeling the symptoms. The Green mamba is not as aggressive, nor is its poison as toxic. Bites from this snake are rare, and fatalities are even more uncommon. The symptoms caused by neurotoxic poison are not unlike those of severe drunkenness: dizziness, slurred speech, reduced coordination and judgment, all of which are a result of the poison attacking the nervous system. Death occurs when the poison reaches the lungs and paralyses them, causing asphyxiation.[127]

---

[126] Branch, Bill. Field Guide: Snakes and Other Reptiles of Southern Africa
Struik Publishers, Cape Town, SA 1994

[127] Patterson, Rod. Snakes and Other Reptiles of Southern Africa
Struik Publishers, Cape Town, SA 1991

The cure that Satheba uses to counteract the poison of mamba bites is in two parts, an emetic and a poultice, and uses two plants. The first, lehututu (called moowamba in Seyei) is an annual herbaceous plant found only in the swamps. The plant is uprooted, the roots are crushed, dried, and burned. The resulting powder is then mixed with water and applied directly to the bite. The second part of the cure involves the remaining lehututu roots as well as those of the mogatlhawapeba (called ntiyapooko in Seyei), which is also an herbaceous plant found ubiquitously in the rainy season.[128] They are either crushed or chewed together and given to the affected person to suck on. When swallowed, the concoction causes vomiting within a few minutes, but the active compounds in both the poultice and emetic will have already entered the bloodstream and counteracted the effects of the venom, according to Satheba.

The bites of the puff adder (*Bitis arietans,* lebolobolo) are much more common in this region. The snake is generally slow-moving but highly aggressive. It likes to sleep in warm places such as next to rocks and in the middle of footpaths, and will strike at anyone who comes too close.[129] It normally strikes on the lower leg, but because its fangs are shorter than the mamba's and must be rotated outward from the maxilla to inject poison, it will start chewing on the victim in order to gain purchase.[130] The poison is cytotoxic, which means it attacks the cells directly and will kill the flesh in an ever-widening circle through time. The poison is slower than that of mambas, but 100mg will kill a victim within 48 hours. Cytotoxic venom is not as dangerous as neurotoxins because the swelling from the venom must cause extensive tissue necrosis and inhibit one's breathing in order to be fatal. Satheba was adamant in his insistence that adder victims are not in as much danger as those bitten by mambas.

The herb he uses for adder bites is called ububoboma in Seyei, and the Setswana word was not traceable. It is crushed, dried, and burned in preparation. During the burning,

---

[128] The plant guides for swamp plants are sorely lacking, and the resources which translate Setswana names to scientific are even more rare. Those which do exist tend to concentrate on trees and larger shrubs than the ones used here, and because they don't exist in the dry season, I could not collect samples with which to proceed. The best reference I have for plant names listed a somewhat similar name for mogathlawapeba, but it is listed as a horny grass, which this plant clearly is not. Consequently, their true identity will remain a mystery for the present.

[129] Branch, Bill. Ibid. p. 42

[130] "Vipers" Grolier's Multimedia Encyclopedia, 1996 edition
Grolier Electronic Publishing, 1995

the victim hangs the bitten area over the smoke. The ashes are ground into a fine powder, and they are applied to the bite every couple of hours until it is healed. Mamba cures are bipartate, as the venom affects both the tissue it contacts and the nervous system. Adder cures, on the other hand, contain a single element. The effects of the adder bite are localized to the bitten tissue, which means that any medicine that is taken internally would be less effective than those applied directly to the bite. Mamba bites, on the other hand, enter the circulation system and cause massive nervous system failure, so a cure that enters the body and can counteract these effects both in the bloodstream and at the point of contact is more effective.

The "two-headed snake" cure was tougher to decipher. Gabofele translated his father's words exactly when describing this snake, which he said has two heads and no tail. After more pressing, I found out that the snake is very shiny, the entire body thick and untapered, and it can "move forward from either head." After much consultation from other villagers, it became obvious that the snake being described was a Southern (or Bibron's) Burrowing Asp (*Atractaspis bibronii*), an underground snake that lacks eyes and can slither both forward and backwards.[131] It emerges from its burrow on warm summer nights or when it has been unearthed by plowing, when it is often stepped on by barefoot farmers. It is easily irritated and bites readily, though the poison is only mildly neurotoxic and rarely fatal.

Like the mamba treatments, the neurotoxic poison of the asp is treated with both an emetic and a poultice. The asp poison does not respond to mamba-specific treatment, however, so a different herb is used instead. The tuber lerotse (*Citrullus lanatus*), which is an enormous buried tuber with a small aboveground growth, is uprooted, and a piece is cut off and given to the affected person to chew and swallow. The rest of the tuber is mashed and burned in order to dry it quickly. The mash is ground into powder and applied to the bite. The emetic will cause vomiting in a few minutes, and because the venom is not very strong, one treatment is usually sufficient to cure the victim. Satheba does not often prepare this remedy because asp bites usually only cause discomfort, but children and elderly people are at a greater risk and sometimes need treatment.

---

[131] Branch, Bill. Ibid. p. 56

Satheba does not have any treatments for haemotoxic poisons, which are the most dangerous of all venoms encountered in the bush. Haemotoxic poison enters the bloodstream and travels through the body, dissolving every red blood cell encountered, wiping out the blood's ability to carry oxygen and causing a quick yet painful death from cell suffocation. The reason for the lack of cures for this horrifying venom is simple: people are rarely bitten by these snakes, which are shy and reticent tree-dwelling snakes such as the boomslang (*Dispholidus typus*, legwere). Their poison is so powerful that it was never worthwhile to find a cure.

There are two families of scorpions in Africa, *Scorpioidae* and *Buthidae*. The poison of both is neurotoxic but rarely fatal. *Buthidae* is the more dangerous of the two, but it tends to inhabit only arid areas, i.e., those outside of the delta in the Kalahari Desert proper.[132] There are three plants Satheba uses to treat scorpion stings. The first two are both acacias, and it is the thorns that are used instead of the roots. Knobthorn (*Acacia nigrescens,* mokoba, moonga) and bladethorn (*Acacia fleckii*, mohahu, mongana) are not very common in the delta, and their thorns can be collected and kept for long periods of time. The leaves of *A. fleckii* are also used, as is a third plant, moyenini (in Seyei), which is a small herbaceous plant that can only be found in the rainy season. The thorns of the acacias, leaves, and moyenini entire are ground together, mixed with water or oil, and applied directly to the sting as a poultice. As a secondary treatment, the residual matter from the poultice can be burned and the wound held over the smoke. Satheba uses this remedy to help children who have been stung, because their pain is considerably more than that of adults, who more often than not simply rub sand in the wound and continue along with their day.

The Apprentice's Plant Knowledge

As I had expected from the strictness with which family knowledge is guarded in a village, Neo's plant medicines differed greatly from those known to Doctor. He showed me four medicines: "wild lavender" (probably *Indigofera flavicans*) flowers dried and boiled in water is his cure for a fever, instead of *Croton megalobotrys* or *Acacia tortilis*

[132] Skaife, S.H. Insect Life. Struik Publishers. Cape Town, SA. 1994

roots, which Doctor uses. The root and leaves of the "purple venonia" (species unidentified) are his preferred malaria treatment. One cure that he does have in common with Doctor is using milkweed (*Asclepias fruticosa,* mosita mokana, mothimbuldiso) root syrup to relieve a cough. However, this was the only symptom for which Neo used milkweed, whereas Doctor also counted on it to relieve muscle aches and fever. One favored cure of Doctor's, namely using the juice of the sour apple (*Selanin panduriforme*) to heal infected cuts, is reviled by Neo, who calls the same plant "poison snake apple". He thinks snakes obtain their poison from this plant by sucking the juice, which is the same green as that of many snake venoms, from the fruit. Unfortunately, it would require lab analysis to figure out what the exact properties of the juice of this fruit are.

The majority of the plants we found had other traditional uses that Neo insisted are now generally forgotten. He pointed out several plants that are used to dilute tobacco, stuff pillows, and keep mosquitoes away, as well as plants that are used to make dyes, start fires, and as toilet paper. I cautiously inquired if trees such as the jackal berry, which Doctor uses extensively, have any medicinal uses. Usually his answer was negative. He seemed more interested in those plants that make bush life more comfortable, which is knowledge that is just as valuable to one's quality of life up north, where the conveniences in Maun are not often obtained.

Habitat Relationships

The list of medicines utilized by Doctor was extensive enough to suggest environmental similarities between them and to trace their links to plants that have scientifically known medicinal properties. Many of the medicines are found in association with termite mounds. Is there something about the high clay content of the soil around termite mounds that contributes to their medicinal properties? What other habitat relationships exist between plants, and could they be at all related to the plant's medicinal properties?

After cataloguing plants associated with termiterian, I found a dual relationship between termites and the plants which grow on and around their mounds. Many of the trees that seem to grow straight out of a mound actually do: the mound existed first, and a

tree grows from a seed brought back and "planted" by a worker termite. Plants grow very quickly in this environment: there is a high circulation of minerals within the mound, which is also much moister and cooler than the surrounding environment. Mounds are designed for maximum coolness and air circulation, but the colony can survive longer if it has some vegetation surrounding it. Why? Plants provide protection. African weather is very unforgiving. Mounds can suffer through months of intense heat and winds that batter the mound, and the sun can leach moisture out of even the most well-designed clay castle. Mounds are also vulnerable to aardvarks, which use their powerful front claws to dig directly into the heart of a mound, eating the queen and destroying the colony. Vegetative covering helps deter all of these, so often the oldest mound is the one that is least recognizable because it is buried in leafy, root-reinforced protection.

The Batswana regard termites highly. Their mounds are indicative of enduring success against the elements, and the shade oases they create in their mounds are testament to this. Mounds are also useful to people in their daily lives. When travelling through the bush, people will often climb termite mounds in order to gain their bearings. This vantage point is also useful for discovering the size of a herd of cape buffalo, for example, that is blocking the way. They provide both a view and cover from being spotted by easily-spooked animals. The plants commonly associated with termite mounds that Doctor uses medicinally fall into two main categories: antibiotics and painkillers. Trees such as the buffalo thorn (*Ziziphus mucronata*), jackal berry (*Diospyros mespiliformis*), large sourplum (*Ximenia caffra*), magic guarri (*Euclea divinorum*), and the confetti tree (*Maytenus senegalensis*) are used by Doctor as both specific and general antibiotics. The former two are Doctor's favorite cures for a "man who has returned from war or slept with a pregnant woman", which is his way of saying "someone with gonorrhea". The last three are examples of plants that he uses as part of the "everything pot" (mentioned in the previous chapter) which is the general cold and flu medicine. Jackal berry and magic guarri are both benaceae, an antibiotic family known for the high tannin content of its members.[133] The painkillers come from three separate plant families, so it is more likely that their properties may be a function of the clay soil.

---

[133] Roodt, Veronica. The Shell Field Guide to the Common Trees of the Okavango Delta and Moremi Game Reserve, Shell Publishers, Cape Town. pp. 71-72

The other factor I looked at was the relationships between understory plants. The fact that they grow heartily in the shade of other trees suggests that relative light intolerance affects the plants' production of bioactive chemicals. The five plants that are found solely in the understory are from three different families, but they are all used primarily to treat flu symptoms, both specifically and as ingredients in the everything pot.

Species	**Family**	**Remedy**
Euclea divinorum magic guarri	Ebenaceae	constipation, everything pot
Diospyros lycoides bluebush	Ebenaceae	gonorrhea, painkiller, everything pot
Ximenia caffra large sourplum	Olacaceae	anti-inflammatory, everything pot, constipation
Protoasparagus choba-choban	Liliaceae	backaches, flu symptoms
Sansiviera aethiopica bowstring hemp	Liliaceae	earaches

The bluebush and magic guarri, you will recall, have documented antibacterial properties. Members of the Olacaceae family that have been studied in South America have high concentrations of hydrocyanic acid, which causes cyanide poisoning if ingested in a large quantity, but is not known to have any other specific properties.[134] Many members of the Liliaceae family contain cardiac glycosides, which are steroids that treat congestive heart failure as well as circulation problems and swelling.[135] The bowstring hemp, the other Liliaceae in this category, is used to treat earaches. Earaches are often caused by swelling of the eardrum putting pressure on the cochlea, and the glycosides can help reduce this pressure.

Familial Relationships and Bioactive Properties

[134] Skaife, S.H. Ibid. p. 256
[135] Ibid. p. 186

The above study of how habitat affects plant properties is more tenuous than the study of taxonomic relationships. There are many families of well-known medical value, such as Rubiaceae, which contains the quinine-producing plant *Cinchona ledgeriana*. There were many plants that Doctor uses that are related at the familial and genus levels, so I explored the possibility of the known bioactive properties of their lineages being related to their uses in the bush. There were several connections aside from the ones mentioned above. The Combretaceae family, for example, contains the knobbly combretum (*Combretum mossabicense*), which Doctor uses as a painkiller and as an ingredient in the everything pot. *Combretum glutinosum*, a near relative, has tremendous anti-bacterial and painkilling properties, and is used as a wound disinfectant in tropical Africa.[136]

Fabaceae (also called Leguminosae) is an extremely large family with a wide range of biological chemicals among its members. Many *Acacia* species contain Ethyl gallate, an antibiotic. Doctor uses the umbrella thorn (*Acacia tortilis*) to lower fevers and as an ingredient in the everything pot, and Satheba uses knobthorn (*Acacia nigrescens*) and bladethorn (*Acacia fleckii*) to keep scorpion stings from becoming infected. The knobthorn particularly has a very high tannin content (up to 15% in some specimens), which enhances its antibiotic effects.[137] Other members of the family have to be used more carefully. The beans of the lucky bean creeper (*Abrus precatorius*) contain ubrin, a cytotoxin that causes nausea, vomiting, and diarrhea and can be fatal in large amounts. Doctor uses the powdered beans in a dilute solution as an emetic and purgative, most often in the case of food poisoning.

The Tiliaceae family is widely used in Africa as a laxative, a fever reducer, as a cure for respiratory ailments, and to soothe and heal burns. Doctor has many similar uses for the family members that are available to him. The brandybush (*Grewia flava*) is his preferred treatment for burns, and the Zambezi raisin (*Grewia shinsei*) is an effective painkiller, especially for headaches associated with the flu. Other painkillers are also related by family. Both magic guarri and jackal berry are in the Ebenaceae family, which is known for the preponderance of members possessing anticarcinogenic and antibacterial

[136] Ibid. p. 342
[137] Roodt, V. Ibid. p. 36

properties.[138] The former is used as a purgative and in the everything pot, and the latter as a purgative and gonorrhea cure. Jackall Berry contains high concentrations of tannins, which help to cleanse the intestinal tract of bacteria and aid in relieving dysentery as well as purging the system.[139] The other related species that Doctor uses is the bluebush (*Diospyros lycoides*), which is the ringer: it is used in the everything pot, as a general painkiller, and as a gonorrhea cure!

Other plants have different painkilling properties. Num-num (*Carissa edulis*) contains menthol-like chemicals that have an anesthetic effect when placed in contact with an irritated area. Doctor uses it to calm coughs (as an inhalent) and as a skin-contact painkiller and anti-irritant. The same plant is used for similar purposes all over Africa, the most popular form being a poultice.[140] Other anti-irritants are found in the Capparidaceae family: Doctor uses the shepard's tree (*Boscia albitrunca*) to relieve eye irritation. The *Rhus* genus contains corticosteroids, which are anti-inflammatories. Doctor uses the Kalahari currant (*Rhus tenuinervis*) in tea form as a painkiller.[141]

One of the largest and most universally utilized families is Euphorbiaceae. Recall that Doctor uses *Croton megalobotrys* for everything from fevers, to bacterial and fungal skin infections, to malaria. Neo uses the root and bark tea as a purgative, which is a common use. The genus contains some powerful purgatives, one of which is the ingredient in the commercially-marketed Croton Oil. Other related species have the same uses as some of those listed by Doctor. *C. eluteria* treats skin infections and itching, *C. cortensianus* heals warts, and *C. sellowii* contains the antibiotic Selovicin, which is used to treat skin diseases, rheumatism, and fever. *C. megalobotrys* itself has at one time been the subject of research. At the turn of the century, the South African doctor John Maberly was told about the seeds of the fever berry by a man who claimed to have been cured of malaria by them. Dr. Maberly experimented with the tree for many years before deciding that a

---

[138] Lewis, W.H. and Elvin-Lewis, M.P.F. Medical Botany: Plants Affecting Man's Health
John Wiley & Sons, New York 1977
[139] Roodt, V. Ibid. p.100
[140] Lewis Ibid. p. 252
[141] Ibid. p. 392

mixture of seeds, bark, and a dash of opium were the most effective way of terminating an attack. However, no one continued his research after his death.[142]

Many of the plants used by Doctor are related to species with known antibacterial properties. The African mangosteen (*Garcinia livingstonei*), which Doctor uses in the everything pot, is a close relative of *G. morella*, which contains morellin and gittiferins, both of which are active against gram positive and negative bacteria. *G. mangostana* contains Ambisiasin, a marketed antibiotic, and other members of the family are commonly used as chewing sticks, which are as effective as toothbrushes in promoting oral hygiene.[143] Moraceae, the fig family, contains the strangler fig (*Ficus natalensis*) and the sycamore fig (*Ficus sycamorus*) which Doctor uses in the everything pot, and to ease stomach ailments, respectively. The latter contains both flavonoids (which have anti-oxidant properties) and sterols,[144] which are being researched for their usefulness in treating inflammations and cancer. *Ficus platyphylla*, in the same genus, is effective in neutralizing bacteria in the mouth when the latex is chewed. Another member of the genus, *F. cotinifola*, is used as a topical antibiotic.

Many of the medicinal plants used by *dingaka* in the delta belong to genuses and families that have long histories of being powerful healing agents. The different family lines of *dingaka* may keep their personal remedies secret, but often the properties that they are obtaining from completely different plants are actually very similar. The divergent sets of knowledge are in themselves valuable because they allow one to seek out different doctors who specialize in the plants of their immediate home environment. The island environment of Seronga is somewhat different from that of Sedibana, which has more dryland savannah. Natives of each place have distinct sets of knowledge applicable to their own surroundings, though the properties of the plants may be alike. Neo, Doctor, and Satheba are all from the north, so their knowledge may be much more similar than they would to a *ngaka* who had grown up in the village. Setswana has a long tradition of placing tremendous importance on plants, as is made clear by the structure of the language. Plants were often named according to their medicinal value, though these names are currently endangered due to the influence of English common names and the phasing out of

[142] Roodt,V. Ibid. p, 65

[143] Lewis and Elvin-Lewis. Ibid. p. 281

names associated with witchcraft. As the *dingaka* who knew these names and plants pass on, their original importance may be lost, making conducting scientific research on them more difficult.

---

[144] Roodt, V. Ibid. p. 13

Chapter VII:
Conclusions and Recommendations

Sedibana village is a complex illustration of the interaction between the myriad historical and current medical and religious trends that are occurring in Botswana. The country has been moving away from the traditional tribal structures since the first British missionaries arrived nearly two hundred years ago, but the changes have become more dramatic since it gained independence in 1966. Ambitious government education and medical programs, the highest GNP in Africa, and a flood of foreign influence have pushed Botswana into the realm of the developed world. However, there is a growing need to preserve a somewhat traditional lifestyle, partly in order to promote tourism, one of the nation's economic tickets to the first world. The acculturation that has occurred is a result of both the dismantling of the traditional healing system through the national ban on traditional spiritual practices and the concurrent push towards a comprehensive government services sector, including schools and hospitals.

The lives of Batswana have always been in a state of flux. The individual tribes spent much of their time waging war upon each other before the missionaries and protectorate government attempted to bring them all under one spiritual and political roof. However, it was only recently that government extensions services coupled so efficiently with increased communication with, and influenced by, the outside world to create a nation in rapid transition to a thoroughly "modern" culture. The missionaries were largely ineffective in eradicating traditional culture, medicine specifically, because their own medicinal practices and beliefs were largely similar to those already in place in the culture. Their efforts were further stymied by the *kgosi*, who was still firmly entrenched in the minds of the people as their village leader though he had no claim to their spiritual lives. Convincing the chief that Christianity was the correct path in no way guaranteed that the people would follow. It was the protectorate government that handily dismantled all power of the *kgosi*. With the chief stripped of political power in front of his people, the power of his trusted advisors, the *dingaka*, began to waver as well.

The decline of traditional medicine therefore mirrors the fall of the chief. The protectorate administration and locally-installed government agencies undermined and effectively replaced the chief, just as the modern hospitals and faith-healing churches are now achieving similar results with traditional medicine. The naming of the first

president of the new nation sealed the fate of the *dikgosi*. The naming of an all-powerful national chief effectively removed them from real power and turned their office into one limited to dealing with small issues that did not warrant the attention of the government. Traditional medicine began to lose its power when Sir Seretse banned divination and essentially cut off the spiritual arm of medicine. The practice floundered but did not die completely because most people, especially in the delta and other relatively isolated places, had not yet been exposed to alternate forms of healing. They had nothing but the remnants of their traditional system to turn to. As the government gained wealth and power, it drew people out of the north with the employment boom caused by the sudden birth of the tourist trade. These people were kept close to town by the lure of free education. Maun, the northern mecca of educational and labor opportunities also introduced the people to modern healing and religion. The appearance of Pan African religions was a result of the diffusion of people who were returning to Botswana from South Africa, where work in the diamond mines has always been popular and plentiful. The two combined to provide a ready alternative to the crippled traditional system.

Satheba, Doctor, and Neo are caught at the crossroads of cultural transition. Satheba lived most of his life in a place and era where traditional medicine was still valued and *dingaka* were trained and practiced in a manner that garnered tremendous respect. He encountered the new alternatives later in his life when changing his lifestyle was not an option, so he chose instead to stand by his original ethics of treating patients only when necessary and training apprentices only when they were committed. Modern conditions no longer produce young people who fit these criteria. Although he still commands respect, he is unwilling to pass on his legacy to this generation that does not meet his standards. Doctor had a fruitful practice only as long as he was physically distant from the modern influences in Maun. He was young enough and vulnerable enough to the pressure of his contemporaries to renounce his practice when some personal difficulties left him in a socially vulnerable position. Doctor was also not as firmly entrenched in his beliefs as was Satheba, so he made the religious transition with less hesitation. Neo was raised in a strongly traditional environment but moved to Sedibana at a young enough age to be completely susceptible to outside influences. He is not religious, but, in an odd parallel to

the formerly drunk and still practicing Doctor, has chosen alcohol as his companion.

Perhaps he will follow the same path as Doctor when his social habits become unbearable to his peers, and he is forced either to clean up or lose his job.

The plant knowledge of the *dingaka* is not as crucial to elucidating the differences between the generations as are the social conditions. Their position in the community, the conditions surrounding the ways in which the apprenticeships were set up, and how the knowledge was communicated are more illuminating than the remedies themselves. Doctor was much more free with his information than Satheba. Neo was more casual still, which illustrates the differences in their social standing as respectable practitioners. Their attitudes towards their practices also reflected the amount of status they were accorded by the community, which have both positive and negative effects on the future of the practice. Doctor is a recent convert to the ZCC, which redeems him as a person in the eyes of his contemporaries but also endangers his knowledge. Satheba receives the respect accorded to *dingaka* who are feared by the people, but the onus of upholding strict traditions leaves him lacking the flexibility to adapt to existing conditions. This prevents him from transmitting his knowledge and demeanor to the next generation. Neo was swayed by western vices before he had the opportunity to establish himself either as a man or a *ngaka*, and his attitude towards his plant knowledge and the opinion his peers have of him reflect this.

The differences between these three generations of *dingaka* reflect the cultural fracturing that is occurring in the village and throughout the country as a whole. Government policy regarding divining, universally available education, and increased access to modern health care have combined to leave traditional medicine and bush life relatively unattractive. Immigrants have brought new forms of Christianity from the towns, and the combination of available modern replacements for the crippled traditional system of addressing problems as integrated conditions of the body, social being, and spirit have contributed to the downfall of the *ngaka*, which has in turn been a part of a larger trend of the loss of bush knowledge. These trends may be more pronounced in this study area than in others because Maun is the national center of tourism. The influences of the large expatriate community as well as those of the myriad tourists are more concentrated here than in Gaborone or other Tswana towns.

Medicine is part of the much larger issue of how the loss of tradition could

adversely affect the economic future of the country. The country currently depends on its diamond mines and tourism as primary sources of national income, but this will soon have to change. President Maseire recently announced that, at current rates of extraction, the country's mines will be exhausted within fifteen years. The search for new sources of diamonds has thus far proved futile, and the government is casting about for future sources of national income to replace the mines. This discovery came nearly concurrently with the enactment of policy that placed a cap on the number of wildlife tourists allowed every year, which means that unless policy changes again, the percent of the GDP earned from wildlife tourism will also stabilize.

One of the options that is available to Botswana is the promotion of cultural tourism, which could eventually draw a much larger market than the high-cost wildlife tourism currently available. The rate at which Botswana is actually losing its traditions is evident not only in the documentation of specific differences in knowledge presented here, but also in the speed with which certain parts of the language, such as plant names, are being lost, and the general loss of the people's ability to live comfortably in their native environments. If the government is at all interested in keeping Ngamiland viable as a cultural destination, future care should be taken to preserve some of the traditions that tourists would come to see. The impetus for my initial project was the interest expressed by Shex to teach the guides some of their own traditions, as he had found that tourists are indeed interested in learning about historical ways of life. The same should be done for bush sense: it is difficult to teach, and there is not much to be done to counteract the enticements of city life. Perhaps wage increases for the people who choose to stay in the bush and raise their children there would help keep knowledgeable people from leaving.

Attempting to reverse the process of acculturation in Ngamiland might be both futile and less important to the promotion of cultural tourism than concentrating one's efforts elsewhere. As Maun is already a base of wildlife tourism, it may behoove the government to look elsewhere for places that still retain more of their cultural history. Tsodilo Hills, for example, is one of the few remaining Basarwa villages in Botswana. It is a difficult place to get to, which means that only the most intrepid tourists attempt the journey. This deterrent has left most of the culture of the village intact, and the government could tap this, as well as other villages, such as those in the Chobe district of Bakalanga

origin, as a resource. If the government takes as active a hand in controlling access to villages as it has with wildlife areas, the culture could be preserved and another regulated source of income generated. At this point, the policy goal of cultural preservation in the delta may be damage control: salvage those traditions that are still present in some form and are necessary to survival, such as bush skills and snakebite cures; and those that may boost cultural pride because they are interesting to the outside world, such as traditional medicine in general.

Future Trends

The shift towards pan-African religions is a natural result of the government's ban on divining. Divination was one's link to the ancestors, who were both spiritual advisors and controlled his life. The people needed a substitute for the lost spiritual arm of their belief system, and the healing churches were a suitable replacement. The churches' own ban on the use of traditional medicine, however, created a conflict between the rest of the traditional belief system and the modern one. Reincorporating some traditional methods into the current lifestyle of residents of the bush could make life more comfortable for them and reinforce the ease of which knowledgeable people can live in rural villages. If the government officially lifted the ban on divining, perhaps *dingaka* who had been practicing in secret would be able to pass on their knowledge to the next generation without fear of federal reprimand. This is true especially in places in the north, like Seronga, where traditions are still lively and the arm of modern influence has not yet reached. If people who migrate south are allowed to bring their traditions with them, it can strengthen the base of traditional knowledge in southern villages like Sedibana.

The pattern of people converting to the church and using either faith healing solely or both the church and the hospital is not one that will be slowed or altered unless the people can be given a pragmatic reason to believe in the power of their traditions. The optimal way of accomplishing this is by finding a scientific basis for the usefulness of their plants. The people believe in the power of western science, so it is only through this route that they will bridge the gap between traditional and modern. Plants like the *Croton megalobotrys*, useful as a treatment for malaria, have been tested in the past with promising results. Basic tests for the presence of alkaloids, sterols, and tannins, compounds that often

signify medical potential, have already been performed on many of the plants in the delta, with positive results in many cases.[145] This type of research could be critical now that diseases like malaria are becoming resistant to synthetic remedies as quickly as they are put on the market. Making positive results known to the public is the next step.

I am not sure what the effect of this "proof" would be on the people; it may convince those who are currently unaffiliated with the churches to incorporate traditional ways into their lifestyles again. Members of the church who also partake in modern healing methods may be swayed to reincorporate some traditional cures into their lives if they are promoted by modern science. Another bonus of the scientific basis for the usefulness of plants is the creation of an additional source of income for the nation. If the government can enact a program where plant products that are desired by the world pharmaceutical market are harvested on a sustainable basis by the inhabitants of the region, it will boost both national and household incomes while reinforcing the value of cultural traditions.

These plants may also increase the impetus for protecting the land in other ways, such as managing the elephant population in the delta. Many of the plants that Doctor uses, such as masigo-maabe, are favored browse for elephants, whose huge numbers are now decimating certain plant populations. Actively controlling the elephants is a more viable activity now than it was when I originally completed the research, only nine months ago. The recent CITES convention lifted the ban on the ivory trade for nations such as Botswana and Zimbabwe whose elephant populations have reached unsustainable levels. This means that the cost of removing elephants from the Okavango delta through culling or professional hunting is more economically viable than it was previously because now the ivory from the kills can be sold legally. The government's huge stockpile of confiscated horns can also be disposed of, creating yet another source of national income. The delta will also ultimately be protected from permanent alteration.

In order to realize any of these preservation goals, more research must take place immediately. Satheba's generation, the last generation of *dingaka* who possess complete sets of knowledge about medicinal plants, is at the end of its life. If his contemporaries all

---

[145] The reference The Shell Field Guide to the Common Plants of the Okavango Delta and Moremi Game Reserve, by Veronica Roodt, contains the results from these simple tests on all of the plants contained in the book, whether or not they were used medicinally by the tribe she was studying with. Some of the plants that she was told have no medical value, such as the *Garcinia livingstoneii*, have antibiotic properties, which makes its use by Doctor in the everything pot logical.

pass on without teaching the next generations, the entire basis of knowledge on which the above possibilities are based will not be viable, except, perhaps, for the reduction of the elephant population. Studies like mine and those of Ms. Roodt must take place in villages all over the delta in order to catalogue fully the plants used by different lineages of *dingaka*. By studying their medicinal uses systematically, a map of the useful plants of the delta can be generated. In this way, harvested plants can be tracked carefully and local extinctions from over-collection will be prevented. It is also crucial to document exactly how the remedies are prepared, perhaps with the researcher becoming a "full" apprentice who participates in the preparation of remedies. It was difficult for Doctor and me to find time in which to prepare remedies the first time I was in the delta. By the time I had returned his religion made remedy preparation out of the question. The ZCC allowed him to teach me what he knew, but actually going through the motions of healing was strictly forbidden. Heat-activated compounds can be documented by taking note of the time a root is boiled or baked and studying them under similar conditions. The temperature that is most conducive to the mixing of chemicals in roots in potent remedies must be noted carefully so that studies in the lab can reproduce conditions exactly.

Traditions in Botswana have been undergoing subtle alterations for hundreds of years, but only recently have conditions been conducive to the rapid deterioration of traditions that villages such as Sedibana are experiencing. The eldest generations cannot relate to their children and grandchildren, which hampers any exchange of knowledge and prevents the younger generations from appreciating their history. The remnants of this knowledge can only be saved by documenting it and proving that it is useful to the country and to the people.

Appendix
Plant Profiles

Abrus Precatorius
English: lucky-bean creeper
Setswana: mophithi
Seyei: noxowe
Family: Fabaceae
Habitat and Distribution: riverine areas only, common on floodplains only in the Okavango
Medicinal Uses: beans are powdered and mixed with water, aqueous solution is ingested as a purgative

Acacia eriloba
English: camelthorn acacia
Setswana: mogotlho
Seyei: wonqooze
Family: Fabaceae
Habitat and Distribution: prefers sandy soils, found in the Okavango and western Ngamiland, only sporadically in eastern and southeastern Botswana, common in the Kalahari.
Medicinal Uses: the boiled bark syrup is a remedy for headaches, the boiled root syrup provides relief of Tuberculosis symptoms such as coughing.

Acacia nigrescens
English: knobthorn
Setswana: mokoba
Seyei: moonga
Family: Fabaceae
Habitat and Distribution: a common tree which prefers dry woodlands and slightly saline soils.
Medicinal Uses: the thorns are powdered and burned as one of three ingredients in both a poultice and as a tobacco product cure of scorpion stings. The other ingredients are *Acacia fleckii* and moyenini.

Acacia fleckii
English: bladethorn
Setswana: mohahu
Seyei: kaqwa
Family: Fabaceae
Habitat and Distribution: this tree Is uncommon, it occurs only on sandy soils in woodland thickets.
Medicinal Uses: the leaves are ground into a powder and mixed with *Acacia Nigrescens* thorns and moyenini ans a poultice and smoke remedy for scorpion stings.

Acacia tortilis

English: umbrella thorn
Setswana: moshu
Seyei: kashu
Family: Fabaceae
Habitat and Distribution: common on clay soils, floodplains, and heavily disturbed sites; found only in the Okavango
Medicinal Uses: add the roots to the everything pot; crush, dry, and smoke the roots to lower a fever

Asclepias fruticosa
English: milkweed
Setswana: mosita mokana
Seyei: mothinbuldiso
Family: Asclepiadaceae
Habitat and Distribution: prefers swamps and floodplains; found only in the Okavango
Medicinal Uses: to relieve a headache, dry the leaves and crush them into a powder, which is snorted up the nose, the boiled root syrup is also a treatment for backaches and tuberculosis coughs

Asparagus spp.
English: none
Setswana: molora
Seyei: choba-choban
Family: Liliaceae
Habitat and Distribution: common in northern Botswana; prefers understories in mixed wooded grasslands
Medicinal Uses: an aqueous solution of the crushed roots treats backaches and flu symptoms

Bergia pentherana
English: none
Setswana: setoromo
Seyei: setoromo
Family: unknown
Habitat and Distribution: an herbaceous scrambler found on floodplains and other well-watered soils, found only in Okavango
Medicinal Uses: the root syrup lowers a fever and eases backaches, also add to everything pot

Boscia albitrunca
English: shepard's tree
Setswana: motopi
Seyei: unknown
Family: Capparaceae

Habitat and Distribution: prefers arid areas but can grow on a variety of soils; found all over Botswana

Medicinal Uses: for eye irritation or infection, boil the leaves and hang your head over the steam

Carissa bispinosa or *edulis*

English: num-num
Setswana: thlaba-dilebane, simboba
Seyei: sembowa
Family: Apocynaceae
Habitat and Distribution: water dependent; found in the Okavango and Chobe only
Medicinal Uses: the boiled root syrup is a painkiller; the boiled root steam calms a tuberculosis cough

Combretum imberbe

English: leadwood
Setswana: motswiri
Yei: wozondo
Family: Combretaceae
Habitat and Distribution: prefers high clay-content soils; common in northern and eastern Botswana
Medicinal Uses: to relieve a cough, boil the leaves and inhale the steam; the boiled root syrup acts as a purgative

Combretum mossambicense

English: knobbly combretum
Setswana: motsheketshane
Seyei: katong-boneko
Family: Combretaceae
Habitat and Distribution: prefers alluvial soils, floodplains and mixed wooded grasslands; found in the Okavango and Chobe areas only
Medicinal Uses: the boiled root syrup is a painkiller; roots can also be put in "the everything pot", a preparation made by the ngaka when he is unfamiliar with the patient's symptoms

Cordia sinensis
English: gray-leaved saucer berry
Setswana: moarasepe
Seyei: mbozee
Family: Boraginaceae
Habitat and Distribution: water dependent, found in nothern Botswana only
Medicinal Uses: the boiled root syrup is a remedy for coughs, constipation, and fever; the roots are also an ingredient in the everything pot

Croton megalobotrys

English: large fever berry
Setswana: motsebi
Seyei: okazi
Family: Euphorbiaceae
Habitat and Distribution: water-dependent, found in Ngamiland, Chobe, and southeastern Botswana, it prefers saline soils, floodplain margins, islands, and riverine habitats
Medicinal Uses: to reduce a fever or as a malaria treatment, eat the seeds; to heal a Skin fungus, wash the berries and apply them directly to the skin; and aqueous solution of crushed berries and water acts as a purgative; the crushed seeds applied to the skin ease muscle pain; to ease malaria symptoms, boil the leaves and branches together and inhale the steam

Dicoma shinseii

English: none
Setswana: pelobotlhoka
Seyei: peleobotuk
Family: unknown
Habitat and Distribution: common throuout Botswana; found with grasses on open savannah
Medicinal Uses: burn the leaves and have a colicky baby inhale the smoke

Diospyros lysciodes

English: bluebush
Setswana: letlhajwa
Seyei: retajwa
Family: Ebenaceae
Habitat and Distribution: water dependent, found in the Okavango and along the northern border of Botswana; prefers understories and saline soils
Medicinal Uses: the boiled root syrup is a remedy for both gonorrhea and as a painkiller; the root is also an ingredient in the everything pot

Diospyros mespiloformis

English: jackal berry, or African ebony
Setswana: mokhutsomo, or motutshumo
Seyei: woshuma
Family: Ebenaceae
Habitat and Distribution: a riverine plant, prefers channels; found in the Okavango and Chobe, often associated with termiteria, prefers islands and riverine forests
Medicinal Uses: roots boiled into syrup with the buffalo thorn (*Zisiphus muconata*) roots as a remedy for gonorrhea, boiled roots alone for constipation

Ethulia conyzoides
English: blue weed
Setswana: legatapisi
Seyei: tsheto
Family: Compositae
Habitat and Distribution: Okavango only; prefers river fringes and channels
Medicinal Uses: the boiled leaf syrup treats stomach ailments

Euclea divinorum
English: magic gwarri
Setswana: motlhukola
Seyei: kapuura
Family: Ebenaceae
Habitat and Distribution: water dependent; found in the Okavango and northeastern Botswana, it is an understory plant often associated with termiteria
Medicinal Uses: the boiled root syrup relieves constipation, also used in the everything pot

Ficus natalensis
English: strangler fig
Setswana: moumo
Seyei: moumo
Family: Moraceae
Habitat and Distribution: riverine; found in the Okavango and Chobe; prefers islands, woodlands, and riverine forests
Medicinal Uses: put in the everything pot

Ficus sycamorus
English: sycamore fig
Setswana: motshaba
Seyei: ookuyu
Family: Moraceae
Habitat and Distribution: found in the Okavango and Chobe; water dependent; prefers riverine forests, islands, and woodlands
Medicinal Uses: boiled root syrup for stomach ailments

Garcinia livingstonei
English: African mangosteen
Setswana: motsaodi
Seyei: woshika
Family: Clusiaceae
Habitat and Distribution: water dependent, found in northern Botswana; prefers riverine forests and islands
Medicinal Uses: eat the berries to lower a fever, roots are put in the everything pot

Grewia flava
English: brandybush
Setswana: moretlwa
Seyei: kaqo
Family: Tiliaceae
Habitat and Distribution: common in norhtern Botswana; prefers woodlands and shrublands
Medicinal Uses: crush the dried roots and apply the powder to burns

Grewia shinsei
English: Zambezi raisin
Setswana: motoo
Seyei: unknown
Family: Tiliaceae
Habitat and Distribution: found in the Okavango only; prefers clay soils and open woodlands, associated with termiteria
Medicinal Uses: the boiled root syrup is a painkiller

Laggera decunens
English: wild sage
Setswana: mokudi
Seyei: mokombombo
Family: unknown
Habitat and Distribution: prefers open areas, found everywhere in Botswana
Medicinal Uses: root syrup is used as a painkiller

Lonchocarpus capassa
English: raintree
Setswana: mopororo
Seyei: sowara
Family: Fabaceae
Habitat and Distribution: found in northern Botswana; prefers alluvial soils, open woodlands, savannah, islands, and riverine forests
Medicinal Uses: to reduce a fever, boil a green branch and inhale the steam, boil the roots to relieve stomach distress

Maytenus senegalensis

English: confetti tree
Setswana: mothono
Seyei: mothono
Family: Celastraceae
Habitat and Distribution: found in the Okavango and Chobe; prefers open woodland, savannah woodland, and riverine forests, associated with termiteria
Medicinal Uses: squeeze the juice directly out of the roots and drink it as a painkiller, root also used in the everything pot

Plumbago zeylanica
English: none
Setswana: masigo-maabe
Seyei: unknown
Family: Plumbaginaceae
Habitat and Distribution: prefers sandy soils but is water dependent; found in Northern Botswana
Medicinal Uses: crush the roots and rub directly onto the skin to relieve irritation from rashes and burns

Rhus tenuinervis
English: Kalahari currant
Setswana: moruphapiri
Seyei: mochirigawa
Family: Anacardiaceae
Habitat and Distribution: found all over; prefers sandy soils and open woodlands, associated with termiteria
Medicinal Uses: the boiled root syrup is a painkiller

Sanseviera aethiopica
English: bowstring hemp
Setswana: mokutse, mosoka-tsebe
Seyei: mpopusa
Family: Liliaceae
Habitat and Distribution: prefers arid areas and sandy soils, found all over Botswana
Medicinal Uses: for an earache, bake the roots in the fire and squeeze into the ear

Selanin panduriforme
English: sour apple
Setswana: thotoba
Seyei: unknown
Family: unknown
Habitat and Distribution: understory shrub in open woodlands
Medicinal Uses: burned roots rubbed on cuts prevents infection, juice for same purpose, boiled root syrup relieves backaches, roots added to everything pot

Strychnos pungens

English: spine-leaved monkey orange
Setswana: mogwagwa
Seyei: shunaai
Family: Combretaceae
Habitat and Distribution: riverine areas only; found in the Okavango
Medicinal Uses: the boiled root syrup is a remedy for leg cramps

Venonia glabera

English: none
Setswana: pheho
Seyei: unknown
Habitat and Distribution: along river channels, found in the Okavango only
Medicinal Uses: put in the everything pot

Ximenia americana

English: small sourplum
Setswana: morotogola-wapodi
Seyei: nxodi
Family: Olacaceae
Habitat and Distribution: common in northern Botswana; prefers sandy soils and open woodlands
Medicinal Uses: for scorpion bites, crush the leaves and rub them on the affected area

Ximenia caffra

English: large sourplum
Setswana: moretologa-wakgomo, kaqwa
Seyei: shenxoldi-sheshe engombe
Family: Olacaceae
Habitat and Distribution: found in northern Botswana and along the southeastern border; prefers understory of mixed wooded grasslands, associated with termiteria
Medicinal Uses: the boiled root syrup is a remedy for headaches and backaches, roots added to magic gwarri roots for constipation, add to everything pot

Ziziphus mucronata

English: buffalo thorn
Setswana: mokgalo
Seyei: kakyaro
Family: Rhamnaceae
Habitat and Distribution: common in northeastern and southeastern Botswana; Prefers savannah and woodlands, associated with termiteria
Medicinal Uses: the boiled root syrup is a cure for snakebites and headaches, the root boiled with Jackal Berry (*Diospyros mespiliformis*) roots are a cure for gonorrhea

Setswana: Pelego
Medicinal Uses: boiled root syrup eases stomach pains and menstrual cramps
Habitat: low understory plant found along channels in the dry season
Appearance: dark taproot with alternating red and white heart
Preparation: root boiled for 90 minutes, syrup is deep brown-red and tastes bitter

Bibliography

Articles

Campbell, Alec and Hitchcock, Robert. "Some Setswana Names of Woody Plants" Botswana Notes and Records, Vol. 17 pp. 117-129. The Botswana Society, Gaborone, Botswana. 1985

Datta, K. and Murray, A. "The rights of minorities and subject peoples in Botswana: an historical evalation." from Democracy in Botswana, Proceedings of a Symposium Holm, J. and Molutsi, P. editors. Ohio University Press, Ohio. 1989

Dennis, Caroline. "The role of *dingaka tsa Setswana* from the 19th century to the present" Botswana Notes and Records, Vol. 10 pp. 53-66. The Botswana Society, Gaborone, Botswana. 1978

Larson, Thomas. "The Ethno-medicine of the Hamabukushu in 1950" Botswana Notes and Records, Vol. 18 pp. 39-47 The Botswana Society, Gaborone, Botswana. 1986

Mpho, M.K. "Representation of cultural minorities in policy-making." from Democracy in Botswana, Proceedings of a Symposium Holm, J. and Molutsi, P. editors. Ohio University Press, Ohio. 1980

Ulin, Priscilla. "The Traditional Healer of Botswana in a Changing Society" Botswana Notes and Records, Vol. 7 pp. 95-102. The Botswana Society, Gaborone, Botswana. 1975

Books

Ben-Tovim, David. Development Psychiatry: Mental Health and Primary Health Care in Botswana. Tavistock Publications, London. 1987

Branch, Bill. Field Guide: Snakes and other reptiles of Southern Africa Struik Publishers, Cape Town. 1994

Butchart, Duncan. Wild About the Okavango Southern Book Publishers, Halfway House, South Africa. 1995

Chirenje, J. Mutero. A History of Northern Botswana, 1850-1910 Associated University Press, London. 1977

Cole, Desmond. Setswana-Animals and Plants The Botswana Society, Gaborone. 1995

Eder, James. On the Road to Tribal Extinction University of California Press. Berkeley, 1987

Ellery, Karen and William. Plants of the Okavango Delta Tsaro Publishers, Durban. 1997

Lewis, W. and Elvin-Lewis, M. Medical Botany; Plants Affecting Man's Health John Wiley and Sons New York. 1977

Patterson, Rod. Snakes and Other Reptiles of Southern Africa Struik Publishers, Cape Town. 1991

Roodt, Veronica. The Shell Field Guide to the Common Plants of the Okavango Delta and Moremi Game Reserve Shell Publishers, Gaborone. 1994

Schapera, Isaac. The Tswana International African Institute, London. 1971

Schapera, Isaac. Tribal Innovators: Tswana Chiefs and Social Change, 1795-1940 The Athlone Press, London. 1970

Sillery, Anthony. The Bechuanaland Protectorate Greenwood Press, Westport. 1983

Sillery, Anthony. Botswana, a Short Political History Methuen and Co. Ltd. London 1974

Skaife, S.H. African Insect Life Struik Publishers Cape Town. 1994

Tlou, Thomas. A History of Ngamiland 1750 to 1906, the Formation of an African State Macmillan Boleswa, Hong Kong. 1985