

Ramli A Traditional Diagnostic Tool in Traditional Medicine and its Relevant in Healthcare

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ABSTRACT

Background: *Ramli* is an important diagnostic tool in traditional medicine, but being neglected by scientists and religious people by seeing as magic, superstitions and leading to some countries to be outlawed. The aim of this paper is to share experience the practice of *ramli* and assess whether the practice is magic and superstition or science and ritual technology denied.

Research methodology: Qualitative study was carried in Dar-es-Salaam, Njombe and Morogoro administrative regions in Tanzania. These regions were purposeful chosen for this study. In-depth interview guide was prepared for interviewing traditional health practitioners who were performing *ramli* services in their respective communities. Collected data were qualitatively analyzed using anthropological qualitative methods after cleansing.

Results: Twelve THPs were interviewed on the practice of the *ramli* service aged between 50 to 60 years and one of them was a female THP. Tool used in *ramli* services varied from one ethnic group to another but all had the same principle. The diagnostic procedures were both explained and to some THPs were demonstrated. Interpretation of the results needed critical thinking by well trained THPs on divination to come up with no reputable results. Results were reproducible by other THP showing science was involved and not magic or superstitions. All THPs agreed *ramli* services was an important tool in traditional tool for diagnostic of health and social problems occurring in the communities and the way out. Attitude of the people towards *ramli* had mixed feeling some had positive whether others thought it was magic or superstitions.

Conclusion: The present study and those reviewed have shown *ramli* has significance role in diagnosing health and socio-economic problem. There other health problem cannot be diagnosed by conventional tools and thus banning it will lead THPs fail to manage some issues in health and socio-economic problem.

Keywords: Tanzania; *Ramli*; THPs; Traditional medicine; Scientists and religious leaders

INTRODUCTION

Ramli is an important tool in decision making for health and socio-economic aspects in African countries south of the Sahara. Zuesse has strongly argued *ramli* as a spiritual phenomenon, but had very little written about it perhaps due in part to readily labeling it as a form of magic and therefore irrational utilitarian, egoistic and insufficiently religious [1]. But it defines *ramli* as a way of exploring the unknown, the art of knowing which cannot

spontaneously be known, and has been practiced worldwide for millennia years. *Ramli* involves complementary modes of cognition associated with representational signs, symbolism and pattern formed during performing *ramli*. Therefore *ramli* should be understood in the historical social cultural and ritualistic aspects in the community in question in identifying the problems and the way out of solving it [2]. Further some scholars casts a new perspective on the rich tradition of ancient *ramli*, the reading of divine signs in oracles, omens, and dreams. *Ramli*

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services has been practiced worldwide in every communities since many years ago and is evidenced in Holy Scriptures and in history books and as well as in history of Medicine books and is being practiced even today. In Western world *ramli* for example is in the form of horoscopic, astrology and other forms and continue to be of equal importance for other cultures.

African countries south of the Sahara have unique perception on health, wholeness, illness and death. Cause of ill health condition and disharmony is believed to be either natural or a result of transgressing cultural norms, bewitching and evil eye. Solutions as way of promoting health well being are determined by their culture of which religion was an integral part and the common means is the use of *ramli* which is main tool for diagnosis of the problems presented by the client or the community in question [3]. It is an attempt to form, and possess, an understanding of reality in the present and additionally, to predict events and reality of a future time. It should be known that not everybody can perform *ramli* but all those who have been initiated and well trained and taken oath to the noble practice who are above 30 years. Despite the practice is widespread and has been known in virtually every historical period in the healing and solving other socio-economic problems people face in day to day life it is highly dismissed by skeptics, including the scientific community and religious people, as being mere magic religious. In some countries like Tanzania and Israel practice of *ramli* is banned. The banning of the practice is supported by religious institutions [4].

RESEARCH METHODOLOGY

The study was qualitative in nature because the interest was to get details how *ramli* was done by THPs. The study was carried in Kilombero in Morogoro region, Njombe and Ludewa districts in Njombe region and Dar-es-Salaam region [5]. Kilombero and Dar-es-Salaam were chosen because were the author's working place and had time to visit THPs who are practicing *ramli* now and then either pretending as a client and sometimes escorting a client who wanted to see a THP who could perform *ramli* to his/her problem and sometimes with students during field visits to THPs to learn their practices. Njombe and Ludewa districts were the author's study areas during his PhD. The interest of the author to visit THPs whom participated in his study was courteous visit and give feedback of his PhD study. During that visit the author had time to observe THPs how they performed *ramli* to the clients who sought the services. Based from observation on the frequent visits to THPs purposely method was used to choose THPs, who verbal consented, to participate in the study based in the initiation to practice traditional medicine and reputation in their respective community on the practice of traditional medicine with special focus on *ramli*. The author was aware that traditional medicine in Tanzania is currently invaded by charlatan practitioners [6].

Data collection

Data collection was done by the author himself by face to face in-depth interview, observation and participatory process as a client or escorting a client to THPs who practice *ramli*. The tool used was guide for in-depth interview and observation, note

book and tape recorder. The focus of the in-depth interview was how he became a diviners, the number of people who sought *ramli*, what were the common problem their sought for *ramli* services, tools used in *ramli*, who should participate in the *ramli*, to what extend his *ramli* was accurate attitude of the people and the government on *ramli* and problem encountered when performing *ramli*.

Data analysis

The collected data were manual checked to asses each information targeted was collected and validated. The collected information was qualitatively analyzed using anthropological/sociological methods manual as shown in the grounded theory. Codes were identified and data were grouped according to the codes. Patterns were critical reviewed to check their consistencies with the identified codes and the research questions of the study [7]. After several reviews and correction the report of the findings was given to an experienced anthropologist to check the consistence and comments on the findings. The valid comments from the experienced anthropologist were incorporated in the findings. The results were critically summarized and are presented below in the results section.

Characteristics of the participants

A total of 13 Traditional Health Practitioners (THPs) aged 45-60 above participated in this study and one of them was a female. Six of these were from Dar-es-Salaam city, two from Ifakara district and 3 from Njombe and the other 2 from Ludewa districts. All had primary education and were farmers growing food crops. It has to be noted the practice of Traditional Medicine (TM) including *ramli* was services to the respective community, and not for income generating activity. The six THPs of Dar-es-Salaam have been involved in collaborative studies done by researchers of Institute of Traditional Medicine (ITM) and hence were purposeful chosen based on what was observed in the collaborative studies. Five THPs of which three and two from Njombe and Ludewa Districts were also involved in the PhD study of the author and had good knowledge of *ramli*. Those from Ifakara were those whom the researcher had the first encounter with THPs practicing of *ramli* service and researcher being a client. The six THPs Dar-es-Salaam were being frequently visited by medical students and researcher for learning purposes on the practice of TM. The female THP has been frequently invited at Muhimbili University of Health and Allied Sciences (MUHAS) during the Global Health Programs for sharing her experience with scientists/conventional health workers on the role of Traditional Birth Attendants (TBAs) on reproductive including child delivery [8].

Initiation to practice of traditional medicine

Two types of initiations to practice of TM were noted from THPs interviewed. Six participants acquired the practice from grandparents who were practitioners of TM by inheritance. Two of these were from district Ifakara and Dar-es-Salaam, four were from Njombe and Ludewa districts. These were elderly people above 60 years and learning process to practice TM when were very young by introducing/gathering information on general

medicinal plants and how to collect for common health problems occurring in the community [9]. Gradually were taught medicinal plants and skills of collecting/preparing these plants for specialized ill health conditions such as evil eye, witchcraft, mental illness reproductive health were learned. When they were 25 years were taught the skills of how to make *ramli* and the art of reading the signs and symbols as well how to interpret the signs and symbols to get the meaning. They were allowed to practice when they married and were above 30 years. In the interview one THP of that group reported the warning was given to him when he graduated to practice TM. Three and one THPs from Dar-es-Salaam and Ifakara respectively were forced to practice TM by being possessed by their respective ancestral spirits. They became ill and the health problems were not identified by the convention health diagnostic tools; and later it was through *ramli* when were found to be a call from their ancestors to practice TM. All the four in the interview narrated that they disappeared from their respective living places more than six months and when they came back had knowledge of some medicinal plants and how to use them [10]. Two of these were brought up by Christian missionaries and attempted to refuse the call because the practice of TM was so much demanding and had many things. These were contradicting to their faith. The seriousness illness suffered made them to accept the call. The ancestors taught medicinal plants, preparation and administration through vision and dreams. As opposed from those who inherited the practice, these THPs in *ramli* and healing process were guided by the ancestors. The Dar-es-Salaam and Ifakara THPs had jinn who were invited by ancestors to help in *ramli* and healing.

Tools used in the *ramli* process

The narration of THPs interviewed showed they had many wonderful objects that might be in a winnowing baskets to summon and greet the spirits. Those from Njombe and Ludewa on the other hands showed bottle filled with magic water winnowing basket, small board to be scrubbed by an object that may be horn from small animals, small decorated with different coloured beads traditional medicine gourd and mirror. Whereas those originating from Dar-es-Salaam they showed in trance, use of numbers and stars, using healing book, palm and astrology and tunguri. These tools were means communication with the ancestors and their communicated with the supernatural power. One of the THPs argued that the ancestors are living in their world and have strong influence in our lives [11] (Figure 1).

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Figure 1: Tunguri process of making *ramli*.

All THPs interviewed narrated the process of making *ramli* could be traced from million years ago using various instruments/objects and techniques in different ethnic group of Tanzania. The *ramli* was performed in order to explain misfortunes/pattern of stress of suffering of a sick person, what caused the suffering, to predict the future and find means to prevent or overcome them and should be done by whom. The *muaguzi* in consulting supernatural powers, manipulates the objects one after another in turn and reads the patterns formed. One of THPs said that THP argued that tools for *ramli* changes now and then by learning from other THPs in other ethnic groups or being inspired by the ancestors. He stressed there is no common tools for performing *ramli*. His argument was underscored what was seen in the findings in different study sites as shown below [12] (Figure 2).



Figure 2: A THP of Lushoto district who identified a patient suffering from plague by use of *ramli*.

Njombe and Ludewa districts

The common process noted during the study to THPs of Njombe and Ludewa a number of people in groups of three or four people came to seek *ramli* to a THP. In three groups observed to all THPs identified for study in Njombe and Ludewa districts asked the THPs to perform *ramli* service for them. They never mentioned the problem they had. One THP used a piece of wood board rectangular with a width of about 6 centimeters and length about 20 centimeters. The dry soil was spread on the upper part of the board and then he began making the *ramli*; using the base of the horn of *madoqua kirkii* that was nicely shaped for easy scratching on the spread sand on the board to and fro asking several questions by whispering manner to find the reason why they have come to him [13]. It seemed he was communicating with invisible beings. The scratching with *madoqua kirkii* horn on the board stopped moving to and fro when the problem was identified. The THPs told them the problem he had found. The clients agreed, then the THP narrated how it started by telling events, sign and symptoms and measures taken. The clients agreed of what was noted by the THPs. The *muaguzi* went on to find the cause of the problem and the underlying reasons and what remedies for prevention or treatment and who can do it effectively. The researcher saw the THP while performing *ramli* looking to one of the client with stern eye. The watched client looked down as if there was a communication between the *muaguzi* and the client. It was followed by dialogue between the *muaguzi* and the client watched because he was identified to be the one who caused the health problem. The watched client agreed to have bewitched the patients and gave the reasons. After discussion between the relatives and watched person agreed to settle it at home amicable and the *muaguzi* should be given a feedback.

The researcher requested THP how did he knew the problem as he was performing *ramli*. The *muaguzi* told researcher that when making the *ramli* the first thing was to identify the problem which brought the clients to seek *ramli* service without asking them to mention the problem. He narrated that sometimes might be difficult to identify the problem especially if the problems was caused by ancestors or witches because these tend to hide their face and appear as their relatives like father, mother to be causers of the problem. It needed to be very careful at identifying the causers of the problem lest the *muaguzi* might be called to have performed *ramli songanishi*. To avoid that problem one needed to use different tools when performing *ramli* and see if the result would be same. The other THP used diagnostic bottle filled with magic water. Like the former THP after receiving the request from the clients he took the diagnostic bottle from winnowing basket which had other objects used in healing patients [14]. He shook the diagnostic bottle for five minutes and let it to settle. When settled the diagnostic bottle had different patterns on the surface. The THP read the patterns and interpreted to the clients the problem which led to them and who caused it and why. The THP told clients could go to seek treatment to THPs whose sticks stuck on the diagnostic bottle. Whereas where the sticks fell down meant that the mentioned THP could not manage the problem. The researcher asked to the THP why he used two tools in the *ramli* on the case presented. He reported that it was a means to confirm of what

was seen in diagnostic bottle would appear in the winnowing basket tool, lest be reported that he had performed *ramli songanishi*. These THPs mentioned other tool used for *ramli* was traditional TV where the client could see the person who caused the problem and tools used. This THP reported that tradition TV was found to one THP who lived in Njombe district and the other at Mbozi district in Mbeya region. Tools used for traditional TV were dish, basin and bowl of water. The clients saw and identified the person who has done the bewitching and the process. He stressed not every THP could do that because it required a highly trained THPs in that practice. He also mentioned other tools like use of bell that was under a turned down winnowing basket and use of horn which was put in the calabash. The bell under winnowing basket would ring if the problem was identified as the winnowing basket was turned around, where as the horn would show the direction the person who had caused the problem from the clients where he lived [15].

Dar-es-Salaam

Three of THPs who were selected from Dar-es-Salaam, the power of making *ramli* was derived from ancestors and jinn who were invited in assisting in *ramli* and healing. In the process of performing *ramli* incense was burnt- the researchers was informed that incense was food of the jinn. In one of the THPs where the researcher witnessed the *ramli* process at his kilinge clients were in queue waiting for *ramli* service. Like the Ludewa and Njombe it was observed patients were escorted by the relatives and the leader asked the THP to perform *ramli* service for them. The charcoal with fire was put on incense in a piece of broken pot and began to give smoke. The wife of THPs was called and veiled herself with a black cloth then singing started by THP while clapping hands and was joined by clients who came for *ramli* service. In a few minutes the wife was in trance and gave hoarse voice of a male while trembling- researcher was informed the “kings” were coming in that way and made the wife to be in trance. The clients did not mention the problems they had. The researcher inquired from that THP why used to veil his wife with black and red cloth during making *ramli* services. He responded that the black cloth was for the ancestor spirits and it was the main spirit in performing *ramli*. The other four THPs reported to be using numerology and astrology in the process of making *ramli* and was aided by Islamic healing books and said every diseases had a cure. The THPs claimed that there is connection between stars with human life and could explain why the illness has occurred at those particular times in a year.

Ifakara, Kilombero district

The following is the narration which the researcher experienced for the first time as client to THPs at Ifakara, Kilombero district. His newly radio was stolen and it was an expensive one, and when the researcher was planning to go to report at police station, the school driver who was a friend advised him to go THPs to find who had stolen the radio and how to get it back. The researcher persisted idea because he did not trust THPs; but the driver older than him and more experienced to what THPs did. The researcher accepted the idea unwillingly and went to

first THP. They requested the *ramli* services. The THPs responded that it was not the right time and asked them to come later in the evening or early in the morning on the next day. The friend of the researcher knew several THPs and they went to consult other THP. He was old man and about sixty five years. After finishing the request of *ramli*, the THP changed his face and became fearful and forced them to go away. The driver told researcher that he was one of the best THP in *ramli* service in that area. The researcher and his friend left and went to the police station as planned by the researcher. On the way they met the son's THPs who had forced to leave his place. He was within their age.

Cognition of the problem and interpretation of the signs and symbols

All THPs interviewed reported careful interpretation of signs and symbols shown by *ramli* is the main issue because signs and symbols of causes of illness sometimes overlap or confusing. On describing the signs and symbols of divining bottle the THP sees a sign of cross at the surface that indicates death, on the same surface he sees clustered stars that indicates serious illness, stars comes nearer to one other indicates conflict. Similar case to tossed stones on the ground form different patterns each having a defined cause of the problem; and hence needed to be aligned to make sense. Also THPs who used geomancy reported stars created different patterns with different story on the causes. Sometimes it might happen to see the parents of the clients to be the cause of the problem because skilled witches take the shadow of the parents that will appear to the THPs who is divining. THPs who divined by being in trance reported they did not see as in a dream or trance, but that the information "just comes" to them when they sang. The image of the clients seemed as mapped the whole body of the client but sometimes may not be clear because different images occurs and hence confusing which was the right cause. Since they were assisted by ancestors and some with healing facilitated to identify right cause of the problem as reported by one of THP who used to divine by trace. All in all the other THP argued that *ramli* has an important role to play in solving day today's health and other social problems. However in recent years charlatan diviners have invaded the *ramli* in order to get money and hence leading to *ramli songanishi*.

Attitude of people and the government forwards *ramli*

On issue of people's attitude towards *ramli*, THPs interviewed in summary showed there had been a mixed feeling from the people on *ramli* service. Some people liked to use when had serious problems on their businesses, on complicated problems that needed decision making immediately, family and health problems that were not responding to conventional medicine. The THP from Ludewa asserted that he has been receiving several clients from missionary hospital telling him that they had to finish the cultural issues because the health problems suffered were not identified with the diagnostic tool. It appears the assumption of those conventional health providers thought the ill health conditions might have been caused by transgressing

the cultural norms. Others people on the other hand dismissed the practice of *ramli* as superstitious and going against the word of God. Most of them were Christians and especial the "born again". That THP further alleged that it was an impact of religious preaching who always forbidding the Christians from using traditional services on healthcare as it was against God. But some of these religious came at night to seek services for treatment and for protection from their enemies. He stressed the most the elderly religious leaders were brought up using traditional medicine for health survives because conventional health facilities were very few and unreachable in some parts.

DISCUSSION

The findings of the study have been presented and systematical analyzed. On the initiation to practice TM two ways have been mentioned in these study and these were inheritance and spiritual possession. These two methods are also being mentioned in other studies reviewed. Spiritual possession appears to be a call to practice TM by ancestors, and those who attempt to refuse are punished with severe illnesses until the client accept to do the practice. The other important aspect in the initiation is oath which the candidates have to take oath before they begin to practice in front of other elderly THPs. Besides the above the analysis of the findings shown in the findings of this study and that from literature reviewed show that *ramli* is the traditional diagnostic tool used by Traditional Health Practitioners (THPs) in identifying health and socio-political problem. *Ramli* aims to achieve practical results and it has often been an object of decision and a topic of marginal interest in academia. Further these findings seem to suggest that *ramli* attempts to elicit some higher power or supernatural being engaged to get the answers to questions beyond the range of ordinary human understanding. The importance of *ramli* in health care shown in the present study is underscored by many studies worldwide and even in religious books.

In addition the findings in this study have revealed clients ask the *ramli* services for the problem they had without exposing it. The findings seem to suggest that the information is not obvious but exist in space between things and requires some skills and some clever technology to access it. As shown in this study it is up to the *muaguzi* to identify the problem when performing *ramli* in space with aid of the objects aids in *ramli*. The findings have shown while performing the *ramli* the THPs were seen to be communicating with invisible "people" through objects used in divination by incantations. The findings presented above show special skills of cognition and management of problem is determined by skillful trained expert in interpretation of the signs, portents, symbols and patterns presented by *ramli*. The present study findings support annus interpreting signs symbols and pattern rogueries skilled interpretation, based on shared hermeneutical principals before they could disclose their meaning and significance. It is being acknowledged that the signs, portents and symbols and patterns are usually disjointed, it is the *muaguzi* to critical study the pattern of relation between the objects to create a meaningful interpretation. It is a special gift to few individual who can carefully assemble them when performing *ramli* services and produce accurately results. Thus

signal, portents symbols and pattern shown from the process of *ramli* are not merely a system of beliefs or attitude but be seen as technology that has to be learned from a qualified health practitioner. As shown in this study the learning process was more than three years.

The findings have shown attitude of people towards *ramli* has mixed feeling- other people would like to use when they had a serious problem like sickness where health facilities have failed to identify the problem and its causes and for decision making. The client has to seek an alternative and the most available is seeking healthcare to THPs for identification of health problem and where to seek medication. As shown in the findings it appears even some conventional health providers seem belief that breaching socio- cultural norms may have impact on health of the individual and hence referring to sought the socio-cultural issues first. The other people had shown negative attitude to *ramli* as impact of religious teaching against *ramli*. God has forbidden the practice of *ramli* and is regarded as seen.

In the analysis some of THPs have shown the government of Tanzania has banned the *ramli* practice because of brutal killing of old women and albino in lake Victoria Zone and other parts of Tanzania. The unethical THPs through *ramli songanishi* practice told the clients health problem or death children that made clients to seek *ramli* service were caused old women. Angry clients hired people to brutal killing these old women found to witches. Whereas the albino were thought part of their body could be used as potion for gaining wealth in the mining or winning more votes during parliamentary election or getting high position in the government. Also ambitious clients for wealth and post hired people to hunt albino at a cost and that led to killing of albino in lake Victoria Zone. Recently, the brutal killing of albino has been witnessed in Burundi, Rwanda, Kenya and Uganda, killings of people with albinism have been witnessed occurring due to myths, witchcraft and cultural beliefs. THPs interviewed refrained from that practices and argued those were not THPs but charlatan practitioners and did not take oath for practicing TM. The multi-practitioners invaders on the practice of traditional medicine have led the government to bar the practice of *ramli*.

The findings have shown THPs are facing some challenges regarding the practice of *ramli* especially in process of managing to the observed physical symptoms from the patients without understand what has caused. The banning of *ramli* by the government appears to be handicapping them in the practice of traditional medicine as service to their respective clients. Besides the aforementioned problem it appears THPs are likely to be afraid to some of the client for the fear that they might be spy. *Ramli* should be seen as more than the diagnostic tools in formal health services because identifies the health or social problem in totality by showing the background and the ultimate outcome of the problem; remedies to be used and who should prepare and administer or to seek other medical services like conventional health facility; provides strategies for prevention; tool for storage of information without writing. It is the ritual technology not to be neglected.

CONCLUSION

Ramli service as shown through history in literature reviews, present findings and discussion, honestly no one can deny its important role play in health and social problems. It is backed by history experience of human being in the social cultural practice. Through performing *ramli* services generate new ideas and associations that cannot be generated through usually everyday thinking. Thanks for the religious for the cautions made on *ramli* services but *ramli* services are done every day in religious institution. For instance the process of seeking guidance to god waiting for the signs from God if an issue is true. *Ramli* in African countries south of the Sahara is a social phenomenon and central to the lives of people in societies of Africa. Malpractice seen in Tanzania to THPs is also found in other disciplines. Strategy through lawyers to designed an effective law with regulations that will prevent the malpractice and not banning the practice. It is strongly argued *ramli* services should not be seen as magic, religious beliefs, superstitions but wealth knowledge to be harnessed for the betterment of human life.

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