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Interview with the Medicine Man: A Case Study of a Traditional Malian Healer

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Abstract

Pharmacists are commonly members of medical mission teams that provide health care services in underdeveloped countries. Although pharmacists and others often find their service on a mission trip to be positive and life changing, critics of such missions note that Western providers trained in biomedicine frequently lack the cultural awareness to practice effectively in such settings. This paper is a case study of one traditional healer who practices in rural Mali. Although the results of one case from one practice setting may not be generalizable to all cultures, a basic understanding of the healer's beliefs and practices concerning the etiology and treatment of disease, the role of magic and other supernatural therapies, his experience with Western trained providers and the regulatory environment in which he works should assist pharmacists who serve on mission trips to be better culturally prepared.

Introduction

Serving on a medical mission trip to a developing country is an increasingly common experience for health care professionals from the developed world. (1,2) By some estimates, the US alone sends volunteers from over 500 organizations on up to 6000 mission trips per year. (3,4)

Pharmacists are often valuable members of such mission groups and several authors have provided suggestions for how pharmacists may prepare for or participate in a medical mission. (5-8) Some authors suggest that pharmacy faculty can develop mission trips as part of an experiential curriculum. (9) One study has evaluated student pharmacists' perspectives on mission trips, while another evaluated the satisfaction of mission team members with the pharmacy services provided during the mission. (2,10)

Many volunteers on such mission trips, including pharmacists, have published personal reflections about their experience. Pharmacists and others usually describe their mission trip as a positive, life altering experience, (11-16) Unfortunately others have been more critical and have observed that Western trained volunteers often lack an adequate cultural understanding of the patients they hope to help. (3,17)

Such a lack of cultural awareness should not be surprising. Western practitioners, including pharmacists, are trained using a biomedical model for health and illness. Western biomedicine conceptualizes a sick body as machine that breaks due to personal factors such as genetics, smoking, diet, infection etc. (18) The role of the practitioner then, is to fix the broken machine, using treatments (typically pharmacological ones) that have been demonstrated to be safe and effective by rigorous, scientific study.

Health, illness and treatments in the developing world are conceptualized quite differently from the biomedical model. Although models in the developing world vary according to location and culture, there appear to be some common, widely held beliefs, notably on non-physiological causes of illness. Beck notes that traditional healers in Tanzania distinguish between observable, explainable illness that can be attributed to natural causes (e.g. injuries caused by a fall) and illness that is attributable to spiritual forces in the supernatural world (e.g. epilepsy). (19) Kale states that in South Africa, disease is traditionally seen as a supernatural phenomenon governed by a wide array of deities, ancestral spirits, living persons, animals, plants or other objects. (20)

It is worth noting that some of the beliefs underpinning traditional African medicine may be weakening. Abdullahi notes that the spread of Western thought and beliefs across Africa has resulted in what some call a "passionate ambivalence" towards TM, especially among educated, urban elites. (21) The presumed scientific superiority of Western modes of thought and belief may well have the unintended

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effect of jeopardizing the identity and integrity of a medical belief system that pre-dates the Enlightenment, which, ironically, gave rise to what is now Western science.

Traditional healers practice traditional medicine (TM), which The World Health Organization (WHO) defines as:

“... the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.” (22)

Treatments provided using TM are varied and can include herbal medicines, naturopathy, acupuncture and various manual therapies as well as qigong, tai chi, yoga, or other physical, mental, spiritual or mind-body therapies. Unlike biomedicine, which focuses on physical and mental disease, TM practices may also include treatments to improve a person's luck in his/her career or romantic prospects or other conditions that biomedicine sees as outside its scope of practice.

Given these widely divergent epistemological and therapeutic systems, Western trained practitioners may often be dismissive of health beliefs that are not grounded in empirical, scientific study. It seems likely that this dismissive attitude towards TM and its practitioners is at least partially responsible for some of the criticisms of the cultural competence of medical mission volunteers noted above. In a 1965 commentary on traditional healers in Nigeria, Margetts stated that,

“...native healers can do little good in a mental health program and may do harm. They can have no rational place in the modern technological world and, as the educational level of African natives improves, and as time affords them cultural wisdom, it is expected that the people themselves will drift away from the primitive attractions of magic and seek help in science.”(23)

Terms such as “rational”, “modern”, “primitive”, “magic”, the belief that wisdom does not reside in an African setting, and the demonstrable scientism in this paragraph indicate a condescending view of TM that was probably not unusual in 1965.

Some descriptions of TM in the popular press can be no less patronizing. Newspaper articles discuss Western fears that traditional cures were black magic or include lurid

descriptions of dried monkey paws, python skins or lizard blood that may be used in some TM practices in Mali. (24,25)

More recent discussions of TM appear to be less overtly critical. Peltzer states that South African patients see no conflict in using Western medicine to diagnose and treat pathology while depending on TM healers to manage mind-body problems that are caused by spirits or evil spells. (26) Without claiming superiority of one model over the other, van Niekerk notes that biomedicine occupies an empirical domain to reach its truths while TM occupies a mystical domain in which truth is derived from belief, not evidence. (27) South Africa has recently adopted interim legislation to integrate TM into its National Health System. (28) WHO has had a Traditional Medicines Strategy since 2002 and notes TM is an important and frequently underestimated part of health services in the developing world. (22,29)

Although the WHO strategy statements note that TM is generally safe and effective, WHO's strategy for TM is to ensure that it is integrated into each country's national health system and is adequately studied to ensure that its use meets Western standards for rational therapeutics. Indeed, WHO also provides guidelines for research methodologies to evaluate the safety and efficacy of TM. (30) These calls for Western modes of evidence may cause one to reasonably conclude that WHO is more skeptical of TM than perhaps it would like to acknowledge.

Objective

There is little in the pharmacy literature that discusses the cultural issues that a pharmacist participating in a medical mission should consider. What little literature there is limits cultural matters to ensuring that the dosage forms chosen by the pharmacist (e.g. rectal or vaginal suppositories) are culturally acceptable in the practice setting for the mission. (5,7) The objective of this paper is to provide a case study of a traditional healer in Mali. Although the results of a qualitative case study may not be generalizable to other practice settings, pharmacists who participate on mission trips may be able to use the information from this case to become more comfortable with the practices of any traditional healers they may encounter while abroad.

Methods

The author (JR) interviewed a traditional healer (AK) in the village of Nana Kenieba, Mali in February 2014. The village is in the Cercle of Kati, located in the Koulikou Region (approximately 12°20'N by 8°20'W) southwest of the capital city, Bamako. Nana Kenieba has an estimated population of 600 persons, is not on any major roadway and lacks electricity. An American non-governmental organization

(Medicine for Mali) has installed a solar powered pumping system to provide potable water at several communal taps. Villagers are primarily subsistence farmers. The World Bank estimates Mali's income at \$660 per capita per year. (31)

A semi-structured interview format was used. Questions were developed in advance and follow up questions were developed extemporaneously, depending on answers to the prepared questions. Questions were designed to inquire into what the healer believed were the causes of illness, the types of treatments employed and their adverse effects, the role of magic or other supernatural therapies, the relationship the healer has with Western medicine and how TM is seen in Malian society. Given the necessity of asking questions through a translator, questions were mostly phrased as short, direct and at times, leading questions.

The interview took place in the healer's compound. Rural Malian families live in compounds made up of several buildings variously used for sleeping, cooking, and storage of food or tools. Each building is made of mud brick, has a dirt floor and either a thatch or sheet metal roof. Sleeping and living arrangements in each compound can be complex since plural marriage is common in Mali and extended families may live in a single compound. The interview was performed in a small, one room building that contained a sleeping platform, additional seating and was also where the healer stored his medicines. No other family members or other villagers were present besides the healer.

The interview was digitally recorded and transcribed by a student research assistant and the author. Questions were asked in English, translated into the local language (Bambara) by an experienced, professional interpreter, responses received in Bambara and translated back into English. The interview was edited for clarity and readability and every attempt was made to ensure the healer's meaning is accurately conveyed.

The Institutional Review Board at Drake University reviewed and approved this study. The traditional healer provided verbal assent prior to being interviewed and was given a small gift (an LED flashlight) as a token of appreciation.

Results

JR: Tell me about how you became a healer. How long have you been a healer?

AK: I have been a healer since 1986 and learned how from my masters. My father was not a healer so I had to learn it from my masters. I had three masters, none of them here in the village. I studied in Arabic for five years with the first master

and then for ten years in Bambara with the other two masters.

JR: What kinds of problems do people come to see you about?

AK: People see me for four things. The first is sickness. They come if they are sick. The second is for luck. And the third is for marriage and the last is to have a good position in their profession.

JR: How many people would come to see you in a week or a month?

AK: Access to Nana Kenieba is difficult. Per week, about 20 persons come sometimes. In some periods, I see five persons per day.

JR: Do both men and women come to see you?

AK: Both men and women. Even children. Schoolboys.

JR: Do you treat problems for sickness differently than you treat problems for luck or for marriage?

AK: I do not treat them the same. I treat for sickness in one way and for luck in another way.

JR: What causes the sickness or what causes the bad luck?

AK: The cause of many sicknesses is malaria. Things that can bite. The mosquito. And before mosquitos got in these numbers in this area, we used to have other biting insects. And animals that used to be here. These are the causes of sickness. And water too.

JR: How about ancestors or spirits? Are these important in making people sick or keeping people healthy?

AK: Ancestors would not give you sickness. They would rather give you good luck or bad luck.

JR: Can you tell me a little bit about the kinds of treatments you use? When people come in who are sick, what do you do to treat them?

AK: I have different ways, according to the kind of sickness. I have many sicknesses here due to malaria and we treat them as malaria. We have other sicknesses we would treat in a different way, with different trees (sic).

JR: Do you use herbs or plants for these treatments?

AK: I use both plants and herbs.

JR: Do people eat them? Do they burn them? Do they rub them on their bodies? What do they do with them?

AK: Some plants you use by drinking or by putting them in cornmeal. Or you can put some powder in peanut oil and you mix it and use it like ointment on the body.

JR: How long do you treat a sickness for? How many days?

AK: If I know the sickness better, I treat for about one week and the patient should see the results.

JR: Sometimes in the clinic when I work here, we see people with eye infections or ear infections and they have little bits of powder in their eyes or in their ears. Is this the sort of treatment that you use?

AK: Yes.

JR: Do you also use religion or magic or other kinds of treatment? What kinds of problems do you treat with religion or magic?

AK: We treat in the religion way with what we call God names. We have names of God from the Koran and we write them according to the sickness and give them to the patient who has to mix them with a kind of leaf from a tree. We will tell him to try to have the leaves of that tree mixed with the name of God but not the name of God written on the paper. They will write the name and put it in water and make it like a lotion. They mix that lotion with the leaves of the tree and the patient will begin to apply it.

JR: Are there different kinds of magic? Is there black magic and white magic?

AK: I treat with magic in only one way. There are not many types, there is one type. I treat with one type.

JR: Do your treatments require you to physically touch a patient and touch their bodies?

AK: I can treat without touching. And I use three different ways. Either I will give the patient an amulet full of God's name, and he will hang it on his neck. The second is to give him a powder and he will put it in the fire and he will burn it for the smoke. And for magic also, I will treat with what we call *soro*. *Soro* is kind of like the horn of a cow. I put a powder inside it and they apply the powder. It's like ointment. You apply it on your face and whenever the devil is coming, the devil sees it and disappears.

JR: How do you decide what kind of treatment to use?

AK: If I see the patient, I will try to discover or guess which kind of sickness he has and I will find the exact medicine for it.

JR: How do you know if your treatment works?

AK: When I apply the medicine to a patient, after I will see if the patient is doing well.

JR: If the patient is not doing well, what do you do differently?

AK: I will show him the medicine is not good and try to find other medicines for him.

JR: American medicines are famous for sometimes causing side effects and unwanted treatments. Do your medicines cause unwanted effects too?

AK: No. Not any bad effects. But they may, rather, not be efficient. If you give the *soro* to apply, it will not have an effect on the body. And if it is not the right disease to treat, you will see no effect. I am making a contribution when I am equal to my patients. Since I began to treat people I have been in close contact with medical doctors and I know your medicines better, the medicines you are talking about that have bad effects. They cannot have bad effects here. If you see someone having bad effects from medicines, it is because he misunderstood the dose. If you tell the patient to take

two tablets, he will take more than this. This causes bad effects to them.

JR: Where do you obtain your medicines from?

AK: In the forest.

JR: Do you have to make them? Do you dry them and grind them up? How do you prepare them?

AK: I grind some to have the powder and sometimes I would boil some and use the water from it. But this does not last like the powder.

JR: Are the plants and herbs easy to find or are they rare and hard to find?

AK: They are not hard to find. I can go and find them easily.

JR: You said that you work with Western doctors. What experience do you have with Western doctors?

AK: I used to work with the former nurses who were here. Not in the clinic. But when there is a patient at the clinic they cannot treat, they say you can go to try and see some traditional healer. And most of the time, the patient would come here. And when I do my treatment the disease is finished.

JR: Do you ever send your patients to see the nurse or the Western doctor?

AK: Mostly babies. When they come with the babies here who I have treated without success I will tell the mother to go to the clinic with this one. Western medicine is very good for babies. Before we treat a baby with traditional medicines, we send him sometimes to the medical doctor, who gives him the syrup and the baby is good. Now, when they come back here, the baby can take the lotions. The convulsion of babies is very important here. We have many babies who catch this disease and we do not have treatment for it here or in the clinic.

JR: Before I came here, I was reading that Mali has many rules for traditional healers and traditional medicine and has an association for traditional healers. What is your experience with these rules and with the association for healers?

AK: I did take a membership card for the association long ago. It is called the Association of Traditional Medicine. Since I am very far from the main road, access is not easy to go back and forth, and this is why I am no longer in current touch with them.

JR: How are traditional healers seen by the government here?

AK: They have no problems with the government.

JR: Have you ever had researchers or scientists from the university in Bamako come to study what you do and the treatments you use?

AK: No.

JR: What would you like me to know about what you are and what you do that I have not asked?

AK: You can ask which tree or which plant can treat which disease.

JR: And how do you know which tree or which plant treats which disease?

AK: Here, I treat malaria because malaria is the mother of many diseases here. And I treat malaria with a tree from the bush called *sulafizon*. Sula means monkey.

JR: To us, malaria is only one disease. Here, it sounds like malaria is many diseases. Is this correct?

AK: Yes, you are true. Malaria is one disease. But we have many other diseases connected to malaria here. Like the symptoms of malaria. Headache, heartburn. This is caused by malaria. They are due to malaria. And we have other sicknesses that are not due to malaria like chest pain and cough.

Discussion

Many of the traditional health beliefs and practices discussed in the introduction to this paper are supported by the responses of the traditional healer.

His understanding of the causes of health and illness reflects both a rational, physiological basis as well as a supernatural one. Malaria is understood to be the result of a mosquito bite which is consistent with the way Western providers would also understand malaria. Unlike Western practitioners however, he sees malaria as a multiplicity of diseases and not a single disease state. If a malarial patient also has a headache or heartburn, these symptoms are seen as another, separate disease that is connected to malaria and not as simply a symptom of malaria.

Beyond malaria, his explanations for illness become focused more on the supernatural world and less on the physical one. Both good and bad luck are seen as a result of the actions of one's ancestors. His patient may see a devil who is trying to possess him. Although nothing in biomedicine would conceive of luck or the devil as being consistent with health care, the healer (and presumably his patients) see no inconsistency in having malaria, bad luck and demonic possession all treated by the same person.

Analysis of how the healer diagnoses and treats problems reflects methods that are both similar and quite different to biomedicine. It is noteworthy that the healer spent 15 years in two different languages learning how to become a healer. This resembles the extensive training Western providers get at a university and in post-graduate training. His therapeutic decision making processes are similar to a Western provider. He endeavors to discover what the problem is, chooses a therapy that his training has shown to be effective, treats the patient for a week and if the patient has not recovered, he chooses an alternative treatment.

The particular therapies chosen, however, can be quite different from biomedical ones. His use of herbs and plants is broadly similar to a Western provider's use of drugs, although the route of administration may differ. It is presumably this use of botanical agents that WHO both seeks to integrate into national health systems and study more thoroughly to ensure safety and efficacy. (22,29,30) Indeed, there is literature on the safety and efficacy of several TM products used by Malian healers. (32,33) However, the healer's use of amulets, God names, *soro*, magic and other forms of therapy would be difficult to evaluate using Western science. The problems such therapies are intended to resolve and their mechanisms of action are in a mystical domain, not an empirical one. WHO's strategy is silent on the evaluation of such therapies and they provide no guidance on how belief in the supernatural can be assessed.

When asked further about his use of white and black magic, the healer's response was somewhat evasive. His discussion of magic was limited to *soro* which he uses to chase away devils. This is presumably a form of white magic because its purpose is to drive out a malign spirit. The healer denied using black magic which would be used for different purposes such as a placing a curse on an enemy.

The healer was aware of concerns about the safety of his practices and stated that, although his TM could at times be ineffective, it did not have any adverse effects. He was well informed that Western medicines have side effects, but ascribed them to patients not following medical instructions and taking excessive amounts of prescribed medicines.

Nana Kenieba has a village nurse and an American non-governmental organization (Medicine for Mali) provides regular public health services as well as a two week medical mission trip each year. Consequently, the healer has had opportunities to interact with both Malian nurses and US trained practitioners. The healer has referred patients, especially babies, to Western trained providers and, in turn, they have referred patients to him. That said, it does appear that referrals occur in both directions primarily when a provider is faced with a patient that he cannot help. Babies suffering from seizures seem to be one example where neither biomedicine nor TM has good options and providers are willing to refer the patient's mother to seek care elsewhere.

When asked if his medicines may cause side effects, the healer's seemingly non-sequitur response was that he sees himself as being equal to his patients. This sense of equality allows him to make a meaningful contribution to the health of his fellow villagers. He also stated that he has no problems

with government oversight or regulatory issues. Mali has a long standing tradition of TM and the government has been active in creating a regulatory framework for healers. (30) The healer is aware of these efforts and, at one point, joined the Malian Association of Traditional Medicine. The remoteness of his practice setting, however, made it difficult for him to be an active member and he stated that no researchers from the local university had ever studied him or his practices. It appears that he practices largely in isolation and that, desires for regulatory frameworks notwithstanding, he can practice as he sees fit. Overall, his image of himself as making an egalitarian contribution to patient care and being allowed to practice autonomously suggest the healer's relationship with his patients and regulatory setting is a harmonious one.

Conclusion

This case study demonstrates the beliefs and practices of one healer in one practice setting and the results may not be generalizable to other cultures or practice settings. Nevertheless, it does provide some perspective that pharmacists practicing on medical mission trips may find helpful. Being aware of how different medical traditions conceptualize health, illness and treatment will help pharmacists try and negotiate the similarities and differences between how they were trained and the traditional healers who will continue to provide care after the mission team has returned home.

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Photo 1 - Healer Adama Keita demonstrates “soro”

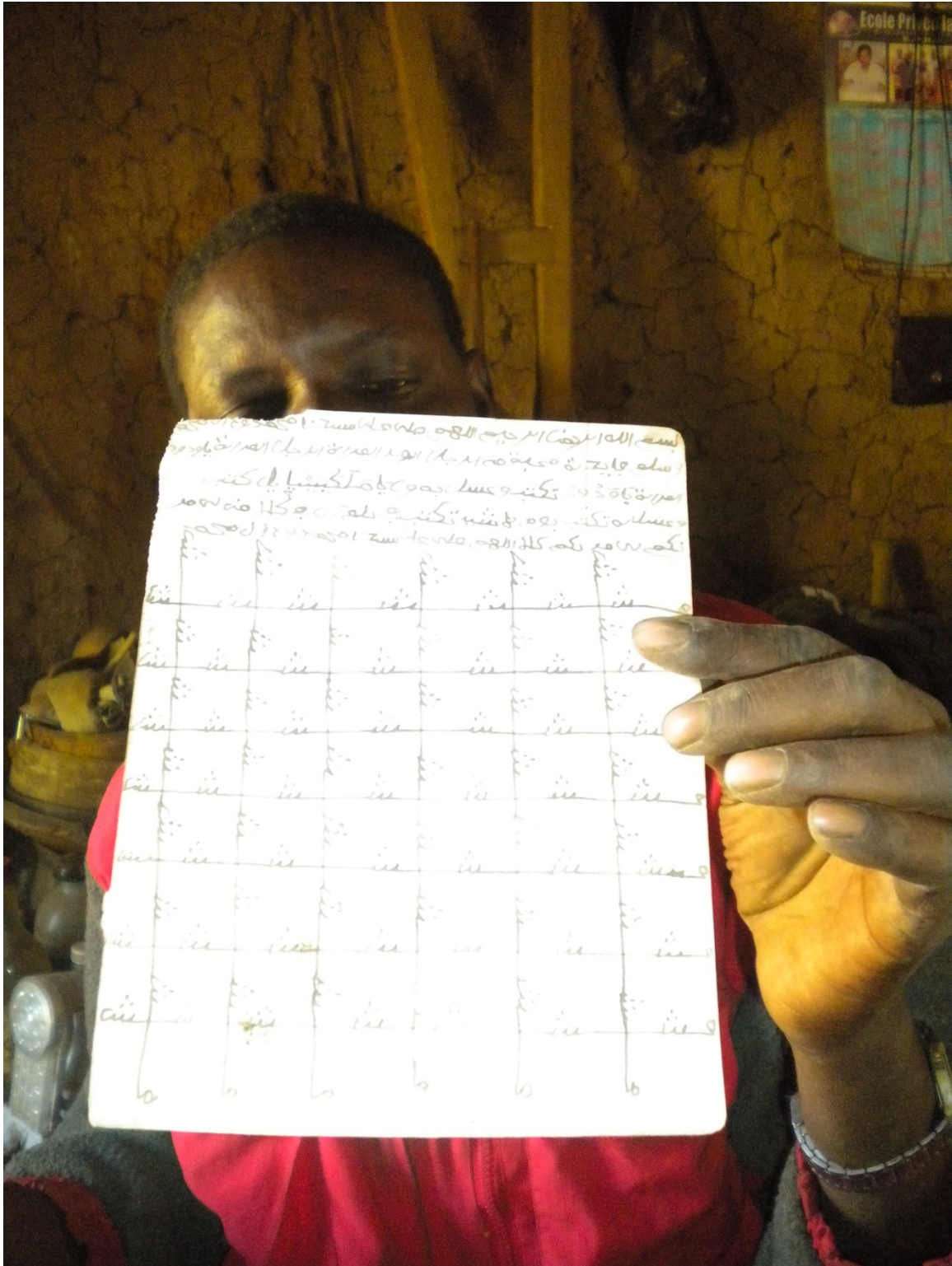


Photo 2 – Healer Keita demonstrates “The Names of God”



Photo 3 – Healer Keita with an amulet