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**A LIVING PHARMACY<sup>1</sup> : THE PRACTICE OF *KASTOM* MEDICINE IN HONIARA**

Holly R. Buchanan

A Thesis

in

The Department of Sociology and Anthropology

A Thesis Submitted in Partial Fulfilment of the Requirements  
for the Degree of Masters of Arts  
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## ABSTRACT

### A Living Pharmacy: The Practice of Kastom Medicine in Honiara.

Holly R. Buchanan

Honiara, is a young urban setting where individuals from different ethnic groups and islands are creating their own urban culture. The practices of traditional healers in Honiara occur in a context where little action has transpired to integrate *kastom* medicine into the national health system. While policies and strategies were created to foster the incorporation of traditional healers into the health system, their focus is associated with rural areas and static concepts of 'tradition'. Such a focus does not consider social and cultural change, urban practices, or the rural / urban circular movements of healers. At the same time, traditional healers are creating their own networks, developing their practices and negotiating their positions as *kastom* medicine is utilized informally alongside biomedicine. Their conceptions about the causation of diseases coexist with Christian and magical beliefs in a context of continuity and change. How *kastom* medicinal knowledge is created, transmitted, legitimized, controlled, challenged, changed and acted upon is discussed against the background of the complexity of urban social life. Healer's knowledge of their natural pharmacopoeia is a great resource at the level of primary health care, as are the roles healers play as specialists in divining and healing *kastom* illnesses. The significance of this work is threefold: in this stage of development of the country it is important to understand the coexistence between medical traditions, and to understand their changing roles in an urban context and in the national health system; theoretically it will further our understanding of social change, and it will fill gaps in the lack of scholarship in the area of traditional medicine in the Solomon Islands and more specifically in urban Honiara.

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## **PREFACE - RESEARCH METHODS**

Upon my arrival 'in the field', I had many fieldwork questions in mind which I wanted to pursue (See Appendix 1). As my five months of fieldwork progressed, some of these questions were answered with more questions; some of which I address throughout my thesis and others I've saved for further inquiry. The field data on which this thesis is based was collected in Honiara from July until the end of November, 1997, through the use of the ethnographic field methods of observation; participant observation<sup>2</sup>; 8 unstructured and 31 structured interviews; a survey of forty patients at a clinic; the photographing and documentation of sixty-four medicinal plants; and a review of documents available in Honiara. Further library research was completed at the Australian National University in Canberra just prior to and after my fieldwork. The triangulation of methodological approaches in anthropological research (Nichter, 1992) can enable one to compare different data sets generated from multiple approaches; this gives one the "opportunity to question the extent to which data may be influenced by or constitute an artifact of a collection procedure" (Nichter, 1992, p. 230).

I arrived in Honiara in July, 1997 to do field research after being approached by Dr. Christine Jourdan to work under her employ on her linguistic project in the Solomon Islands. After my arrival in Honiara my initial focus was to settle into the house where I was living, participate in and observe life in my neighbourhood of Vura I, and to increase my conversational language abilities. Due to my previous experience of working on the Pijin Dictionary project for Dr. Jourdan, and after taking a class in Pijin with her, I acquired reading and writing skills, and a strong language base to build from. Over the

first two months, my research work on this linguistic project allowed me the opportunity to spend time with another research assistant who was a native speaker of Pijin, and to whom I credit for the speed and ease with which my conversational language abilities increased. With her as my guide I received my first introduction to medicinal plants and their uses, and my understanding of the cultural worlds around me grew.

My work on this project included the mapping of the houses in the neighborhood areas of Vura I, II, and III, as well as census interviews at some of the households in these areas. I also became familiar with the specialized language which was being used in the area of healing, *kastom* medicine, and in medical encounters. My introduction to a wide cross-section of people during the census was an essential component in creating the base from which my social networks and fieldwork research grew.

Initially I had thought that my research about ‘traditional’ forms of medicine would primarily occur in the eastern suburb of Vura I where I lived; however, as my social networks developed I began to participate in the lives of and have relationships with *kastom* healers and other individuals who lived in other town districts, and from rural contexts who were visiting town. The nature of social networks in Honiara, I found, cannot be relegated to a suburb. These expanded networks do not confound but in fact allow for dynamic interactions and cultural creations to take place. My introduction to those who identified themselves as *kastom* healers occurred as individuals from my household, from different neighborhoods and from those who attended the literacy class I voluntarily taught,<sup>3</sup> became aware of my research interests and introduced me to other people. In this respect I would refer to this as a ‘snowball’ network.

The criteria for those *kastom* healers I interviewed was that they themselves and/or others initially identified them as healers. They came from a diversity of cultural backgrounds, ages, levels of formal education, and employment. Three of the healers were men and eight were women; their ages ranged between twenty-one and sixty-six. Two of the healers lived in rural areas, from Guadalcanal and Choiseul, and were visiting town for an extended period of time; the other healers lived in Honiara on a full-time basis. (See Chapter Four for an elaboration of this group's composition).

The time I spent with, observed, and did unstructured and structured interviews with eleven *kastom* healers varied for each individual. Structured interview questions were created after four unstructured interviews with four healers, while for the other seven healers I did singular or multiple structured interviews; all interviews were done with their verbal consent. In these interviews, I asked for an elaboration of topics introduced during the interview or topics covered in previous discussions. New questions were also covered. Unstructured interviews were usually not taped; instead I took notes during and after the discussions. All structured interviews were taped with the permission of the individuals interviewed. During the thirty-one structured taped interviews (twenty with healers, ten with individual women from a focus group, and one with a clinic nurse), I tried to be as informal as possible. Questions not previously planned were asked. At the same time the interviewees themselves sometimes directed new topics for discussion which they felt were more important. All structured interviews were conducted in Pijin, with the exception of one where the individual spoke in both English and Pijin. In the first two interviews with one healer my research assistant translated my questions from Pijin to Senga<sup>1</sup> (a language



from Choiseul). My last two interviews with this healer (one structured and one unstructured) were in Pijin, as were our conversation when I accompanied her to a hospital appointment.

I went to the Botanical Gardens and the ‘urban bush’ five times with four *kastom* healers, specifically to collect and identify medicinal plants; on other occasions healers would point out different trees or plants when we walked together. I participated in the preparation of different remedies on three occasions. I assembled a photographic album of sixty-four different plants, which was used for discussion during interviews with these four healers, and other healers I had not gone to the bush with (See Appendix 9 for selected examples of plant data collected). On one occasion I videotaped while remedies were being prepared and plants were being collected. My lack of skill, access, and general unfamiliarity with this medium does not allow me to consider it to have been a research method per se. However videotaping was an interesting learning experience nonetheless; it also raised some questions for me regarding the use of video in fieldwork.

While I participated in the making of different remedies on three occasions, but due to the nature of these *kastom* healers work it was difficult to be present when they were involved in patient-healer interactions. I did not live close to them, and their patients would come to their houses at any point in the day or night. I was however with healers on four occasions when they treated patients who came to them. Since *kastom* medicines could be found in the household where I lived, I saw them used on three occasions. At other homes I visited and when my classes met, I had opportunities to observe the use of *kastom* medicine at a household level, as well as its simultaneous or sequential use with

pharmaceuticals or other store bought remedies.

Over the three months as a literacy teacher, I was able to observe when different women and their children were unwell, and illness and illness experiences were often a topic of conversation within the group. As I was also invited to the homes of some of my students, I was able to observe their lives outside of the class context. I was sometimes asked to read medication labels, and I accompanied three different women to the hospital for appointments. The structured interviews I completed with a focus group of ten women from my class were set up to discuss options that they chose when they were unwell; what caused the illnesses in their families; if they used *kastom* medicine and where they found it; and what treatments, both *kastom* and biomedical, they used for a range of illnesses (See Appendix 2 for questions used at these interviews). These ten individuals who volunteered to be part of this focus group, after our classes were finished, responded to a request I made to my classes for anyone who would be interested in allowing me to do a formal interview on the subject of health and illness experiences. All interviews were taped with their consent in Pijin.

Over the months I lived in Vura I, I had often walked by the Vura clinic and had spoken to people about their neighborhood clinic; I had also gone to the Vura clinic for appointments with some people. From November 3<sup>rd</sup> to the 7<sup>th</sup>, I went daily to the Vura clinic and participated in and observed the clinic's activities. I helped process patients' cards, sterilize trays, roll cotton balls, cut bandages, labeled blood samples, looked at malaria slides with the microscopist, went on a community visit with a nurse, observed nurse and patient interactions, was part of discussions with nurses and patients, and took

notes on Pijin terms and phrases being used to describe different states of being unwell in nurse / patient discussions, with which I was unfamiliar. One structured interview which was taped with a nurse from the clinic centered on the services offered and on her perceptions of the intersections between *kastom* healers and the health sector<sup>5</sup>, as well as her perceptions of *kastom* medicine itself.

After three days inside the clinic, I started to go outside onto the veranda where the patients waited for their appointments. I initiated conversations with people about why they were there and participated in other conversations which were taking place. Over the next two weeks, I went to the clinic over seven days and made a survey with forty patients who were waiting for their turn to see the nurse or a doctor, or for their test results. The survey contained questions about: demographic information and questions connected with the reasons they had come to the clinic, what sicknesses they and their families regularly had, medicines frequently used, attitudes about the clinic, and their use of *kastom* medicine (See Appendix 3 for clinic survey questions). All survey questions were done orally in Pijin, and I recorded the answers for each question in Pijin. The time I spent doing the survey and chatting with patients was of course also a time of observation. During my time in Honiara I also had to go to doctor appointments, and I would sit outside for long periods of time and participate in the process of being a patient myself.

During my field research I tended to take short notes throughout the day and was usually able to find a space to sit alone and expand them. I found I was more consistent with writing my expanded fieldnotes daily, in the evening or the next morning if necessary, throughout the first two months when I wrote all my field notes by hand. During the last

three months I used a computer and also wrote by hand but these expanded fieldnotes were not always done on a daily basis.

In September and November, 1997 I 'took stock' and re-evaluated my research process, which allowed me to prioritize and focus on specific areas. I reviewed what I had completed and made a focused plan of areas to pursue. This was also a time when I conducted an overview of my data by listening to the interviews I had made, making notes and jotting down further questions, and by reviewing my fieldnotes.

All transcriptions and the indexing of these interviews (thirty-one structured and eight unstructured) were numerically identified with the tape counter to make the later retrieval of specific text effortless. In the end, after indexing, I transcribed thirty-four of the interviews in full text, while the other five were transcribed in some sections and indexed. All the interviews that were transcribed and indexed were coded with key words.

And it is to this end that my field research is transformed into this text - "the key to the process lies in sensitively representing in written texts what local people consider to be meaningful and then in making their concerns accessible to readers who are unfamiliar with their social worlds" (Emmerson et al, 1995, p. 108).

## CHAPTER ONE

### INTELLECTUAL CONTEXT OF THESIS

#### INTRODUCTION

This thesis focuses on the *kastom* medicine of the Solomon Islands<sup>6</sup> or more specifically of the heterogeneity and complexity of the perspectives, knowledge and practices of *kastom* healers in Honiara. The culturally diverse and rapidly changing urban centre, where individuals from different cultural groups are creating their own urban culture (Jourdan 1985, 1995a, 1996a), provides the context in which healers are developing their healing practices. I will discuss social change in relation to this healing tradition and will illustrate how healers themselves are agents in creating changes in their healing traditions, while at the same time I situate their commentaries and healing practices in the wider political, economic and socio-cultural contexts. The ethnic diversity of the urban centre also contributes to the availability of medicinal specialists from other islands and to the diversity of available medicines. *Kastom* medicine, considered to be the indigenous form of medicine that existed prior to contact with European missionaries and colonialists, and the concomitant development of biomedical health services, is an integral part of contemporary life and a pragmatic choice of health care.

#### KASTOM MEDICINE

*Kastom* healers practice informally alongside biomedicine in a medically pluralistic society<sup>7</sup> and they are neither professionalized nor are there legal sanctions against their work. While healers practice alongside biomedical doctors, the intersections between these medical practitioners occur for the most part at the level of their patients who can move between these traditions to explain, understand and heal their afflictions. Biomedical and *kastom* medical

practices become integrated at the level of patient referral. Some healers refer their patients to doctors for diagnosis, and some doctors and nurses refer the patients they are unable to diagnose to *kastom* practitioners. In order to fully comprehend how these two coexisting medical traditions interact, they must be historically contextualized and understood within the ongoing processes of health policy development.

While health policies have been created to foster the incorporation of traditional healers into the health system (MHMS 1986, 1987, 1990, 1997), they focus on what policy makers perceive a rural traditional healing practice to be, and as such these policies do not consider the urban practices of healers or address the effects of social change. It is important to consider the rapid changes in the practices of healing and religious belief systems that occurred with the impact of missionization and the introduction of Christianity, biomedicine and new diseases. The transformation and integration of introduced treatments, Christian ideologies and disease etiologies into *kastom* medical knowledge and practices which occurred/occur, demonstrate not only the capacities of ongoing human creativity in the processes of socio-cultural change but the individual strategies of healers in response to a changing profile of diseases and health situation. Furthermore, while policies do not address the urban practices of healers, urbanization, a relatively new phenomena, has effected how some *kastom* healers practice their medical traditions - for example, what they charge as their fees, where they collect their plant medicines, the amount of patients they see, or how they envision developing their urban healing work.

As a medical tradition *kastom* healing is not homogenous. The individuals who practice *kastom* medicine have a wide range of treatments, specialties and knowledge, and

these vary within and between islands in diverse cultural and environmental contexts, as well as within the culturally diverse urban context. *Kastom* medicine encompasses a wide range of practices and plant remedies that include healing treatments and remedies prepared by a healer, or by members of a family and their relatives at a household level. It includes the use of plant medicines to treat a wide range of communicable and non-communicable diseases, for the effects of ailments caused from external or supernatural sources such as magic and sorcery (also referred to as *poeson*), and for the protection from sorcery and spirits.

Diseases and states of being unwell are classified by healers as being caused by factors relating to *saed lo kastom*, (*kastom* is broadly glossed in Pijin as tradition/culture), or those relating to medical causes, *saed lo medikol* or *siki nomoa*. These etiological distinctions convey information about and focus on the inside of the body as an explanation for being ill, *medikol* causes, or on the other hand focus on the actions of individuals or spirits as possible causes for being unwell, *kastom* causes. While illness symptoms can convey information about internal physical and emotional conditions and/or social relations, the diagnostic distinctions that exist between *kastom* and *medikol* illnesses are not always symptomatically clearly defined, as sorcery is believed to cause symptoms similar to diseases caused by pathogens and organ failure<sup>8</sup>. At the same time, Tedder & Tedder (1979) explain that while people can explain in 'physical terms' how someone dies, ie: like in the case of a bleeding bowel, the underlying primary cause and question would still remain as to why the individual had died in that way and at that point in time.

Healers are specialists in preparing and prescribing plant remedies for *kastom* illnesses and a wide range of infectious and non-communicable diseases (*medikol*). Their remedies

address treatments for those infections that are the leading causes of morbidity and death in the Solomon Islands. These diseases are discussed in the disease profile in Chapter Three, and some of the medicinal plants and treatments prescribed by healers are discussed in Chapter Four. *Kastom* plant medicinal knowledge has been pragmatically maintained by healers and other individuals with plant knowledge, and it is a valuable resource used at the level of primary health care. In Chapter Four, the fifty-three plants I discuss are from a body of plant data I collected with four healers; from this data these fifty-three plants are used for eighty-three different indications and of these indications seventy-four are classified as treatments for *medikol* causes and nine are used for treating illnesses caused by *kastom*.

*Kastom* illnesses are suspected when there are particular symptoms, a chronic sickness with no medical diagnosis, an unusual sudden acute change in health or death, and at these times individuals can begin to look for possible causes on *saed lo kastom*. These misfortunes are assumed to be caused by *poeson* (sorcery) in response to jealousy and social disputes, by the intervention of spirits and dead relatives around moral and social issues, by the sins of parents, or by the failure to obey and respect customary laws and taboos. These perceived causes of *kastom* illnesses are related to an individual's actions which are thought to contravene their social responsibilities and expected behaviour. These social expectations, the role that *kastom* illnesses play in Honiara, and the role of the healer in relation to these illnesses are discussed in Chapter Five. I will illustrate how healers, in the process of healing *kastom* illnesses, act as specialists in assisting their patients to mediate social and moral values. While diseases referred to as *medikol* (medical) can be treated by biomedicine and *kastom* medicine, *kastom* sicknesses cannot be healed by biomedicine.



The term *kastom medisín* is also used by healers to differentiate indigenous medical traditions from *waetman*'s medicine or biomedicine. Healers and patients can create in their discourses a symbolic distancing or opposition between their *kastom* healing practices and biomedicine - juxtaposing traditional and modern treatments to different states of being unwell. In practice there can be an overlap between these medical traditions at the level of the individual patient who is referred or chooses to move freely between these medical traditions, and when patients use both *kastom* and biomedical treatments either simultaneously or sequentially. As Nichter (1992) has explained there are coexisting ideologies in the use of biomedical and traditional healing practices, and in the use of combined treatments to cure diseases and heal illnesses (xiii).

### ***KASTOM, KASTOM MEDICINE, AND CULTURAL CHANGE***

While patients and healers can express a symbolic distancing between the practices of these medical traditions, within the understandings and practice of *kastom* medicine itself categories such as *kastom* medicine/biomedicine, local/foreign, *kastom*/Christianity, tradition/modernity oppositions or their correspondences can appear to be symbolically polarized. However, these categories are not conceptually rigid and I found that in my discussions with individuals about *kastom* medicine the boundaries between these 'oppositions' were at times blurry. They are "mutually implicated, reciprocally transforming discursive domains, which overlapped in time, affect and practice" (Douglas, 1996:183). Thus to understand processes of socio-cultural change within *kastom* medicine it is theoretically important to consider, as Jourdan (1996) has explained, the dialectic interplay within and between symbolic domains that allows for the mediation of cultural changes. In

these processes of cultural change, new cultural elements have been incorporated into the conceptions and uses of the indigenous medicine of the Solomon Islands and these are identified as *kastom*.

According to Keesing (1982a), the term *kastom* itself conceptually allows for a diversity of meanings and as such it is a “powerful symbol because it can mean (almost) all things to all people” (297). And while the variable meanings of *kastom* are used symbolically by healers, it is also thought of as a guide for reinforcing particular behaviours. In relation to *kastom* medicine, the content, meanings and expectations of *kastom* are conceptualized differently by individuals, depending on the situation and the individuals interests which allows for a heterogeneity of treatments and practices between *kastom* practitioners. For healers and patients, *kastom* medicine can refer to a diversity of knowledge and practices passed on by their ancestors, but this does not preclude the integration of other cultural elements into *kastom* medical practices. For example, the integration of Christianity into *kastom* healing practices is indicative of the fluidity of *kastom* as a concept and of the creativity of human agency and its role in cultural change. The association of pagan beliefs with medicinal practices, such as praying to ancestral spirits and receiving their blessings for medicines, have been reordered by some healers as they incorporate Christian symbols and prayers to God in their collection and preparation of medicinal plants, and in their healing treatments. Christianity has also affected, for example, the ideologies of some healers about specialized knowledge and how it is transmitted and controlled, and how fees are charged. At the same time, the incorporation of Christianity into some healing ideologies and practices does not prevent understandings of disease based on external sources such as sorcery or ancestral

spirits. In this respect, what is said to be based in *kastom* also incorporates beliefs in God and beliefs in spirits and sorcery.

In Honiara there are also syncretic forms of healing and understandings of disease that combine *kastom* medicine, biomedicine, and Christianity. These cultural forms are being created through ongoing cultural changes that intensified with interactions and contact with individuals from other ethnic groups and islands, and with traders, colonialists and missionaries. Furthermore, Independence, the development of a Nation<sup>9</sup> and rapid urban growth, with intersections to modernizing global forces and cultural products, have precipitated rapid cultural changes occurring in Honiara (Jourdan, 1996a; 1996b). *Kastom* healers draw upon some introduced plants<sup>10</sup>, ideologies and practices. Some ideologies and practices have been borrowed, synthesized and reinterpreted from other cultural elements introduced with Christianity and colonization, from other Pacific islands, and through interaction with the contemporary world system. The more recent urban, regional, national, and global processes are and continue to be significant in the transformation of urban healing practices.

The cultural creativity amidst the rapid urban cultural change occurring in Honiara, has been referred to by Jourdan (1995a; 1996a) as creolization. She draws upon the theories of Bakhtin and linguistic terminologies and processes to use creolization as a metaphor to describe socio-cultural processes. In the following quote Jourdan describes creolization - the “negotiations” by individuals of different systems of meanings.

There exists an ongoing dialogue between individuals and groups through which each is progressively changed... This Bakhtinian dialogue is in fact the key to social relations: it provides both the dynamics that generates broad

cultural homogeneity at the level of the group, and the heterogeneity of individual practice (1995a:205)...it is exactly those adjustments that make the individual the agent in creating new or modified cultural elements...(1996a:37)....When it comes to cultural changes, nothing is given and fixed; individuals creatively select and appropriate different discourses and ideologies and map them, (very often partially) onto existing practices. The result is permanent hybridization (Bakhtin, 1981), what I call here creolisation (1995a:205).

In the processes of creolization - the 'complexity of culture making' - both creativity and continuity are involved; some cultural forms and ideologies in the process of transformation are reinterpreted, others borrowed, some rejected, and new forms are created drawing on all the resources available (Burton, 1997).

Creativity and continuity are also seen in the use of *kastom* as a political symbol. Lindstrom (1982) proposes that as a political symbol *kastom* "is an attempt to read the present in terms of the past by writing the past in terms of the present" (317). Keesing (1982a) also explains that *kastom*'s effectiveness and power as a political symbol is derived from earlier historical sources<sup>11</sup> that can give it a "mystical" quality with ancestral legitimization. Healers refer to *kastom* as the legitimizing force behind their healing practices and they lay claim to the authenticity of their healing interventions as ancestral *kastom* knowledge to legitimate their present day urban medical practices; at the same time some healers also derive a legitimation for their healing practices through their relationship to present day Christianity. Thus the construction and use of histories, which are partial and culturally mediated, serve present day purposes (Jourdan, 1994; Douglas, 1996). Symbolically, *kastom* is also used by policy makers to legitimize present day political decisions in relation to *kastom* medicine by making reference to the long history of use of

these *kastom* healing methods. For instance, as Maenu'u (1979b; 1980) reports the 1979 health policies that were drawn by the Solomon Island Government legitimized contemporary “traditional” medical practices because of their importance as a cultural heritage passed on from their ancestors while at the same time recognizing them as an integral part of contemporary life<sup>12</sup>.

As Jourdan (1996a) explains, for individuals who live in Honiara “the commonality of experience lies not in the past, but rather in the present. History is not the legitimizing agent of urban culture in formation: it is what gives authenticity to *kastom*” (43). While healers may lay claim to the legitimacy of their healing traditions because of *kastom* and its historical references, the development of their healing work in the urban context is a relatively new phenomenon. While the history of the use of *kastom* plant medicines give an authenticity to *kastom* healing remedies, authenticity itself is not inherent in a cultural product or practice. As many scholars have contended, there are no inherent original cultural practices or objects only ongoing human creations and processes of authentication (Handler & Linnekin, 1984; Linnekin, 1991; Bruner, 1993; Jolly & Thomas, 1992). Thus the highly variable meanings of *kastom* as a symbol are drawn upon to legitimize the ongoing formation and transformations of urban healing practices in the present.

While as a term *kastom* encompasses a diversity of meanings, Keesing (1982a) has also put forth that because of the ambiguity and variability of these meanings, contradictions can be created, disguised, and resolved within *kastom*. As a body of knowledge *kastom* medicine poses particular contradictions as it encapsulates both that which can heal and inflict illness. When I used the term *kastom* medicine in conversation with different individuals, I

found that the questions, “do you know *kastom* medicine” or “do you use *kastom* medicine” were interpreted differently to mean either medicine used to heal, protect or to cause harm depending on the conversational context, the individual, and how the word *kastom* was being interpreted. The meaning of *kastom* in relation to *kastom* medicines is not only conceptualized differently as a symbol and as a guide for behaviour, but depending on the situation and individuals interests, it is also actualized differently in practice at the level of the human body.

Values such as fidelity, kinship relationships, reciprocity, sexual propriety, the respect of taboos, the sharing of wealth etc., are evoked through *kastom* illness. As symbols these illnesses can provide a powerful reminder of social expectations and morals, and thus act as a guide for social behaviour. As such *kastom* illnesses can be understood as idioms of distress, where “the body becomes a mediator between individual and collective experience” (Kleinman, 1995:11). In the healing encounter *kastom* healers can mediate between moral and physiological domains of experience, and as Csordas (1994) and Csordas & Kleinman (1990) have explained, during illness the focus on the “negotiation” of the meanings between bodily and social experiences become key to understanding social life.

The meanings of health and states of being unwell are themselves “always conditioned by the social and cultural contexts of the individual afflicted” (Clatts and Mutchler, 1989: 105). When individuals go through periods of painful suffering or when untimely deaths occur, individual ‘beliefs’ around health and illness and the choices of treatments for *kastom* or *medikol* sicknesses, cannot be disconnected from the wider contexts of their experience. For the individual, suffering is a subjective as well as an interpersonal or intersubjective experience. Furthermore, a critical approach in medical anthropology recognizes that the

study of disease, experiences in states of being unwell, health, and medical traditions must be situated in the historical, political, cultural and socio-economic contexts in which people act (See in particular: Singer, 1989, 1990, & 1992; Johnson & Sargent 1990).

In this thesis I situate the practices of *kastom* healers and the use of *kastom* medicine in these wider contexts. In Chapter Two an historical analysis of the medical traditions in the Solomon Islands discusses the introduction and development of biomedicine, how missionaries responded to *kastom* healing and how transformations in healing practices and ideologies occurred. In Chapter Three I present the wider economic, political, demographic, and health situations, as well as a profile of the diseases in the Solomons Islands that both *kastom* healers and biomedical health workers respond to. This chapter concludes with a discussion of health policies in relation to *kastom* medicine. Chapters Two and Three create the contexts within which to situate the commentaries of healers in Chapter Four concerning health policies, their fee charging practices, and their healing practices in relation to Christianity. In this chapter I analyse the conditions that encourage and dissuade the use of *kastom* medicine in Honiara, how healers practice their 'body' of knowledge (and knowledge of the body), and how *kastom* medicines are used by individuals. I show that the reinterpretations by individuals of some elements of *kastom* medical traditions are individual strategies in response to ongoing changing circumstances and pragmatic health care choices. In my presentation of the medicinal knowledge of a group of healers, I show the heterogeneity and complexity of their plant knowledge and practices; some of the plants that are used as treatments in their healing; and how these are collected, prepared and prescribed; and I explain their diagnostic techniques. In my analysis of *kastom* illnesses in Chapter Five

I address some forms of sorcery and the intervention of spirits, the role magic and the intervention of ancestral spirits have in society, and the role of the *kastom* healer as a specialist in divining and healing *kastom* illnesses. I also illustrate with a case study how individuals can move between different possible *medikol* and *kastom* causes when unwell to explain and understand the occurrence of their illness. In Chapter Six I present the results of a survey at a medical clinic and of the interviews with a group of women concerning what remedies they said they used at a household level, and how they moved between both medical traditions when they or their children were unwell. In the next Chapter, I will discuss these medical traditions and how they have developed from a past to present perspective.



## CHAPTER TWO

### MEDICAL TRADITIONS - PAST TO PRESENT PERSPECTIVES

In the Solomon Islands, medical knowledge has been maintained by strong oral traditions as writing was not part of Solomon Islander's cultures prior to missionization. As Laka (1979) explains, "Because writing did not exist we developed the skill to store knowledge in our minds, and to recall it as the need arose. We learnt what we had to know by living and doing and listening to old men and women" (16). This is corroborated by my observations; while some healers I worked with have recorded their medicinal preparations, others maintain their knowledge through memory only. For obvious reasons, written records of botanical information on local medicinal plant pharmacopoeias, their uses and preparations (von Reis Altschul, 1973), and documentation of the diverse beliefs around disease causation occurred only after contact with Europeans (such as anthropologists, traders, travellers, colonial government officials, and missionaries). In their early reports and in the subsequent histories about missionization, there are discussions of the use of *kastom* medicines, albeit not as the primary focus, and of indigenous beliefs in spirits and magic<sup>13</sup>.

### THE INTRODUCTION AND DEVELOPMENT OF *WAETMAN'S MEDISIN*

A century and a half ago, along with Christianity, biomedicine and new diseases, missionaries brought about rapid changes in the practices of healing and religious belief systems. The time periods when these changes occurred varied between different areas in the Solomon Islands, and the effects of these changes occurred at different rates and in different manners (MacDonald, 1985). Biomedicine, also referred to as *waetman's medisin* and *medikol* by some healers I worked with, was introduced by missionaries to the Solomon

Islands in the nineteenth century. Initially the Roman Catholic and Anglican missionaries provided medical services, followed by the involvement of the Methodist, South Sea Evangelical and Seventh Day Adventist missionaries<sup>14</sup>. These missionaries from different denominations actively distributed medications and gave treatments; they worked in hospitals and health centres which they had developed with their own funding. Some of these existing church hospitals and services were given minimal government financial support in the 1920s; this support increased in the late 1940s after the Second World War (Laracy, 1976). However the missions were an openly antagonistic force towards the colonial administration in respect to the neglect, lack of development and funding in the area of health (Boutilier, 1979+). It was not until the 1930s that the government established their first hospital, and real investment in health care is said not to have begun until the 1960s when the colonial administration began preparing the country for self-government (Gegeo, 1994). Many of the earlier missionary-established health facilities have been incorporated and transformed into the national health system, which was initiated by the colonial administration, and then later reformed and developed after independence by the Solomon Island Government.

There are still hospitals today which are run by religiously affiliated administrations<sup>15</sup> sharing costs with the government, but they struggle economically to maintain their services. Church organizations also give health services outside of hospital settings in community-based health development projects, clinic services, workforce training, and counselling. The present government recognizes the role that these church organizations play in their provision of complementary health services. One objective of the 1997 health policy is to try to improve health services in collaboration with these church organizations (MHMS, 1997).

In historical accounts, particularly by missionaries, one finds little written recognition of the practice of *kastom* medicine as a medical tradition in itself and as a viable option to treat diseases within the context of developing health services. While *kastom* medicine continued to be practised by healers outside of the developing health services, it was also combined with the practices of some indigenous nurses. Patricia, a woman whom I interviewed on *kastom* medicine, describes how biomedical and *kastom* healing practices were used by her mother who worked in a clinic in the 1950s.

.....My mother was a nurse....She was one of the first nurses before, during the mission time she trained as a nurse. For the old nurses from before, she said they went to class for one hour for writing, but the practical work was a lot and it was hard work in those days, for the first days. She worked with *kastom* medicine the time she was doing her nursing. Some of those days the clinics were not easy, we were small in the fifties yet, and then sometimes after births she would go and work with the women. The medicine would work and she would go and take out the placenta and after she would give *kastom* medicine for her to heal and then the women were alright. She used the two trees and I watched her work...The woman were good and the medicine she used with them was a *kastom* from Ulawa, a small island. Her brother brought it and this tree is everywhere. It is here in Guadalcanal as well. She still worked to straighten the position of the babies and she could predict what time the baby was due, what date. One woman they were close to send her to Kilu'ufi [hospital] because one nurse said that the baby's position was wrong and then she came to my mother. She said that she would not have to operate as she could position the baby and after two times the baby was ready to be born...They came from the bush. If people came with boils, then she would sterilize a bottle and boil it and make it warm and then I would watch something come out, I was afraid as I was small. I saw the blood and the needles with injections....She used the two of them; *kastom* and gave them shots as well. (Patricia, 4c, Nov.18, 1997).

Despite the fact that missionaries and the colonial government may not have recognized the viability of using *kastom* medicine within their developing health services, this indigenous nurse perceived both medical traditions as valuable and combined them in her nursing

practices within the health system.

## **RESPONSES TO *KASTOM MEDISIN***

The response of the missionaries and the colonial government towards indigenous medicines varied in kind and in degree. While some missionaries supported the use of local plant medicines, other missionaries condemned their use (MHMS, 1986; Tedder & Tedder, 1979) associating *kastom* medicine with traditional religion and sorcery, which they denounced and wanted to change (Griffen, 1983). When ancestral shrines and sacred objects were destroyed by the missions, their actions were backed by the Protectorate Government (Gegeo, 1994), and in the 1930's the colonial administration ordered that all '*Vele* baskets' [basket used by a *Vele*<sup>16</sup> sorcerer to cause sickness and death] be confiscated (Burt, 1994). Indigenous medicines were not supported by the government administration nor by expatriate doctors in the expansion of government affiliated health services. Maenu'u (1980) maintains that expatriate doctors created fear in those who practiced *kastom* medicine and threatened possible prison confinement; however no laws were written by the colonial administration forbidding these practices (Maenu, 1980).

Despite the lack of legal endorsement, Fowler (1959), a constable for the Colonial Government, recounts the story of how he held a court and sentenced a man to six months imprisonment after this individual's sorcery was reported to have killed two men and caused another to be sick. He also ordered the sorcerer's shrine to be destroyed. It was not until the 1960s, that a section was added to the penal code which specified that it was an offence to possess black magic objects or to perform practices "which brought fear to another person" (Tedder & Tedder, 1979:31). People who contravened these laws would then be referred to

the native courts; there are, however, no published accounts of how the native courts dealt with such offences or whether or not any individuals were brought forward.

As well as condemnations of *kastom* medicine, there are also contradictory statements and ambivalence expressed in missionary statements about the use of *kastom* medicine and other traditional practices. Some religious denominations, particularly the Anglican and the Roman Catholics supported the inclusion of varying traditions and *kastom* medicinal practices. Laracy (1976) explains that

The islander's conversion was made to appear less a break with indigenous custom than adaptation of it by use of overt similarities between Catholicism and traditional religious beliefs: the externalization of spiritual power in material objects such as the Eucharist, blessed medals, Holy water and rosary beads, the belief in life after death and the practice of honouring the dead (66).

Other groups such as the South Sea Evangelical Church denounced *kastom* medicines particularly in relation to *kastom* illnesses and their links with pagan beliefs (Tippett, 1967; Laracy, 1976).

More recent government health policies (MHMS, 1986) state that some Christian groups, although these are not specified, still disapprove of *kastom* medicine and could be resistant to the development and integration of *kastom* healing into the health system. Maenu'u (1980) proposes that *kastom* medicines are supported by religious leaders. Tippett (1967), a missionary historian, perceives present day *kastom* healing practices as experiments in "heathen magical rites and customs" (343), and he laments that religious syncretisms of Christian and healing practices, which he refers to as "Christo-paganism", represents an impurity of religious doctrines and indigenous Christian practice. One can say that responses to *kastom* medicines varied historically and vary in the present day, not only in effect, locale

and situation, but also depending on the individual, church affiliation, the individual missionary (European or Indigenous), and the doctors involved.

### **INTRODUCED INFECTIONS, TREATMENT EFFICACY, AND EFFECTS**

As the Roman Catholic and Anglican missionaries began developing their health services and treating infections, new pathogen organisms were introduced by labourers and miners en route to other islands as well as by individuals arriving on missionary and trading ships. These new organisms caused influenza, dysentery, colds and other diseases including smallpox, polio, tuberculosis and venereal diseases. These diseases had devastating effects on the population through increased morbidity and mortality, and in some areas epidemics caused wide-spread death (See: Boutilier, 1979+; Hogbin, 1930; Firth, 1959; Burt, 1994). In the early twentieth century the Protectorate government responded to the introduction of these diseases by enforcing sporadic periods of quarantine for some incoming trading and missionary ships. Today, the existence of *kastom* medicine used to treat introduced diseases, and the use of introduced plants in treatment preparations, indicate creative and pragmatic adaptations to changing disease conditions.

When new diseases began to widely occur, Solomon Islanders searched for the reasons these illnesses had befallen their communities because in their understandings of disease causation, illnesses could be attributed to spirits, sorcery and individuals' behaviour. The missionaries were at times blamed to be the cause of these new sicknesses. Solomon Islanders also perceived these misfortunes to be the revenge of their ancestors when they abandoned them and converted to Christianity. The failure of their ancestral ghosts to protect them from a more powerful mana<sup>17</sup>, lax moral behaviour and disruptive social relations were

also identified as possible causes for these disease outbreaks. (See: O'Brien, 1995; Tippet, 1967; Hogbin, 1930; MacDonald, 1985; Firth, 1959; Burt, 1994). The perceived inability of the ancestral spirits to protect people from sickness and death discredited their power.

The disillusionment with the power of the ancestors and the need to find a different source of spiritual protection and power is one of the reasons that pushed some individuals to convert to Christianity<sup>18</sup>. At the same time, effective treatments performed by the missionaries against some introduced and endemic ailments, which did not respond to *kastom* medicine “associated the efficacy of such treatment with spiritual power depending on ritual observances, which was consistent with the Christian emphasis on the healing power of prayer” (Burt, 1994: 134; Also see: Laracy, 1976:78). Missionary medical work was as much a proselytising device as a treatment of infection.

In his article on traditional healers in the Solomon Islands, Maenu'u (1980) states that religion and healing were intrinsically entwined prior to Christianity. The missionaries did the same, albeit in a different form, by combining their medicines with healing prayers and rituals. This reenforced the “belief that sickness and spiritual forces were part of a whole” (Davidson, 1996:31) - that physical and spiritual worlds are not separate (Hogbin, 1930, 1964; Tedder & Tedder, 1979).

## **TRANSFORMATIONS OF *KASTOM* HEALING & RELIGIOUS SYNCRETISM**

*Kastom* healing practices and the healing experience were transformed and reproduced within the changing circumstances of Christianity, and today, religion and healing continue to be combined; this is discussed at more length in Chapter Four. Physical and spiritual worlds are not separated, and as one *kastom* healer explained to me “we deal with the patient, the

whole patient that we can cure... the side of the spiritual and the physical side” (Sista R.\*). Healers deal with their patients holistically and can also use *kastom* medicines to combat the effects of the ghosts of dead relatives, spirits and sorcery on their health.

In their understandings of disease causation, Solomon Islanders can incorporate a wide range of diverse culturally specific forms of ghosts and spirits, some incarnate and some which were never believed to be human ghosts. Ancestral spirits involved in the lives of the living can send illnesses to punish individuals for moral wrongs that they have committed, give signs and assistance to resolve ruptures in social relations, cure illnesses, and give protection from those who practice sorcery (See: Fox, 1924; Hocart, 1925; Firth, 1959; Monberg, 1971; Keesing, 1982b; Akin, 1996). Sorcery or *poeson* attacks “remain an ever-present danger and an explanation for sickness, particularly when other explanations fail, such as affliction by ghosts or diagnosis by a doctor” (Burt, 1994:79). Sorcery attacks are said to result from feelings of jealousy, disputes over land, disruptive social relations, and malice.

*Kastom* medicines are used for afflictions caused by sorcery attacks and spirit interventions; as well, the power of the Christian God may be used in these healing rituals. As Laracy (1976) and Burt (1994) explain, in the adoption of Christianity by Solomon Islanders, their conversion did not necessarily involve the denial of their beliefs in spirits or of the power of religion in temporal well being; these beliefs were overlaid by Christian doctrines. Religious syncretism<sup>19</sup> involving the use of *kastom* medicines with the blessings of the priests, praying for those who had died, or the use of holy water to dispel troublesome spirits and magic, can be found not only during the time of missionization, but also in present day healing practices (MacDonald, 1985; Laracy, 1976; Tippet, 1967; Burt, 1994). It is not uncommon



for some Catholic villagers to ask for masses to “counter the influence of the spirits”, which is perceived by Catholic missionaries as an “expression of orthodox belief in the propriety of honouring the souls of the dead or praying for their consolation”(Laracy, 1976:164); while at the same time “Christians resort to invocation of the spirits if European medicine proves ineffective against illness” (ibid).

The introduction of biomedicine and Christianity by the missionaries caused rapid changes in healing practices and in religious belief systems. Barker (1992) has stressed that when one considers religious syncretisms it is important to keep in mind that none of the contributing religions, in this case Christianity and traditional forms of religion within the Solomon Islands, were ever static or coherent to begin with. This lack of static bounded coherence can also be said of healing traditions. In the Solomons, one can find syncretic forms of healing and understandings of disease combining *kastom* medicine, biomedicine, and Christianity. Thus the missionizing process in the Solomons, with individuals converting from one religious belief system and set of cultural values to Christianity and European values did not occur as such. This was a complex process where some individuals resisted conversion and rejected Christian symbols and values (Akin, 1996; Keesing, 1982b); while other individuals incorporated Christian ideas and rituals into their lives innovatively with indigenous values and beliefs (Gegeo, 1994). In the Solomons, Christianity coexists with ‘traditional’ beliefs and contemporary popular Christian religions and healing traditions are dynamic and heterogeneous, with local and individual interpretations.

## CONTEMPORARY HEALING TRADITIONS

In the conversations I have had with *kastom* healers in Honiara, I came to realize not only the importance of Christianity in individuals' lives, but to take "Christianity seriously as a constituent part of indigenous peoples total religious dialogue with the forces affecting their world" (Barker, 1992:152). In individual healers' conversations about *kastom* medicine and in my observations of their practices, I found that many incorporate what they refer to as Christian-based beliefs with what is said to be based in *kastom*. This incorporation affects many aspects of their practice: such as the collection and preparation of plants, applied treatments, and ideologies around the creation, control and circulation of knowledge of *kastom* medicine. The relationship between what is said to be 'traditional' or *kastom* has been reordered with beliefs in God and with beliefs in spirits and sorcery in individuals' preoccupations with present day situations.

While individuals believe in God, they can also believe in the roles of their ancestors in their daily lives. Consequently, they also believe that diseases are caused by external sources by these spirits and sorcery; as well, the efficacy of *kastom* treatments for these illnesses can be associated with the power of God to heal. Those 'natural' sicknesses on the *saed lo medikol* or *siki nomoa* are identified as those states of being unwell which are caused by such things as infections, mosquitos, organ dysfunction, cold, and urban dust. Those sicknesses caused by a range of other forces or 'supernaturals' such as spirits, ghosts, and sorcery are referred to as *saed lo kastom* or *kastom siki*. Individuals' conceptions of the causation of diseases from organic causes and pathogens (*saed lo medikol* or *siki nomoa*), coexist with Christian beliefs and beliefs in spirits and sorcery (*saed lo kastom*) in a context

of continuity and rapid social change. Therefore, it is problematic to think of the supernatural as distinct from the natural in the Solomons, as both coexist and are part of the everyday state of being in the world.

*Kastom* treatments in modern day healing practices must respond to *kastom* illnesses and also to an ongoing wide range of infections and noncommunicable disease. As previously mentioned the diagnostic distinctions that exist between *kastom* and *medikol* illnesses are not always symptomatically clearly defined, as sorcery is believed to cause symptoms similar to diseases caused by organ failure and pathogens. In Honiara, on a daily basis, individuals must deal with high levels of common infections such as malaria, flu, boils, lung infections, fungal infections, diarrhea, abscesses etc., as outlined in the disease profile in the next chapter. Treatments for these vary and individuals make choices between what is available in their household, from *kastom* healers, clinics and hospitals. Healing with *kastom* medicine, introduced imported products (such as Vicks, Sea Coconut cough syrup, and White Flower), biomedicine and pharmaceutical treatments, and religion are all intertwined, albeit sometimes ambivalently, in the treatment of infections and non-communicable diseases.

These different treatment options are used simultaneously or sequentially, depending on the severity and duration of symptoms, access to such treatments and economic considerations. In the urban centre individuals have access to eight different clinics and the Central Hospital [also referred to as Number Nine - *Numba Naen*] where no charges are made for services. Some medications are free at clinics; while other more specialized medications are dispensed at the hospital, for a five dollar user fee, or at pharmacies at full cost. Access to private doctors and *kastom* healers can be at a premium and costs vary for

their consultations and treatments. The cost of bus fares, time away from work, childcare options, and individuals' knowledge of common *kastom* treatments or of healers with specialized knowledge are also factors that can be considered when an individual makes choices between treatments and medical traditions.

Treatment options, individual's understandings of disease causation, and the practices of doctors and healers cannot be disconnected from the wider historical, economic, political and health contexts. In this Chapter, I have addressed the impact that missionization had on *kastom* healing in the Solomon Islands through their introduction of Christianity, biomedicine and introduced diseases. While this historical analysis is not comprehensive, I have highlighted important historical conjunctures to consider as *kastom* healing, biomedicine and Christianity converge within the contemporary treatment of disease and illness. In the next chapter, I discuss the demographic, economic, political, and health circumstances in which the experiences of individual *kastom* healers and their patients must be situated.

## CHAPTER THREE

### AN OVERVIEW OF THE WIDER CONTEXTS

#### INTRODUCTION

The purpose of this chapter is to ground my data within the wider contexts of the Solomon Islands, as already mentioned, an important aspect of any critical approach in medical anthropology. This chapter consists of a brief introduction and two sections: the first section covers the demographic, economic and political contexts; and the second section gives an overview of the health system, a profile of the diseases which occur in this social setting, an outline of health policies in relation to *kastom* medicine and the questions these pose for healers in the urban setting of Honiara.

Honiara, on the northern coast of Guadalcanal, is the capital of the Solomon Islands and a culturally heterogeneous urban center where people from all over the Solomon Islands come to live. The name Honiara is said to be derived from the word Na-ho-ni-ara which is translated as 'facing the north east winds' (Harcombe, 1993:92). Built on the site of an American military base and developed after World War II as a colonial town, Honiara is a young urban setting of just over fifty years old. It is in this rapidly changing South Pacific town that individuals from different ethnic groups and islands are creating their own urban culture. (Jourdan, 1985; 1995a, 1996a).

Throughout the Solomon Islands there is great linguistic and cultural diversity. Over eighty-seven different languages and other dialects of these are spoken, Pijin is the lingua franca, and English the national language (Jourdan, 1985). Some individuals affiliate identity with the name of their localized language or dialect, as well as with their village, island of

origin, as a Solomon Islander and as an urbanite.<sup>20</sup>

## **SECTION ONE**

### **DEMOGRAPHICS**

The population of Honiara was estimated at 39,633 in 1992 (Saadah et al, 1996); however, based on the 1986 census and a growth rate of 7.7 % per year, the Ministry of Statistics estimated the population in 1996 to be 49,042 (SIMFSO, 1996). There is increased migration to the urban setting, where people have hopes of finding wage employment, of accessing foreign and modern goods, for education, and the attraction of city life (Jourdan, 1985; Burt, 1982, 1994). There is also circular migration of extended family members from the villages to town to visit, sell goods and use medical facilities. Increases in urban population creates pressures on land<sup>21</sup> and housing, health and educational services, water and sanitation, and for the urban families who house and feed increasing wantoks<sup>22</sup> from their villages (Jourdan, 1985). While there is a rapid urban growth in Honiara of 6.5 %, around 84% of the population lives in rural settings (King, 1995; Saadah et al., 1996; UNICEF, 1993).

The population of the Solomon Islands was estimated at 384,067 in 1996, and with population growth of over 3.5% per year, 1998 estimates are well over 400,000 (SIMFSO, 1995)<sup>23</sup>. It is also estimated that the population will double between 1991 and the year 2011 if fertility and mortality rates are maintained (Saadah et al, 1996; UNICEF, 1993). At the same time it must be taken into consideration that the majority of deaths are not registered, causing an inability to accurately reflect increasing and decreasing mortality rates (MHMS, 1990). While decreases were noted in fertility rates in the 1986 census, the fertility rates in

the Solomon Islands are high compared to worldwide rates (Population Reference Bureau, 1993).

Growth in population is attributed to high fertility levels of 6.1% (MHMS, 1997), declining infant mortality rates, and increases in life expectancy. Saadah et al., (1996) put forth that the increase in population between 1970 and 1986 can also be attributed to the age structure of the population, wherein an increasing number of females were entering their reproductive years. This age structure is not only a result of rapid population growth but a contributing factor in projected increased growth. The present population structure, where 45% of the population is less than fifteen years old, as well as an increasing number of females, can be noted as factors which will contribute to the projected doubling of the population over the next twenty years (SIMFSO, 1995). Such growth impacts not only on the health status of women and their children but on increasing demands for health care services. This being the case, the reduction of fertility rates are a development strategy and an objective of the 1997 Government Health program (MHMS, 1997).

## **ECONOMICS**

High rates of population growth increase the demand for employment. While there has been a slow growth in employment it has not kept up with increases in population growth. Steeves (1996) puts forth that with around five thousand graduating students each year, employment is a political issue. It is estimated that five hundred new jobs are created per year (UNICEF, 1993), and that there is an urban bias for job creation where forty-five percent of all wage earning employment is in Honiara (Steeves, 1996). While the income of eighty-five percent of the Solomon Island population is based on subsistence agriculture and fishing, and

is outside the formal wage-earning sector<sup>24</sup> (ibid), changes are occurring in village subsistence economies with transitions to an increased participation in the cash economy. At the same time, opportunities to generate cash are limited which contributes to urban migration (King, 1995). While opportunities for wage employment are greater in Honiara, urban inflation restrains household incomes making it difficult for individuals to keep pace with increases in food and transportation costs (UNICEF, 1993).

Current economic development is based on large scale fishing, logging, agricultural, and mining industries which are all tied to foreign capital (King, 1995; World Bank, 1995). Socio-economic changes with increasing wage employment, competition between food and cash cropping, and soil degradation, have also had an adverse effect on patterns of subsistence and food production (UNICEF, 1993). This rapid economic growth has occurred at the expense of the rapid depletion of the forests' biodiversity and natural resources (Halvakz & Hochberg, 1997; Gegeo, 1994).

Environmental degradation and the depletion of the forest's biodiversity is an issue for *kastom* healers. It is from the forests' rich resources that they derive their medicinal plants, the basis of their living pharmacy. Sista R. explains "We know that the things we have is our living pharmacy. Now the logging is destroying the trees... Yes very sad, all the money goes out of the country for the mining and the land is destroyed. Very sad. The money is going, the gold is going" (Sista R. \*).

These socio-economic and subsequent environmental changes have implications not only in relation to threats of depletion of medicinal plants, food security and decreases in nutritional status, but can be linked to decreases in immune system response in children and



to increased levels of infection because of malnutrition. The degradation of the environment for cash cropping, mining and timber revenues, and migration and population pressure on the land can all be linked to increasing health problems from malaria and other parasitic infections by increasing the opportunities for infection to occur, as well as to increasing sanitation and water supply problems. (UNICEF, 1993). While there have been economic gains due to crop and timber exports, these are diminished by the government's domestic and international debts which totalled over \$850 million, or three times the country's revenue, in 1997 (Solomon Star, 1997d).

## **POLITICS**

The Solomon Islands gained internal self-government on January 2, 1976 and constitutional independence on July 6, 1978, after almost a century of British colonial administration. Before becoming a British Protectorate in 1893, Solomon Islanders had no experience with political parties nor did they have a single centralized political system, and from independence to the present these parties have been continually changing, in flux, and challenged (Steeves, 1996).

Previously and still today, some ethnic groups in the Solomon Islands derive their leadership through genealogical inheritance - hereditary chiefs - while others did not. In the latter, the exercise of individual power was less authoritative, but based on competence and accomplishment. As many scholars of the Pacific have shown (See: Fox, 1924; Firth, 1959; Hogbin, 1964; Keesing, 1982b, 1992b; Gegeo, 1994; Trompf, 1995; Lamour, 1996) leadership was not only determined by kin relations, but was created through feast giving which established debts, built social cohesiveness, and created economic and social

relationships. Power was maintained and contested by individual 'Big men' through face-to-face interactions and complex multi-stranded relationships (with the living and through ancestral spirits), by amassing wealth and sharing through redistribution and reciprocity. While common norms and values were maintained through conflict resolution, retaliation, compensation, gossip, shaming and supernatural sanctions.

In their discussion of political leadership and change in the Solomon Islands, Feinberg and Watson-Gegeo (1996) stress that these older leadership patterns are being transformed in a dialectical relationship by the new political structures. Alasia (1997) argues that the process of governance since independence has been impacted by an absence of strong cohesive parties and that a Big man or a *wantok* style of politics is influential. In 1997 the newly elected Finance Minister, Manasseh Sogavare, said that "instead of economic growth leading to the improvement of infrastructure and services - and a rise in general living standards - increased wealth has been concentrated in the hands of a small number of people and companies who knew how to manipulate the government, while the infrastructure and services for the majority have decayed" (The Solomon Star, 1997k: 2).

A new government was elected in August 1997. The new ruling party, the Solomon Islands Alliance for Change [SIAC], has a strong platform to improve the economy through policy and economic structural reforms. These reforms focus on economic growth that will improve living standards and government services.

## **SECTION TWO**

### **NATIONAL HEALTH SYSTEM**

National health services for a growing population are under pressure to deliver services within economically constrained conditions. The current national health system in the Solomon Islands is the result of interventions and biomedical treatments by early missionaries and the subsequent development of health services by the church, the colonial administration, the ensuing national governments, non-government organizations (NGOs), and donor agencies. Increasingly, companies and the private professionalized sector have begun to play a small role in health service delivery (Saadah et al., 1996).

Both private and government-run health facilities act as a referral system in rural and urban settings for different types of health services. There are different levels of service delivery: at the base level are village health worker posts; at the second level are nurse aide posts; then at the third and fourth levels are rural (and urban clinics) and area clinics; at the fifth level are provincial and central hospitals (Provincial Health Services, 1997; MHMS, 1996). See appendices 4 - 6 for the composition of the health care referral system, types of services for existing health facilities<sup>25</sup>, and the breakdown of the health facilities by area and size.

Health care services within the national health system are free; however in 1997 nominal charges for drugs from hospital dispensaries were instituted. Outside of this system, private doctors charge fees ranging from \$25 to \$50 a consultation. Fees for using the services of traditional healers in Honiara vary substantially from no charge to \$5 a bottle for medicines with no consultation fee, to thirty to fifty dollars a consultation, to amounts in the

hundreds of dollars. *Kastom* healers explained that there were differences in their practices of charging fees between rural and urban settings. The importance of the cash economy in town, and the cost of transport and food have precipitated an increase in the practice of charging cash for medicines and consultations. At the same time, *wantoks* are rarely directly charged for healing services in both rural and urban settings; in these circumstances “payment” is up to the discretion of the patient who can either give goods or cash to the healer, or make donations on the healer’s behalf to a particular church.

The roles of traditional medicinal practitioners in the delivery of health services are not analysed in the review of the health system by Saadah et al. (1996) nor in the UNICEF (1993) situational analysis. It is acknowledged though that while “the exact level of utilisation of traditional healing is not documented, it is hypothesised that a large segment of the population uses traditional healing as the only or first response to ailments, prior to contact with the Western health care system” (Saadah et al., 1996:30)<sup>26</sup>. Chapters Four and Five will elucidate the roles of healers in treating communicable and noncommunicable diseases, and in healing *kastom* illnesses, the issues they face in delivering their ‘health services’, and their healing practices and medical knowledge. Chapter Six will illustrate how *kastom* medicines and biomedicines are used by individuals in Honiara and how these medical traditions intersect. Traditional healers and national health service providers both respond to high rates of infectious diseases and an increasing number of non-communicable diseases. Here is a profile of the diseases most commonly treated by medical doctors and *kastom* healers in Honiara.

## **DISEASE PROFILE**

In this disease profile, I have drawn data and ideas from seven main sources: for communicable diseases (UNICEF, 1993; Saadah et al., 1996; MHMS 1987, 1990, & 1997); and for non-communicable diseases (UNDP, 1994; WHO, 1995; Saadah et al., 1996). What follows is a summary of these works unless otherwise indicated as additional sources, or as specific quotations or references from these main sources.

According to the United Nations Development Report “diseases of underdevelopment still account for most sickness and death” (UNDP, 1994:25) in the Solomon Islands. Gastro-intestinal and respiratory infections, malaria, Hepatitis B, skin infections, STDs and tuberculosis dominate the overall disease profile for adults, and “infectious diseases and chronic under-nutrition continue to dominate the morbidity and mortality of children” (Saadah et al., 1996:10). At the same time, it is recognized that adult non-communicable diseases are beginning to increase.

### **Adult Communicable Diseases**

Infectious and parasitic diseases are the main causes of mortality, with malaria and respiratory infections the leading causes of adult morbidity and death. In 1989, over half of the population of the Solomons (156,500) were treated for acute respiratory infections (ARI). There were 400 reported cases of malaria per thousand in 1991. The following is a list of the various infectious and parasitic diseases that are the leading causes of adult morbidity and death in the Solomon Islands. This list includes malaria, tuberculosis and leprosy, skin infections, hepatitis B, and sexually transmitted diseases.

## ***Malaria***

Malaria during pregnancy is dangerous and increases maternal anaemia and miscarriages, while causing still births and low birth weights (SICA, 1997). Sickness from malaria contributes to a loss of productivity at household, community and national levels (Kere & Kere, 1991), and has a “significant impact on morbidity and mortality, productivity, and socio-economic costs” (MHMS, 1997:15).

Over the past thirty years, extensive efforts have been made to bring malaria under control. Initially outdoor spraying was the focus of control programs, but a lack of technology and the nature of the disease itself, and changes in the vector’s behaviour, did not make eradication a viable option (Bakote’e, 1991). Program strategies changed to mass drug administration as a means of control, but the increasing resistance of parasites to the drug chloroquine led not only to the abandonment of this program, but complicated the clinical management of some malaria cases (Kere & Kere, 1991). Parasite resistance to chloroquine also increases therapeutic drug costs as other treatments are more expensive (SICA, 1997). A clinic nurse whom I interviewed comments on the cycle of the malarial mosquito and she describes the present shift in malarial control program.

Malaria, at the beginning of the year it is higher - rain and cyclones and then a lot of pools form for mosquitoes to breed. They lay eggs and produce a lot but towards the end of the year it is dry and malaria decreases...They don’t spray now for malaria. Last year they sprayed, and they sell bed nets and some schools supply them but in town they sell them. In 1995, Japan gave them free for pregnant mothers with babies less than one year. We gave them all away. The WHO do not like them [other countries] to give nets but they wanted them to give money and then they would make the nets... (Clinic Nurse, 1997. Translation mine).

Pemethrin-treated bed nets became part of an expanding control program in the 1990s

(Kere & Kere, 1991) with ongoing research into their effectiveness (Hii et al., 1995; Bell et al., 1997). At present, the main control method emphasized in health policy are bednets<sup>27</sup>. Since a reorientation of the malaria program strategies in 1992, the MHMS (1997) report that the annual malaria cases have declined by 50%, while infant malaria was reduced by 18% in 1996.

### ***Tuberculosis and Leprosy***

Tuberculosis and leprosy, while significantly reduced from previous prevalence rates, are still reported and continue to be the focus of prevention efforts. In 1992 there were 372 new reported cases of tuberculosis. Research on Malaita in 1990, where there is the highest incidence of reported cases of tuberculosis, indicated that drug treatment compliance was low; drug compliance and contact tracing are the major areas of concern in present TB and leprosy programs.

### ***Skin Infections***

Cases of yaws, a highly infectious skin infection, have been reported to be increasing. In 1987, 804 cases were treated at clinics, while in 1988, the number of cases increased to 1850 (MHMS, 1990). In 1990, during a campaign in Choiseul, close to 10,000 people were treated against yaws. In 1991, 16,800 cases of other skin infections, such as scabies and fungal infections, were treated in Honiara clinics (ibid). Skin infections can increase risks of cross infection to Hepatitis B.

### ***Hepatitis B***

Hepatitis B rates are some of the highest in the world and it is estimated that 90% of adults over thirty years old had been exposed; the carrier rate in 1987 was estimated at 12.5%

of the population (MHMS, 1987). Studies show that 77% of girls in the fifteen year old age group were found infected, while 91% of boys in the same age group reacted positively to testing (UNICEF, 1993). Hepatitis B is associated with chronic liver diseases and premature liver cancer in adults. Hepatitis is transmitted through cross skin infections, saliva, through the use of contaminated needles [medical usage or for tatoos], shared razors, blood transfusions, and sexual intercourse (Keystone, 1994).

### ***Sexually Transmitted Infections***

Sexually transmitted infections are increasing, particularly in the urban setting (See Burslem et al., 1997; Hall et al., 1998; MHMS, 1997) and in industrial areas in rural settings. The most common sexually transmitted infections are gonorrhea, syphilis, and genital warts (The Solomon Star, 1997a), and increases in STDs from 4.77 to 12.45 per hundred were identified between 1987 to 1991 (UNICEF, 1993). While these increases in STDs have been recorded at government health facilities, the research by Hall et al. (1998) in Honiara clearly points out that young people seek out private clinics and traditional healers as their first line of treatment for STDs. While there have been two reported cases of HIV infection (WHO, 1996), cases of HIV infection are believed to be under-reported in Pacific Island countries (UN, 1996). Unsafe sex and high rates of sexually transmitted diseases among young people in Honiara set the stage for the rapid spread of HIV (UN, 1996; Burslem et al., 1997; Solomon Star, 1997e & 1997l; Hall et al., 1998).

The control of the incidence of HIV depends largely on the control of STDs, which are cofactors in the spread of HIV. The Solomon Islands Planned Parenthood Association (SIPPA) and the Solomon Islands Development Trust (SIDT) play active roles in distributing



condoms and promoting family planning. A goal of the 1997 health programs is to create awareness of STDs, including an HIV/AIDS awareness program (MHMS, 1997), and international support is being given to these government efforts from the International Health Unit of the Macfarlane Burnet Centre (Victoria, Australia) to facilitate country specific contextual analysis, strategic planning, training, and the design of country specific projects in the area of STDs and HIV/AIDS (MBC, 1997). In addition the Australian Government is funding workshops on reproductive health, family planning, and STDs, including HIV/AIDS (The Solomon Star, 1997d), which can also be transmitted to infants and children.

### **Infant and Childhood Communicable Diseases**

#### ***The Leading Causes of Infant Death - ARI, Malaria and Diarrhea***

ARI (acute respiratory infections) particularly pneumonia (The Solomon Star, 1997c), malaria and diarrheal diseases are the highest cause of infant morbidity and mortality; children under five account for 30% of reported deaths. The leading causes of death for children under five were infectious and parasitic diseases (41% of reported deaths) and respiratory conditions (15%). A 1986 survey estimated that 3.5 diarrheal episodes per year were experienced by children under five. In 1992 there were 267 reported cases per thousand of malarial infections among infants, an increase from 170 per thousand in 1989. Malaria from *Plasmodium vivax* is a major predictor in infants of acute malnutrition (Williams et al., 1997). A clinic nurse discusses childhood health issues and remarks that:

Malaria, pneumonia and diarrhea kill children here. Diarrhea, I treat them with oral rehydration fluids and those with chronic diarrhea I give antibiotics to them. The most common sickness is malaria and at this time the common cold and flu. Diarrhea and TB not a lot, leprosy a little, and pneumonia is effected by not doing home treatment or to take care of the child when they have the

flu. Sometimes not eating proper food like a lack of fruits and vegetables causes boils...there are a lot of fruits and vegetables but there is no knowledge about these; parents buy ice blocks to make the children happy but they don't realize this harms their bodies. We advise them to eat fruits but I see a lot of woman with their children at the clinic and they are holding twisties instead of a banana or guava...fruits...Twistie, ice block, lolly, chewing gum, this is what they give (Clinic Nurse, 1997. Translation mine).

While good nutrition has a direct impact on the health of children, there is also a synergistic link between ARI, malaria and diarrheal diseases and increases in malnutrition; malnutrition further decreases immune system responses to other infections<sup>28</sup>.

### ***Hepatitis B***

In 1993, it was estimated that 35-40 percent of children in the Solomon Islands were carriers of Hepatitis B. In a study carried out on Guadalcanal by Taylor, O'Brien, & White (1991), 51% of the tested children less than five years old had been infected; 90 % of these cases were E- antigen positive and thus were contagious. While immunizations for children, the most effective means to decrease the Hepatitis B virus, are in policy a priority program no health budget has been allotted and the sustainability of immunization programs are continually dependent on donor funding. Present rates of immunization are not high enough to prevent outbreaks of immunisable diseases such as measles, pertussis and Hepatitis B.

### ***Skin Infections***

As with the adult population, skin infections also increase the risks of contracting Hepatitis B. Skin infections such as scabies, tinea, sores, and eye infections, particularly conjunctivitis, are common, while cases of yaws have been increasing. In 1991, a sample of eight clinics treated 16,800 cases of skin infections, of these 25% were for children less than four years old. Skin infections, which are difficult to treat in tropical climates, are effected by

the lack of clean water supplies and are also “exacerbated by the poor level of environmental sanitation and personal hygiene” (UNICEF, 1993:34).

### **Adult Non-Communicable Diseases**

In the Solomon Islands clean water and sanitation are major issues that contribute to the high levels of some infectious diseases responsible for the majority of morbidity and mortality for children and adults; however, it is also recognized that adult non-communicable diseases are beginning to increase. These non-communicable diseases add another layer of health concerns onto already existing patterns of infectious disease.

Adult non-communicable diseases, such as cardiovascular diseases, diabetes, cancer and psychiatric disorders, are ‘clinically and anecdotally’ said to be increasing health problems in the Solomon Islands. However, the lack of more substantial information is hindering health education responses. While the risk factors for certain diseases such as betel chewing, weight increases, smoking, and changes in diet were assessed for women in the 1989 National Nutrition Survey, no such data exists for men.

Non-communicable diseases, referred to as lifestyle diseases or diseases of modernity by the World Health Organization (WHO), are associated with changes in diet, decreases in physical exercise, and increases in the use of tobacco and alcohol. Changes in diet from root crops, fruit and fresh fish, to store-bought foods such as tinned fish, instant noodles and sweets, which are low in nutritional value and fibre and high in salt, fat and sugar, contribute to diabetes, weight increases and levels of malnutrition. These changes in diet can cause increases in fat and sugar that can elevate blood cholesterol and create a higher risk of heart attacks. A decrease in exercise, particularly in urban centers due to mechanization and

changes in work activities that do not compensate for food intake, can lead to obesity and diabetes and contribute to cardiovascular diseases such as ischemic heart disease and stroke. Increases in tobacco consumption can lead to chronic obstructive lung diseases; while increases in alcohol consumption is a contributing factor to a growth in injury and death due to motor vehicle accidents, and to degenerative liver diseases.

Adult non-communicable diseases are still not within the top five causes of morbidity and death. The UNDP (1994) report stresses that transitions in disease patterns or shifts in patterns of illness or death are not abrupt. While a large growing adult population will continue to suffer from infectious diseases they will become more prone to lifestyle diseases. An increase in non-communicable diseases will occur and overlap with existing infectious diseases.

An important feature of non-communicable diseases is that they impose a further strain on already limited health care resources. Treatments for present high levels of infectious diseases require sustained funding, while the present hospital-based curative treatments for non-communicative diseases are costly and unsustainable. On the other hand, traditional healers also provide medicines for infectious diseases, as well as for cardiovascular diseases, diabetes, and cancer. In 1986, Government health policies recognized that an increased integration of *kastom* medicines into the National Health System could possibly decrease the high costs of imported pharmaceutical drugs (MHMS, 1986). The following section will discuss the health policies which were written specifically pertaining to *kastom* medicines between 1980 and 1997.

## HEALTH POLICIES & *KASTOM* HEALING

In Honiara, the intersections between the coexisting medical traditions must also be understood and contextualized within the ongoing processes of health and policy development in relation to *kastom* medicine. In 1977, the need for the use of *kastom* medicines was addressed at the National Primary Health Care Conference in Honiara, and in 1978, the cabinet endorsed the use of traditional medicine in Primary Health Care (PHC) in villages (MHMS, 1986). In 1980 the first government policies on the use of traditional medicine supported such use, and called for research and government support to improve the existing uses of medicinal plants. It was estimated that there were between twenty to thirty thousand people who were practising traditional medicine throughout the country (ibid).

In his discussion of traditional medicines in the Solomons, Leonard Maenu'u (1980)<sup>29</sup> put forth that in 1979 the government emphasized that *kastom* medicines must not be institutionalized in any way, and that it “should be practiced in the way people have always done in their own societies” (2). He stressed that governmental support for the use of *kastom* medicines in primary health care (PHC) in villages was the first step toward their integration into the National Health System, and that *kastom* medicine was not to be in competition with ‘modern’ medicine but should be used in a complementary fashion with it. He pointed out that nurses in rural settings were integral members of the team in developing relationships with *kastom* healers, and in gathering data from *kastom* practitioners about their medicines. Maenu'u also suggested some doctors assume that *kastom* medicines are unsafe to use because their efficacy has not been proven scientifically. He believed that these attitudes on the part of biomedical practitioners fuel opposition to the use of *kastom* medicines. On the

other hand, he suggested that the majority of religious leaders accepted their use, and allowed people to use them.

In 1986, the National Health plan continued to support the use of *kastom* medicines in primary health care and stated that their use could possibly diminish the escalating expense of 'western' medicines. The National Health policies recognized the constraints on the government's objectives to integrate *kastom* medicine into the health system. The findings and recommendations of the plan were as follows: 1) While the gathering of medicinal plant information could continue<sup>30</sup>, the phytochemical analysis of the medicinal plants used in *kastom* medicines, which was felt to be necessary to ensure its safety and to understand how and why specific remedies worked, was not within the country's resources. 2) There were expressed concerns that the sole reliance on *kastom* medicine could mean that someone may not seek biomedical help when critically ill. 3) It was believed that to integrate *kastom* medicines into the health system could pose conflicts between healers because of the diversity of the beliefs, rituals and tabus associated with them, and the fact that one medicine in one area may not be considered valuable in another. 4) As well, if some Christian groups or health workers who were not trained in the uses of *kastom* medicines disapproved of the use of *kastom* medicines, both groups would resist the use of *kastom* medicines within the health system (MHMS, 1986).

In the 1990-1994 National Health Plan, it was noted that little progress had been made in the area of research or in the implementation of objectives concerning *kastom* medicines. While *kastom* medicine is used alongside the health system, no legal provisions, resources, or manpower had been allocated. The further objectives of this policy statement was to

arrange for the recording and analysis of medicinal plants and to introduce their use wherever possible, and it was recommended that a working committee would increase the possibility of achieving program objectives (MHMS, 1990). Commenting on these policies, Mr. Maenu'u said that they had not been implemented due to the limited manpower, that limited resources were stretched to their capacity, and that no one was appointed to spearhead the project. Consequently, he added, these documents collected dust (Private Communication, 1997).

In the draft submission of health policies and development programs for the years 1997-2001, based on the policy statements of a newly elected government (SIAC, 1997)<sup>31</sup>, it states that the "Government recognises the important role which traditional medicine has played in the lives of the people and will continue to encourage its development through control measures through research" (MHMS, 1997: 9). In these policies it is put forth that the lack of restrictions or legal controls on *kastom* medicine is hindering the integration of healers into the National Health System; however, what should be controlled or restricted is not clarified, nor is it clear what these control measures might be. The other objectives of these policies are to improve and develop traditional medicines and these aims are to be achieved through the following strategies: 1) commissioned research that would address what plants are being used by healers; 2) efforts to improve the research capabilities of the Ministry of Health in the area of traditional medicines; and 3) to establish dialogues with the practitioners of *kastom* medicines in the country (MHMS, 1997). This strategy to establish dialogues with healers is an important step in fostering relations and facilitating communication between healers, health workers and policy makers.

While the aforementioned Health Policies, covering the time period between 1980 and 1997, were created to foster the integration of traditional healers into the health system at a national level, they focus solely on rural areas and on static concepts of 'tradition'. In his recommendations Maenu'u (1980) states that "the use of traditional medicines must be limited to village communities" (13) and that healers must practice in the same way "they always have in their own societies" (ibid). What then are the implications of such policy recommendations for urban healers, or for individuals who use *kastom* medicines when they live in town? For healers to practice in the same way as they 'always' have precludes social and cultural change. The urban context, itself a relatively new phenomenon, creates a very different kind of 'society' where healers practice their healing arts outside of their villages in multi-ethnic contexts.

The multi-ethnic context of the Solomon Islands and the heterogeneity of healing practices are perceived by policy makers as potential obstacles to the integration of *kastom* medicine at a national level. There is a concern that the diversity of beliefs, rituals, tabus and medicines that exist in the healing arts of *kastom* medicine, could possibly pose conflicts between healers, and between healers and patients if they were from different cultural groups. I found that individuals do choose to go to healers from outside their own group despite their ethnic differences. Their choice could depend on whether or not they had access to a healer who was a *wantok*, or if the healer from outside of their group had a good reputation and a specialization of healing knowledge they required. Some patients go to individuals from different islands to access medicines that otherwise would not be available to them. Conceptually, *kastom medisn* ostensibly allows for a unity of healers despite their ethnic or



class differences, and for the heterogeneity of healers' practices and knowledge. While cultural heterogeneity was perceived by policy makers as potentially causing tension between individuals from different ethnic groups; I found that the healers I worked with were always open with each other despite their ethnicity and they were curious about the different usages and understandings of the plants that they themselves and other healers collected and used.

Tied to the government objective of gathering data on diverse medicinal plants and carrying out a phytochemical analysis of these, is the assumption that the therapeutic efficacy of plant treatments and *kastom* healing is based exclusively on the scientific analysis of isolated plant chemicals; however, plant and healing efficacy both need to be examined simultaneously on a number of levels. While health policies stress the analysis of plant chemicals, these must not be disassociated from a healer's preparation techniques and administration instructions, as this type of analysis on plant chemicals alone can present an understanding of a plant's pharmacological effects that is very different from what a patient eventually absorbs. When healers prepare their plant remedies they can use different parts of the plant, combine some plants with other plants and use diverse methods of preparation. As Etkin (1990, 1994) has shown, all of these techniques can change (diminish, potentiate, amplify, or neutralize) the pharmacological activities of the different plant chemicals in their medicines. Thus a laboratory chemical analysis of plants can reveal as much as it can conceal about *kastom* medicine, when the techniques used by individual healers in their remedy preparations are not considered and the cultural constructions of efficacy in *kastom* healing are not addressed.

The complexity in assessing the efficacy of traditional healing treatments is presently

well debated in ethnobotany and medical anthropology (Etkin, 1994; Kleinman, 1994, 1995; Nichter, 1992). As Etkin (1990, 1994) has shown, medicinal plants are selected due to their healing efficacy whereas plant efficacy itself is culturally constructed and shaped by complex, idiosyncratic, biological and cultural parameters. Nichter (1992) also points out that the assessments of treatments for particular diseases can be oversimplified.

Studying treatment response to isolated diseases is immensely difficult in the real world where a complex of health problems are co-experienced by most of the worlds populations...Just as the classical model of epidemiology (host-pathogen-environment) is too narrow in targeting pathogens as the exclusive cause of disease, so a focus on medicines is too narrow for studying treatment response...Treatments are also people as well as illness/symptom specific (224).

Thus the projected government research on medicinal plants does not by itself address the complex of factors that can contribute to the efficacy of *kastom* medicine. While the phytochemical analysis of plants could potentially give an understanding of the chemical basis of particular cures or of their toxic effects, this analysis would not create an understanding of the healing practices of healers nor of the interactions between healers and their patients. In the next three Chapters I will address these two areas, albeit each area is multifaceted and complex.

Chapter Two and Chapter Three have provided the reader with background knowledge of the historical, demographic, socio-economic and political contexts, as well as an overview of the structure of health services, a profile of diseases and an outline of health policies in relation to *kastom* healing. Chapter Two discussed the introduction of Christianity, biomedicine and new diseases, and the impact these had on *kastom* healing practices, ideologies and treatments. Section One of Chapter Three has provided an overview

of the demographic, economic and political contexts. Demographic statistics indicate high fertility rates and population increases which will continue to affect the housing, health and employment opportunities for those who live in the urban centre. Rapid economic development, tied to foreign capital, and socio-economic changes have effected subsistence food production, increased the importance of wage employment and depleted natural resources. At the same time, the present government strives to create political and economic reforms to increase services and preserve natural resources from outside interests. Section Two of this Chapter has presented an overview of National Health services, the prevalent diseases, which are treated by both biomedical practitioners and *kastom* healers, and the health policies written to integrate *kastom* healers into the National Health System. This background information will help to situate the commentaries of *kastom* healers within the wider context of their experiences.

## CHAPTER FOUR

### KASTOM HEALING IN TOWN

#### INTRODUCTION

In this chapter, I will present the perspectives and understandings of *kastom* healers regarding health practices, the transmission of their knowledge, healing practices, and body of medicinal knowledge, and knowledge of the body. This chapter is divided into an introduction, which also includes a subsection to introduce the *kastom* medicine practitioners, and four sections. Section One deals directly with healers' comments on health policies, how healers create and develop their urban practices despite policy ambiguities and uncertainties concerning their legal rights to practice in Honiara. A case study will illustrate how policies can also dissuade the practices of *kastom* healing. Section Two is concerned with the transmission of knowledge, and I will discuss the various ways in which knowledge is controlled. I address issues relating to individual and collective knowledge, specialized and common knowledge, property rights and biodiversity prospecting, the customary handing down of knowledge, the control of knowledge, and the selling and sharing of knowledge. I include in this section the economic aspects of healers' practices and the sale of medicines at urban markets, as there is a link between the protection of knowledge and the protection of economic resources. In Section Three I discuss treatment practices, which encompasses subsections on diagnosis, specific treatment practices associated with the interaction between patients and healers, and the relationship between Christianity and urban healing practices. Section Four deals directly with healers' medicinal knowledge. I will discuss the sicknesses and symptoms being treated by healers, the medicinal plants they are using, and how they

prepare and prescribe their medicines. This section ends with a subsection on black stone (*parana*), which is a mineral used as a treatment and in combination with plant medicines.

### ***Kastom Medicine Practitioners***

In Honiara, *kastom* healers are dispersed throughout different neighbourhoods and belong to diverse ethnic and religious groups. Among the eleven healers I interviewed, one healer lives on the Weather Coast of Guadalcanal and another in Choiseul; throughout the year both regularly come to town to visit their families, and sell their medicines from their *wantoks*' houses. The other nine individuals live in Honiara and belong to different ethnic groups from Malaita<sup>32</sup>: Sa'a, Lau, Langa Langa, and Kwara'ae. They belong to the Roman Catholic, Seventh Day Adventist, South Sea Evangelical and Anglican religious denominations. This group of healers cannot be said to be representative of all the healing knowledge, practices and beliefs which exist in Honiara or in the Solomon Islands; however, they do exemplify the diversity of practices and perspectives which exist for individuals in urban healing traditions.

The comments of individual healers that are juxtaposed throughout this chapter are identified with a particular font. The healers' names have been changed in this thesis; the following brief sketches attempt to maintain their identities as anonymous as possible.

**John** is in his early fifties and is Lau from North Malaita. He is retired from the public service and drives a bus part time.

**Elena** is in her late fifties, attends the Seventh Day Adventist Church, and is from Choiseul. She practices *kastom* medicine as one of the two healers in her village. She takes with her *kastom* medicines and the ingredients to prepare them when she comes to Honiara. She sells these from her *wantok*'s houses in town.

**Emily** is in her early forties and owns a small shop which is run from her home. She is Langa Langa from Malaita, and is Roman Catholic.

*Anna is a thirty-three year old mother of four. She is Kwara'ae from Malaita and a member of the SDA church..*

Francis is in his early thirties and is from North Malaita. He is a member of the South Seas Evangelical church and drives a bus part time.

**Mary** is a forty-four year old Sa'a woman from South Malaita. She is presently a shop owner and is Roman Catholic.

**Sentika** is in her mid-sixties and is from the Moli District of the Guadalcanal Weather Coast. She is the healer in her village. She comes to town to visit with her children and to sell scented coconut oils at the market. She is Anglican.

Mark is in his early twenties and is an electrician's apprentice. He is Lau from North Malaita.

**Sista R.** is in her mid-fifties and is a Catholic nun with the order of the Daughters of Mary Immaculate. She is Lau from North Malaita and previously worked as a nurse.

*Sista C. is in her early fifties and is also a Catholic nun with the order of the Daughters of Mary Immaculate. She worked in the hospital system for many years before becoming involved in traditional healing.*

**Donna** is a thirty-two year old mother from Lau, North Malaita.

All translations of the healers' comments from Pijin to English are mine and are identified with an asterisk (\*), and translations of Elena's comments from Senga to English were done by a native speaker of Senga and are identified as (\*\*). If interviews were made in English, they were transcribed directly.

In the first section of this chapter, healers' comments help to illustrate their perspectives and interpretations of the wider political contexts and of the health policies outlined in the last chapter. Health policies are not perceived as the legitimizing force behind their work, and healers can be ambivalent towards health policies in relation to *kastom* medicine. At the same time, some healers are uncertain about their legal rights to practice in town or how they should be developing their urban practices.

## **SECTION ONE - HEALTH POLICY**

### **HEALTH POLICY OR LAW? WHAT IS INSTITUTIONALIZATION?**

A healer's awareness of the existence of health policies in relation to her/his practices, the degree of knowledge of the specific content of these policies, and what meanings and relevance these had for them, varied. It is clear that there was some confusion as to whether or not these policies have the effect of law or not. While some healers were not aware of these policies, others believed that newer policy statements supporting their practices were laws, and these 'laws' were interpreted by some as a legal backing from the government for their work in town. As John says "It is legal to practice, you do not need to go to them [government] first" (John\*). It was also perceived that the right to practice in town had been previously restricted. In response to my question as to whether or not the government had started to make policies about *kastom* medicine I received a range of responses.

A law passed last year (1996) to support traditional practice. A law passed in Parliament. They say that people with *kastom* medicine and herbs and anything they use to cure sickness is legal now. That was last year; other years before they stopped it (John\*).

In 1995, the cabinet has given an ok for herbal medicine by policy....already they talked about it in the last parliament and I am sure and I believe that it will pass as a law this time. In 1995, I went and got it [the policy statement] and my sisters got the copies (Sister of the DMI).

It is true, what I know I heard in 1993, but I did not know if it was true or not true, or only coconut news [an urban myth]. They said that if a person is sick and they [doctors] do not know their sickness then they allow *kastom* doctors [to treat them]. I say it is true because my father (a healer) he usually goes to Central Hospital (Donna\*).

Nonetheless, irrespective of their knowledge of health policies and their perceptions of these, or whether or not these policies gave a legal endorsement for their work, the majority of the

healers I interviewed believed they have the right to practice their healing in town.

While all healers believed they had the right to sell their medicines from their homes, some individuals have approached different levels of government to clarify their rights to further develop their healing work in town. There was no consensus amongst healers about what government body should be approached or who was coordinating health policies.

I was writing a letter to the Medical Research Committee at the ministry to establish a clinic, explaining about my practice and they said that it was quite safe if there is nothing to take orally, no water or bark of a tree. They said to practice...and to take note of the treatments, the sicknesses and to make photocopies of their [patients] medical cards and after that to send it to us with the symptoms and the diagnosis...then we will look at this. to. I will now get back to them with the results so I can establish a clinic somewhere (John\*).

John also said that the Medical Research Council told him they would advise the nurses and clinics of his work as a healer and if there were any sicknesses that they were unable to cure, they could direct these patients to him. Other healers approached individuals in the Health Department and the Town Council concerning their urban healing.

*We went to that man who works in the Health Department, who coordinates it in the Health Department. So we went and talked with him and he said that he was interested in that one [integration of healers into the health system] but he said that something like this takes time to work at (Sista R.).*

The head of the Town Council heard of me and he was sick with diabetes and he also had a liver problem. I told him I would treat him. I treated him and he told me that he would take me to the executive and then if they passed me then I can work in town (Francis\*).

Even though this member of the town council used Francis's healing services, he still recommended that there be a council decision to enable him to work in town. While Francis was preparing to meet with the Town Council, he commented on these contradictions and



said that "I don't believe that you have to go to the Council. The executive does not have to interview people and approve them before they can work" (Francis\*).

Health policies were not perceived by healers as the socially legitimizing force behind their *kastom* healing, no matter how significant these policies may be in transforming their practices. The legitimizing agent of healing practices is *kastom* - ancestral knowledge from before Europeans arrived in the Solomon Islands. Other healers think that their healing practices are further legitimized through *kastom* medicine's relationship to present day Christianity. There are some interesting contradictions which some individuals reconcile through *kastom*. For example, while the legitimization of *kastom* healing is created through connection to ancestral knowledge, other aspects of ancestral knowledge are rejected because they are identified with paganism. The connection of *kastom* healing to paganism is perceived by Mary as hindering the governments' recognition of their healing work.

The Health system...does not like local medicine.. They do not think seriously about it and they say that old men from before did this and it is not true as they worked it with their spirits. This is what makes the *kastom* system of our medicine a problem...They think what my granny and mommy's work is aligned with the devil, but as I pray to God I do not like this. This is what is wrong with the government. The government says that we work with spirits only (Mary\*).

'Pagan' practices, such as praying to trees or to spirits before taking medicinal plants, for example, have been transformed and these rituals now incorporate Christian symbols and prayers to God. Individuals also choose some elements of *kastom* over others, as well as elements borrowed from other sources such as Christianity, to legitimize their practices.

Despite feeling that their work is legitimate, healers sense a lack of formal recognition from the government and medical practitioners for their work. As Sista Rita stated in a

newspaper report, "I feel that traditional medicine deserves some form of recognition within the medical profession which is still very much lacking at this stage" (The Solomon Voice, 1995). Francis does not charge for his treatments because of the lack of recognition by government, which he feels precludes his right to charge for his treatments: "I don't like for them to give me money or red shell money. I don't like this unless the government recognizes me and my work. Then I would ask something" (Francis\*). Thus while Francis maintains that his work is socially legitimate and that he has the right to practice in town, he believes that his right to charge for his services is predicated on government approval and recognition of his *kastom* healing. It is for this economic reason that Francis was preparing to meet with the town council; he does not believe that a formal recognition of the work of urban healers is clear in the policies that aim at integrating healers into the health system.

The 1979 policy which promoted the integration of *kastom* healing stated that *kastom medisn* must not be in competition with biomedicine but work in a complementary fashion to it; as well, it could not be institutionalized in any way (MHMS, 1986; Maenu'u, 1980). What is meant by a complementary service and 'institutionalized' is ambiguous for healers; neither is it clear to them what is meant by the proposed co-existence of medical traditions in the National Health System. One Sister of the Daughter of Mary Immaculate (DMI) said that due to the attitudes of some within the health system, it is difficult for healers to work in conjunction with biomedicine and complement their services. She believed that the institutionalization of traditional medicine would be opposed by biomedical practitioners or by those who believe in "orthodox medicine". She also felt that "fixed policies" can also impinge on people's choices (Sister of DMI, 1997).

For two healers, who are Sisters of the DMI, the uncertainty of what it means to not “institutionalize” *kastom* medicine and the perceived implications of these national policies have played a role in obstructed the development of their healing practices. Their case story illustrates the effects that policy ambiguity can have on urban healers’ practices; it reveals as well, the complexity of factors that led to a lack of formal support from their church administration for their healing work in town.

### **The Sisters of the DMI - A Case Study**

As the urban healing practices of Sista R. and Sista C. developed, their Church superiors questioned the meaning of particular health policy statements concerning traditional medicines. Health policies restricting the institutionalization of *kastom* healing, as discussed in the last chapter, were interpreted by their superiors as a lack of government support for the developing work of their two Sisters, and a situation which could consequently put the Church in a position of liability. Hence their practices at the Rosary Convent was under review.

When I met Sista R. and Sista C., they had stopped practicing their *kastom* healing at the Rosary Convent for five months and were waiting for a resolution from their Bishop and other Church superiors about their work. Their healing books were packed in trunks beneath the convent where they had been practicing, and the area where they had been preparing and storing refrigerated medicines was now locked. To understand the complexity of their situation I will present their stories.

In 1994, these two sisters of the Rosary Convent began to practice healing in town. Sista R.’s interest in developing her *kastom* healing practices had been initially sparked in

1992 after a Father at Tenaru School showed her a video about an African healer and his present day traditional medicine practices. This video gave her a perspective on the salience of contemporary traditional healing in Africa, and it encouraged her to start a medicinal plant garden program with the students at Tenaru School; this program was supported by a Father at the school. Sista R. is a qualified nurse, and she also has knowledge of *kastom* medicine which she learned from her father who had been a healer. In 1992 Sista R., who was responsible for dispensing medicines at the school, made *kastom* medicines available at the school dispensary. In 1992 the New Zealand High Commissioner, after visiting the school and seeing the medicinal plant project, offered his support. In 1993, Sista R. transferred from the school and this program was discontinued (Sista R. private communication, 1997).

In 1994, Sista R. was asked by the Honiara Town Council to attend a workshop in Suva on traditional medicines.

*A woman doctor... She was working at the Town Council at that time and she came and was asking, not asking me, but she was asking the government 'who is the lady who would know that medicine. I will send her on the other side of non-government and S.H. was on the side of government'. So two of us now were the first ones to go to the first workshop. So this lady came and asked my superior and then my superior asked me. Because the father knew what I did at Tenaru (Sista R).*

After this workshop, Sista R. attended three other workshops in the Pacific region and became a member of Wainimate, a pan-Pacific association for traditional healers. These workshops gave Sista R. a perspective on the political dynamics existing between the governments and healers in other countries, on how *kastom* healing intersected with biomedicine in Fiji, how different medicinal compounds and massage were used in other

Pacific countries, and the role of National Associations for Healers in these countries. See Appendix 7 for Sista R.'s comments on these topics.

After her attendance at the first workshop in Suva in 1994, Sista R. gained the permission of the "Mother Rosary and the Councillor" to develop a traditional medicine clinic at the Rosary Convent. Sista. C. was assigned to work with her. They received funding from the British and New Zealand High Commissions to purchase a fridge and bottles to store their medicines in at their "clinic". The Sisters also hosted a group of student nurses, from the Australian Catholic University in Sydney, Australia, to come and learn of their *kastom* healing and health practices at the convent. They also trained two younger Sisters to work with them. In 1995, after discussing their practices with the other Sisters of their Chapter of the DMI, Sista R. and Sista C. received their Chapter's unanimous support for their continued work.

As their Diocese was unable to provide them with land, Sista. R. received funding from the British High Commission, the New Zealand High Commission, the Red Cross and a British priest to buy a piece of land in Kakabona, a suburb of Honiara, to start a botanical garden of medical plants (See: Appendix 8), which she referred to as their "living pharmacy". She became impelled to create a botanical garden after her involvement in Pacific workshops, which encouraged environmental conservation issues and advised that medicinal trees should be protected from current environmental degradation in the Solomon Islands. She also realized the difficulty of finding specific medicinal trees in and around town, and she was planning to plant other trees that are native to Malaita in her garden in Guadalcanal.

Their healing practice grew and in 1996 it was estimated that over a thousand people were treated at the Rosary Convent with *kastom* medicine. However, in June of 1997, to the

surprise and confusion of the two sisters, the Bishop, the Superior General and the Councillors told the two Sisters to stop their practice for an undetermined amount of time. This interdiction was explained to them by the following: *kastom* medicine's connections to evil spirits, the power they gain from their work, the lack of support from the government, the lack of a formal working relationship with biomedical doctors, the lack of formal approval from the congregation, and the economic risks involved for the parish. They speculated as to why their practice had been stopped and whether they would be able to continue at a later time.

*Last year over a thousand people came to us for kastom medicine at the convent. Since the two of us practice for four years now and make the fourth year it was cut in the middle... [They] wanted the government to recognize it [our healing practice] so that the church will work in a clear picture. That one now I am not sure of it [how to build a relationship with the government]... On the 24th [November, 1997] we [the sisters of the DMI] start to have the meeting, then I will give my report for them and then we will have a discussion... What is the meaning of traditional medicine and what is it we want to do as our apostolic work... So that is why I was praying and trying very hard for any way as I am not available to people... the people are crying and say "How can you not help us with all this knowledge you have". Since the two of us stop everyone is asking, asking, asking. When they come we say we cannot do it. It is a painful thing but sometimes some of them go back and just die because we refuse to help those people (Sista R.).*

*Everyday before they would ring. The doctors would tell them the sickness.... They ring and want to see us and say they will come the next morning and then in the evening we prepare the medicines. If we do not have it we must go out. [We] pray before they come. First thing we do when they come we must pray healing to help them, their soul and then we give it... They pay not too much... we work hard, go in the bush and spend the whole day and the money for the medicine is not much. It helps us for travelling... The bishop he stopped us in June. I don't know why the Bishop wants to stop our practice... people ring up and ask us and we know how to work it but our big man he stopped us and we must not disobey, we must follow, our vow of obedience. We promise for obedience so we must follow it... We*

*left here as it is hard as everyday people come and hard for us to not help them as we know something to help them. The two of us worked along time on the side of medicine for the sick people so it is hard for us to see people come and send them away. So we stopped and now we do not stay here and we went out and then when they let us maybe we will come back here, I don't know (Sista C\*).*

Once the interdiction was signified to them, they left the Rosary Convent and went to live at the Visale convent forty kilometres west of Honiara. For both Sista R. and Sista C., stopping their clinic and their treatment of people's sicknesses has been a very difficult and painful process; however they obey the wishes of their superiors as they are bound to do by their vows of obedience.

There was no appointed government committee or delegated person that Sista R. and Sista C. knew of with whom they could meet to possibly clarify particular health policies, or to tell them how their healing practices could be integrated into the health system. Sista R. said that:

*If somebody can coordinate between them [the government and the church] and between us it will be a clear picture but there is nobody willing to sit down and do this... it would help. So that is why I was praying and trying very hard for any way that we can talk together so we can have a clearer picture. I am not happy to work as the picture is not clear. I am not available to people because of this (Sista R.).*

While the national association of healers in the Solomon Islands could potentially play an active role in assisting healers, this association, which was spearheaded by Sista R. was not strongly established and could not be supportive in their negotiations. Thus, "*the three big things that were started for the people - the clinic, the national association and the botanical garden*" (Sista C.\*) were suspended while the Sisters waited for their superiors' deliberations.

The Sisters' departure from the convent has left a void. As another Sister comments:

I was at Holy Cross and I moved here just recently...Here, since these two sisters left this place, everyday, almost everyday when I am here people come and knock and ask 'Where are the sisters'? They are gone, it is very sad [I say; then they say] 'I want some medicine, I need some medicines'. One of them came back and said; 'You know sister I have been to the hospital for treatment and they gave me medicine and for one month nothing has changed so I come and you must tell the sisters to prepare some medicine as I have a very bad pain here and here'. 'But they are not here' I say and they said 'There is no excuse, please no excuse you must tell her and I am coming tomorrow. No excuse, I don't want any excuse, please make her, tell her to get ready for my medicine for tomorrow, I will be here between 8 and 9 a.m....The time the sister came, she was telling me, you know he needs something to take now as the other medicine doesn't work. It is very hard. (Sister of DMI)

In commenting on what has created this void, another Sister and a church administrator explained why they believe the Sister's work was stopped. As the Sisters' practice had grown quickly, they believed there was a lack of administration, accountability and possibly the funds to keep such a large project going, and due to the expansion of the Sister's healing work, the Church administration believed that this such a project required a vote of support from the representatives of their congregation.

In October, 1997 Sista R. Sent a letter to her church superiors, but by November Sista R. had not received any response. During the yearly meetings of the Sisters of the DMI, which were to be held in late November and early December 1997, the Sisters of the DMI were to discuss their role in *kastom* healing, and Sista R. and Sista. C. would receive the decision from their superiors concerning *kastom* healing as their apostolic work.

While I do not have specific information on the breadth of the discussions which occurred during these meetings, I received a letter from Sista R. after I left the Solomon Islands. In her letter she told me that she and Sista C. had to stop practicing *kastom* medicine



at least until the end of 1999, but they were able to maintain the land they purchased for the medicinal garden. Both Sista R. and Sista C. have not returned to live at the Rosary Convent.

This section has illustrated the ways in which health policies are being interpreted and acted upon. At the same time these policies are not seen as the legitimizing force behind *kastom* medicinal knowledge. In the next section I will address how *kastom* medicinal knowledge is created, transmitted, legitimized and controlled, as well as the ways social change is affecting the dissemination of knowledge - healers play active roles in creating these cultural changes.

## **SECTION TWO - KNOWLEDGE**

### **THE CONTROL OF KNOWLEDGE**

Varying perspectives exist in the literature, based on ethnographic data from rural settings in the Solomon Islands, on the various levels of medicinal knowledge, and the accessibility to knowledge of specific *kastom* medicines (Keesing, 1982b; Foye, 1976; Hogbin, 1964; Tedder & Tedder, 1979). Knowledge of different *kastom* medicines is unevenly distributed, as many people have knowledge for some of the more common treatments, while more 'specialized' knowledge must be sought out from either relatives, non-relatives, other healers, or through dreams. Some authors claim that the knowledge of *kastom* medicine is secretly guarded (Maenu'u 1979b, 1980; MHMS, 1986), particularly medicine having to do with magic (Keesing, 1982b). Anna explained to me that sorcery magic is guarded: "When people have sorcery medicine it is difficult for them to tell others" (Anna\*). She also explained that on one occasion a *kastom* healer had to come to Honiara from Malaita to Honiara because his specialized knowledge was required to cure her after a

sorcery attack and to divine the cause of this attack. “We have a *kastom* doctor to cure sorcery and he can know who caused the sorcery. A man from this island did harm to me, so this *kastom* doctor he came from Malaita and my father paid his fare for him to come (Anna\*). Anna used the term *kastom* medicine interchangeably to indicate the sorcery magic itself or the cure for its effects. At times, this required questions for clarification to know which type of medicine she was referring to. While the knowledge of sorcery can be guarded, the knowledge of the cure can be guarded as well because the cure is indirectly linked to it.

While it is true that some knowledge can be guarded, healers and other individuals living in town also held the opposite opinion, stating that *kastom* healing knowledge is not always maintained with high secrecy. Healers expressed a range of opposing perspectives on how they see others controlling medicinal knowledge, how this has changed over time, and how they control the transmission of their knowledge to others. While some healers supported the perspective that their knowledge must be protected as a means to obtain an economic resource, others were willing to share their knowledge if they were paid for it. Others believed that because they were Christians and that all medicinal knowledge came from God, it was important to share their skills with those who came to learn.

*Some families restrict their knowledge of medicines and these people will not share their medicine but this is something that is wrong with how some Solomon Islanders think these days. In respect to the church, we must all help each other as God has given us these medicines. Every leaf and every tree the big master has given to us. Then these cure people. I am the only person who knows in my village (Sentika\*).*

I am open to anyone who wants to get information about my work. This is my talent that God gave to me so I must not hide it from others. Yes, there are some people who don't want to share their

knowledge. Nowadays, it's the money...but to me I tell people how much I know about this medicine. We must help each other. Because if I die, I must not die with this knowledge. I must pass it on to someone else. So I am willing to tell anybody who wants to know about this knowledge of custom medicine (Elena\*\*).

Suppose she does not know she comes to me...I am not the kind of woman to stop or hide anything, no, I don't usually do this. Some say that others must pay me but I say no...because we say we are Christian women then it is not right to do this. Other healers felt bad for me so they gave *kastom* medicines to me, so I do not worry (Donna\*).

Mary told me she uses her native language when she writes her medicinal knowledge in her medicine book. She does this to protect her knowledge from anyone outside her ethnic group and to control the transmission of her knowledge. If her book is lost and someone finds it, she knows that only *wantoks* will be able to read it. She started this practice after she had helped someone and gave them knowledge of a specific plant to heal themselves. After they had this knowledge they proceeded to make money from Mary's knowledge without compensating her for this.

She came to me and asked me for medicine. When she started to feel better she would come to me all the time. I became tired of her and I did not have the time. I showed her the plant where I had planted it near my house and told her if she needed it to come and take it. Even today, she works this medicine and people pay her even two hundred dollars for this. But I showed her and I work free. This is why I use my own language to disguise my writing (Mary\*).

One Sister of the DMI explained to me that medicinal knowledge had been kept and controlled by individuals within her ethnic group as it had been inherited from one person to another, thus maintaining the power attached to this knowledge within her group: "There is a tradition that we don't show our medicines to another person and there is a taboo on

that...This knowledge of medicine we had only with ourselves” (Sister of DMI). She also acknowledged that Christianity had effected how patterns of knowledge control were changing, and she believed that urbanization had become a factor in how knowledge was being shared: “But now it’s changing, big towns are becoming more [like] villages and there is more sharing rather than this is only for my tribe or for my clans, or family” (Sister of the DMI). Akin (1996) explains that while curative powers and other magical knowledge can be the “incorporeal property of individuals and groups” (153) the economic resource attached to these dissuades people from selling them within their groups to those who can be perceived as potential competitors. “However, such knowledge is widely exchanged between individuals from different areas, particularly when they meet as laborers on plantations and in towns” (ibid). Two individuals explained to me that after moving to Honiara, their relatives had given them some medicinal knowledge that they may not necessarily have been given if they still lived in their villages; however, they are now living farther away and it was difficult for family members to respond when they or their children are unwell. It must be recognized that the control of group and individual knowledge through secrecy is linked to the protection and maintenance of power - whether curative, economic or in relation to prestige.

This also touches on the issue raised by Maenu’u (1980) around the control of healing knowledge, “if many people knew about the work of these people, their healing powers would be substantially reduced” (4), so that knowledge of the cure is related to its perceived efficacy. Anna told me that she had asked her uncle for a specific medicine for back pain resulting from spinal disc problems and he told her that this “*kastom* medicine of mine, it is hard for me to tell you because then it would not be strong” (Anna\*). He relented only

because he lived far from her, thus the power of his medicines and what power these conferred were protected.

Another individual told me that while she had the knowledge of how to make a specific medicine her mother made for children's thrush, if it was widely known it would not be very potent. But as Sentika contests, "*...It is not true when some people say that if someone tells another person about kastom medicine and then it will not work. It is true by kastom that they must give something (to buy the cure) but anyone can use it*" (Sentika\*). For Sentika the efficacy of *kastom* medicines does not diminish when they are told to another person; however, something must be given in payment for this knowledge. Patricia further elaborates on this issue and says that "Some people they hide their medicines so they can get rich, because when the secret is revealed then the healers themselves have no power but the medicine still has power for the person that you gave it to. For some this is an excuse, as money is important as everything costs a lot (Patricia\*, 4c, Nov, 1997).

The control of knowledge can protect economic resources, prestige and power for individuals from within specific groups; thus, the transmission of this specialized knowledge confers power to the individuals who receive it. There is a hierarchy of knowledge from common to more specialized, and the most power is concentrated in specialized knowledge; thus, the power allotted to particular medicinal knowledge depends on the degree to which this knowledge has been controlled. It is evident that urbanization and the dispersal of peoples has increased the amount of specialized knowledge which is transmitted to others who are moving outside their particular 'home' area. In Honiara, there is a wide range of ways this specialized knowledge has been transmitted.

## THE TRANSMISSION OF SPECIALIZED KNOWLEDGE

There are some medicines which are more widely known and shared, and they have been passed on widely to individuals from their ancestors. "Some medicines for children are so common that we don't need someone to teach us as it was being passed from our ancestors to us so we all know about them (Elena\*\*). Other more specialized knowledge has been transmitted to individual healers in a variety of fashions. The following excerpts are illustrative of the diversity of ways in which some healers have obtained their specialized knowledge. These comments also link the legitimization of *kastom* healing to ancestral knowledge and to Christianity; in this way *kastom*, is reordered with beliefs in a Christian God.

*Before the Whiteman came, we were able to cure and then medicine came. One man, we called him a priest, he showed us everything. This priest who gave the medicine was from the Anglican church...he was a Solomon ISlander...when he died they took him by ship back to my village and buried him there. He was a black man. My father paid him one big red money and then he told him everything. Our children know and our brother has a book that my father wrote all this information on kastom medicine. When my father died, my brother took the book (Sentika\*).*

[This knowledge] it is not from my tribe from Malaita, but something I saw in a dream. June 17th, 1983, I still remember this date. In the dream...the storyteller told me this, how to take the root from the tree ...at three o'clock in the afternoon and at three in the morning. Twice I have taken at night and I felt afraid. I am not usually afraid, even when I walk about in places where they say there are spirits, but these two times I took this at night I was afraid. It was like someone was there with me....Three in the morning is the most powerful time. He went on to tell me...you can cure any sickness which comes from any direction which affects someone. Cure anything on the side of medical or custom practice...In my dream we went to thick jungle forest...When we approached one tree in the bush he said you should pray as this is the tree...a mighty tree....Then he told me to pray... he took a knife and cut it 'o/sem' like this and then he peeled the skin from the tree...then he

turned it and wrote it [the prayer] in black and white...I read it and memorized it and then he said we would go back. It was in Lau language. So....I think it works through prayer..There is a healing angel which rules over healing, the healing of all sickness, all kinds of illness. I found this through dreams too, through one dream... That must be that person that showed me [this tree] in my dream so this is how I got this tree....I call it *Ai aru'aa*, the tree for the practice of superstitions...it covers any practice that one does to hurt or spoil people. I have not given anyone knowledge of this tree before (John\*).

Our ancestors have been practising this *kastom* medicine when they were heathens. When Christianity comes and we joined the Seventh Day Adventists, my parents did not know how to make custom medicine. I knew of some people who have practiced making custom medicine and even saw marks on trees which they use in making these medicines. One day the old woman Martha wanted to pass on her knowledge to her children about *kastom* medicine. She had been practising this for a long time, but her children were not interested so she came and asked me if I was interested. I told her that I was interested in making *kastom* medicine so that's how I started... Martha said 'I will tell you some but you must read more in the Holy Bible'. So we read a lot from the Bible and that is where we see more from the nature. Jesus was using it, the disciples were using it, the prophets were using nature. That is where we got our ideas and later we put them into practice. If we want help, God is going to give us as promised in the Bible. The old lady Martha showed me the trees and herbs and taught me how to make them to get medicine. So that is how I got started. My first son was born in 1967, so I started to make custom medicine in 1968(Elena\*\*).

I took it from my grandmother..My mother knew as well but some she did not show me...She [grandmother] did not go to school so the time she showed me and then I knew because I can't write and read for me to write them down....She took me to the bush to show me. She said this tree is for this sickness, this tree like this is for this sickness and she explained it good to me, do this and this and then when you are finished you give it to them. She knew as '*hem blo olketa bifo kam nao*'. Before there was no hospitals, no tablets so they used *kastom* medicine. So when she was old she told me. She told to maybe five people, it is not for everyone. But she told some, and she must look good as well. You must obey her well before she would show you. Once you do not obey her, then no more.... My father also knows *kastom* medicine...He dreams about the trees for him to give...When he is here I do not do anything. When anyone is sick, they must go to him. If he goes

anywhere and someone is sick, I will work on them. But once he is here, no... I follow what he tells me...What he knows he showed to me... It is the same as what my grandmother told me (Donna\*).

I learned *kastom* medicine from my father, by myself and as a gift. My father is a catechist in the church in Malaita and does not practice but he showed me. My uncle has shown me medicine and some people from my 'group' have shown me. My mother died in 1991 and now if I ask her she shows me. I sit down and think of her and then ask her and then she appears and tells me what trees to go to and what to do...(Mark\*).

Sometimes our grandparents tell us *kastom* medicine and they tell us that if a certain kind of sickness happens to use a particular tree. Then they tell us how to make it and how much to give. So we follow what they tell us. Sometimes we use it and sometimes not; we go to the clinic. Here, on Guadalcanal it is hard to find some medicines for us from Malaita, if you are there and look you find them, if you are here you cannot find them. (Anna\*).

Francis told me that he learned his *kastom* medicine knowledge from an old Christian man from Fateleka, Malaita. He was not related to him but Francis had:

provided rice, kerosene , soap, whatever he liked I provided when I worked. The old man told me that because I was a humble man, God would use him and I would work better than him...My knowledge came through love and kindness...He is a good Christian man who does not smoke, drink, chew betel nut. He sat down with me and I wrote everything: *tri olsem fo siki olsem* and he gave me the instructions for the trees (Francis\*).

Francis still goes and asks his teacher questions, and the old man still continues his *kastom* medicine practice.

While Francis received his knowledge of *kastom* medicine from a healer outside his ethnic group, other healers acquire their knowledge of medicinal plants and healing techniques from relatives or non-relatives within their ethnic group. While Mark received his knowledge from his family members, he continues to be given knowledge and advice from the spirit of his dead mother. While Sentika inherited her knowledge from her father, she says that more



specialized knowledge can be acquired through payment, which is similar to how her father received his knowledge from an Anglican priest. Medicinal knowledge is also received through dreams. Dreams can be perceived as a legitimizing force behind medicinal knowledge because there is a link to ancestral knowledge passed onto healers through their dreams, or in John's case from a healing-angel. The transmission of knowledge about *kastom* medicine is reordered with beliefs in a Christian God and can be linked to ancestral knowledge, to the Bible and to Christianity.

### **ECONOMIC ASPECTS OF KASTOM MEDICINAL KNOWLEDGE**

As healing practices can generate income, resources and prestige for individuals, their specialized knowledge can be perceived as personal property (Maenu'u, 1980) and an economic resource (Foye, 1976). As Sista R. explains, "*Even in our own culture they [the healers] give, sometimes they give their secrets, but some don't want to share with other people because of their income*" (Sista R). As Tedder & Tedder (1979) noted, cures for illnesses are commodities which can be bought and sold, and the amounts given could be paid with shell money as well as cash. There are some *kastom* medicines which are so widely known, they are not perceived to be as valuable a commodity as more specialized remedies. The protection of this more specialized knowledge and the control of how it is transmitted, can further ensure that the healers' potential income and other resources are protected.

While Christianity has affected how some healers charge for their medicines, there are other pragmatic economic considerations taken into account by healers when working in urban and rural settings which affect differences in fee charging practices. In the changing

economic situation in the Solomon Islands cash is important in the urban context because of the lack of access to gardens and the increasing costs of food, transport, and housing. Still, *wantoks* are rarely directly charged as it is up to them to give goods or cash to the healer if they choose, thus, relationships based on mutual reciprocity between healers and their patients are being reenforced.

In his recommendations concerning how fees should be charged by healers, Maenu'u (1980) stated that:

As a matter of policy, no charges should be made by traditional practitioners for work they may do in their own villages except where such charges are in accordance with customary practices of the particular area; and, of course, where the two parties (traditional practitioner and patient) agree in good faith to enter into such transactions freely (13).

Paradoxically, the 'exceptions' seem to be more likely the rule, thus making such a no-charge policy a moot point. While policies do not address the urban conditions of life, healers who have migrated from rural areas and live in town or who are moving regularly between their villages and town, take their *kastom* healing arts with them. Because of factors specific to the urban setting, the fees for using the services of these traditional healers in Honiara varies substantially.

At home in the village I don't get money for the medicine but here things are hard to get so people give me money as a token of appreciation...In Choiseul there is not as much money as here in town...Another thing is that I cannot charge my relatives when they come and ask me for medicines. It is easy for me to get food from the garden and collect water so I don't ask for money from the medicines at home. But here in town everything costs money so that is why I charge them. The number of people coming in town is increasing so I charge \$5.00 for one bottle and that is how we buy our food... As time goes on I may charge at home

too, as time goes on everything is going to cost money... (Elena\*\*)

Sentika told me that at home in her village, she does not always charge people; however, if she does not know them then she sometimes charges. She told me that she must go far into the bush, then prepare medicines and put them into bottles: *"this is the reason that they pay me for my good medicines, but if they did not have money, I gave it as it is hard"* (Sentika\*).

In Honiara most healers charge a range of prices for their consultations and medicines irrespective of the illness, including: 1) set prices for all medicines, by the bottle, which includes the consultation, and these are paid directly to the healer; 2) a cash donation to be given to the healer's church; 3) no charge if the patients are *wantoks*; 4) or it is left up to the patient to pay what they can for the medicines they receive. John, however, charges amounts for his healing and medicine which are contingent on the type of presenting ailment. He explains that prices increase for his treatments if he perceives the ailments to be serious or chronic. A final portion of the payment made for John's medicines are paid after the patient has recovered.

They pay me...I used to charge them fifty dollars depending on the seriousness of the sickness...but there are some sickness I charge \$100, including ulcers, cancer, to have children. Any illness with a history...that lasts for a long time without a cure...they can pay \$50 at first and when they fully recover they can pay me the balance. Some will sometimes pay me more..even \$200...\$300. They are happy because they are recovered (John\*).

John creates a hierarchy of illnesses with fees that correspond to their seriousness and the difficulty he has in curing them. Mark also states that "...some illnesses, I struggle to cure them with *kastom* medicine" (Mark\*); however, he charges the same amount for each

bottle of medicine, despite the difficulty that some ailments may present.

### **The Selling of Kastom Medicines at Urban Markets**

None of the healers I interviewed ever sold their medicines at the urban markets. All the healers I spoke to believed that selling *kastom* medicines at the market is not supported by the Health Department nor by medical doctors. In this respect their ability to derive an economic resource from their medicinal knowledge is controlled.

According to some healers, in 1996, a public announcement was made at the Central Market that reinforced this belief; some people felt that doctors were prohibiting the sale of *kastom* medicine generally. Mary was told that there was an order from the Health Department which prohibited the selling of medicines at the public markets:

I was at home when they made this notice [at the market]. When I came I went to find medicine at the market but I could not find it. I met this old man...and I asked him. He said that those from the Health Department have stopped us....He said they came into the market and took the microphone and said: "Everyone at market and those who sell local medicine, starting today you cannot sell it. The Health Department has stopped it"...I asked him "Why"? He said "I think that some people went to them and told them that the medicine that they bought and took was not medicine"... After they bought it and used it, their sickness did not go away. I asked him why he did not go and find those who put the notice about medicine. I told him he should tell them. People may take medicine for the wrong sickness and that is why people could complain and say that we lie...He said "No". This old man still makes medicine and he leaves it at his house. If people like it then they go and find him and take it (Mary\*).

The prohibition of selling medicines at the market did not deter this healer from continuing to sell his medicines from his home. John explained that from his perspective medicines are not sold at the markets because "the doctors found it to be unsafe and they advised the public not to take risks by buying those bottles. The reason was that this medicine was for one

particular sickness and does not work for other complaints. So they stopped it" (John\*).

Many *kastom* medicines could not be sold at the market as they are prepared specifically for a patient's needs and are meant to be taken immediately or in a relatively short period of time. Other *kastom* medicines are prepared so they could be stored for longer periods of time. This latter practice is done more prevalently in Choiseul.

Before they sold them [*kastom* medicines] at the market, some from the west, from Choiseul. It is true they used to sell them, not us no, we do not usually sell them. It is because you must follow the time; the same day you get them you must take them to drink, or the next two days.... They follow their culture and they sell them (Donna\*).

While Elena's medicines can be stored for longer periods of time, and even though she brings them from Choiseul to Honiara, she told me that "I do not sell medicine at the markets. I stay at the house but people come and see me. People want me to bring and sell medicine such as Vuruvare at the market but I don't want to" (Elena\*\*). The income she generates from the sale of her medicines in town occurs outside the market place.

Resources and income are generated through the sale of their *kastom* medicines, and prestige can also be attained. Thus the protection of specialized knowledge can ensure these are protected. In the following sub-section, I briefly address the issues raised by healers concerning the control and protection of their indigenous knowledge from outside interests.

## **BIODIVERSITY PROSPECTING**

The protection of indigenous knowledge of plants and their natural pharmacopoeia from the growing international interests of pharmaceutical companies are important concerns for some healers. Biodiversity prospecting by international companies does occur in tropical

countries and countries such as the Solomon Islands which are rich in natural resources and are likely targets. As Laird (1995) shows, these resources are then taken out of the country and evaluated in laboratories for their possible use by pharmaceutical companies who are the major players in biodiversity prospecting; however the benefits to the countries supplying these resources are not always returned and consequently they lose the control over their resources and the potential commercialization of what is 'discovered'. Biodiversity prospectors may also use local knowledge which healers have of traditional medicines and their curative powers to guide their research without acknowledging them, thus intellectual property rights is a growing concern internationally.

Laird (1995) also explains that when researchers within a tropical country's research institutions work in collaboration with outside biodiversity prospectors, there can be benefits for the countries involved to "shore up and build upon local knowledge of medicinal plants and existing medical systems in order to develop more effective and affordable health care systems within the context of local health, economic and social conditions" (9). These benefits are achieved when technology, expertise and financial resources are provided to the tropical country to do collaborative lab and phytochemical analysis otherwise not available to them.

In 1996, a regional seminar organized in Honiara by the Japanese government, focussed on the natural resources of the Solomon Islands, specifically traditional medicines. Discussions concerning the development of a market between Japan and the Solomon Islands for exporting resources were met with some concerns from participants and it was felt that Solomon Islanders "must not be in the rush to export our medicinal plants" (The Solomon

Star, 1996, 13), and that a legal framework should be developed around resource export and the commercial rights over these products. Dr. Koyama stated that it is “equally important that owners of such traditional healing are given rights to share their knowledge” (ibid).

The group of healers I interviewed expressed their opinions about traditional medicinal knowledge in relation to biodiversity prospecting. Some healers recognized that medicines were being tested in foreign countries and they were concerned that economic benefits would not return to them or their country. The need for the development of copyrights over *kastom* medicines was also seen as a possible way to protect intellectual knowledge. Sista R.’s participation in pan-Pacific workshops has made her suspicious of collaborative medicinal research. The following comments illustrate these healers’ main points.

The Japanese came to do research about nature. They took two medicines and tested them in their labs and they were good for cancer. They came back and collected *kastom* doctors to tell them that their medicines were good. This is something I think a lot about now; suppose I show every medicine of mine to you and you go back home and take them and sell them for a lot of money and then you take the money and I who did the research, I don’t have anything. I would feel embarrassed about this, this would not be good. I know good medicines and suppose the government recognized the good people who work, and if they could find funding, then they could give these healers something for their work and provide equipment for storing their medicines, then we can do better work for the Solomon Islands nation. Outside countries could come and buy good medicines from the Solomon Islands (Francis\*).

This tree that healers showed in 1995 at the King George Field; the Doctors from America said that they went to look at it as one man claimed he healed HIV with it. They took it and up until today there have been no results. Whether this one works or not I don’t know (Mary\*).

Those who come from Japan - it is up to them. It is up to them. We have given them the knowledge already. As long as I get my five dollars the rest is all up to them...(Elena\*\*).

I think the world is starting to see the benefit of partnership as it is not one dominating the other. This is where you need a copyright over the herbal medicines as there are some researchers who come here with that intention in mind to screw people for their own things, they are taking money out of it, and why not have it come back to the original place...You don't have to collect so many things in the bush...One leaf and he said they could duplicate this a million times, then they could have one factory out of one leaf...(Sister of the DMI).

*Like I sent one of the tree to Japan, just the liquid and I sent it to there. I sent it with this man who was working in the malaria [research centre], big man working in malaria... Then the result came back and it was just like chloroquine but we purely give and we measure it and we give. So this one the people are reporting back to me and they say this tree when we take the liquid about six months or one year we didn't have malaria so then we send the liquid to them. It is bitter like malaria and can cure malaria...I had a lot of warning from them in Fiji and from those workshops and I am not blind to that one [biodiversity prospecting]. The doctor said to be careful on your knowledge because if you sell out your knowledge then that is the end. (Sista R.).*

Issues around intellectual property rights and who has ownership of cultural knowledge and how it is appropriated are complex issues; however it is not the purpose of this thesis to explore these in depth. For the research I have done with healers on medicinal plants, I have returned copies of this completed data back to these individuals, and a copy of this plant data will be deposited at the National Herbarium in the Solomon Islands. My ethical concerns of including specific plant data in this thesis made me first identify the plants in my corpus of plant data on which phytochemical analysis had already been published. In the end, I have decided not to include the complete plant data with their preparation instructions and prescriptions in this thesis. In this way I can try to protect the plant medicinal knowledge of healers within the country and protect their knowledge from outside interests. I have included selected examples of some plant data in Appendix 9 which refer to the upcoming discussion



of medicinal plants in Section Four. I have chosen those plants which have been analysed and discussed in other literature<sup>33</sup>. At the same time as some healers believe that copyrights should be developed to protect their knowledge from outside prospectors, healers also have a variety of strategies to restrict access to their *kastom* healing knowledge within the Solomon Islands.

### **SECTION THREE - HEALING AND PRACTICE**

The *kastom* knowledge transmitted to healers encompasses diagnostic techniques; however, healers also learn from their experiences with their patients and they can incorporate their own specific rituals and taboos into their practice. In this section I discuss treatment practices associated with the interaction between patients and healers, the relationship between Christianity and urban healing practices, and diagnostic techniques.

#### **TREATMENT PRACTICES BETWEEN HEALERS AND THEIR PATIENTS**

Healers maintain direct contact with their patients in the process of diagnosis and treatment. Some healers refuse to give their medicines to another person to deliver for them, and this practice of giving treatments directly to their patients is associated not only with what they feel is an important part of their treatment interactions but it is also linked to a fear of being accused of sorcery. As Anna explains:

If you have *kastom* medicine, and a person has a sickness then he must come to you directly... Many women ask me for medicines for another person. It is hard for me to give anything unless the woman who wants the medicine comes directly to me...It is like this Holly. Some people when you give medicine to them, you make it correctly, you make it only good, but then they go and take it and put something inside and then give it to someone else; then the person who is sick takes it and anything can happen to them. At a time like this, they will say that it is me who gave the medicine for this person...Then later they, the family, will come and ask for compensation from me. This is

something we are afraid of. That is why we who make *kastom* medicine can be afraid...If you want medicine you must come directly and tell me about your sickness. It is like a doctor too. [The patient says] my sickness is like this and this. Then I go and take the medicine and make it and put it in front of their eyes. After I cook it then I will taste it. Then I give the medicine to them to take... If you make the medicine, then you go and take it to give to the person yourself, or you tell them to come back to you so you can give it to them. For people who have *kastom* medicine, this is its way of *kastom*. (Anna\*).

As Anna has explained some healers also taste the medicine they are giving to someone in front of the patient themselves to show that it has not been poisoned. This process ensures that if anything happens to the patient the healer cannot be accused of acts of sorcery and be held responsible for compensation payments. On one occasion, I took a *kastom* medicine for diarrhea and stomach cramps and the healer took some of the medicine from the bottle and drank it before I took any. As Mary explains:

Some people can then say you killed him. Before we give the medicine, we must first drink. They can say I drank it the time I worked it. If I make different ones, they can think I gave the wrong medicine. I take from the same pot or cup, or bark; so if I do not die and he does, they cannot talk about. We must drink or eat the bark. This is the logic behind this local medicine (Mary\*).

Mary and some other healers believe it is forbidden to tell people directly that they have knowledge of *kastom* medicine, unless they are directly asked.

The *kastom* of my medicine is that I cannot go and tell someone what their sickness is, then give them medicine and then they give me money. This is taboo. If a man has been cured by you, he will come and ask you. I do not go and tell people I know medicine. This is taboo and when people know me and know of me from other people, they come to find me. When I give people medicine and then they are well, other people's relations who then get sick, they are told by them as they tell them and then they come to me. This is how people come to know you....(Mary\*).

Many people search out healers when their skills are told by word of mouth by people who have gone to them, or by people who have heard of them. It is not uncommon for healers to be known in other islands, as individuals from different ethnic groups use their services.

People from Guadalcanal they come to see me in Choiseul. So it is through those that come and got cured who pass on the message about us to others....I don't go looking for them but they come to me, it is like a private clinic.. It is because I have been making custom medicine at home...So the news spreads around by those people that first came to us so a lot of people know us. White man, Chinese they all come to us...They didn't hide it but tell it to others...so I remain here and those that want medicine come to me...So wherever house I live, people come to that place to see me (Elena\*\*).

The news spreads from those who come to me and then they go and spread the news. When I started in 1983, I was working...they would come to the office and then the news would spread out and gradually everyone in the provinces would know. Once I went to Isobel for three weeks, east Isobel, and I was happy that those who came to me were cured..(John\*).

Francis explained to me that while people know of his curing abilities in his village and in town, his practices in town are different than in his village. In his village he will go directly to the house of a patient and offer his services if he becomes aware they are unwell; while in town patients come to him and he does not drop into people's houses to offer his services. When people make appointments to consult Francis for healing consultations, he perceives this as a "white man's" custom which occurs in town.

In town if anyone is sick, they can come to my house and they take the sick person with them. We sit quiet and listen to the sick man, then after talking I go and find the medicine. At home if poor people do not have anything, and I go and see the children cry for medicine and they have nothing to take and cannot go the clinic, then I just come and ask them if they are sick so I can treat them. Here no I do not do it. Here [in town] it is forbidden, you must make appointments but at home you can go house to house. In town we are like white

men and must make appointments. White man's customs in town. (Francis)

As Francis has mentioned, he sits quietly with the patient and listens to their explanations of their illness. For all healers, the interview process is integral to their diagnosis and treatment.

## DIAGNOSTIC TECHNIQUES

All healers stressed that their interviewing process was very important as they observe the person, hear what they have to say and how they describe their symptoms. The interview process is still very important even if healers later send their patients to a doctor for diagnosis. Some healers insist that individuals must go to see a doctor and get a diagnosis and then return to them for a treatment. This is done even if they can treat their symptoms and believe they know what sickness is effecting the person. For these healers the diagnosis from a doctor is requested irrespective of the presenting symptoms. *"One person came and said they would like to try my medicine and I say I am sorry I will not try any medicine, you must go and see the doctor and then they will say that it is diabetes or high blood or whatever. We don't do diagnosis"* (Sista C. \*). Another healer tells her patients what she believes their illness is, but she then asks them to return for a *kastom* treatment after they have gone to the doctor to reconfirm her diagnosis, and to also have their blood tested for malaria. Thus patients can move between medical traditions for diagnosis and treatments. If and how the diagnostic skills of healers are changing due to the intersections between themselves, their patients and biomedicine is a question I cannot answer, but this is an interesting area to explore further.

Some healers do not send their patients to a doctor for a diagnosis as a general rule. One healer uses her hands as a method of "feeling" the disease inside the body, and she has written all her diagnostic knowledge and medicinal knowledge into a book. Elena explained

to me that she would diagnose different illnesses through an interview process, and by taking peoples' pulses, their breathing and body temperatures, she could confirm her diagnosis. She also explained that experience as a healer allows one to 'read' the symptoms of particular diseases easily. "We already know the symptoms of malaria so if anyone has this sign we boil the leaves of this tree and give it to the person, we would know how someone with malaria would act and behave so we give to him the leaf of the tree. We give them and they got better" (Elena\*\*). The diagnostic skills of healers increase over time as their experience with different symptoms and sicknesses develops.

We ask them questions on how they feel and we ask them questions such as do you have headaches. So you shiver or cold. After they answered us then we touch and feel their pulses...They will lie down and we will feel their breath. Example: If someone with ulcers, we will feel how their breath pound. So it is with all other diseases. We would feel and know what type of disease they have. Doctors use something but we only use our hands to feel and know how they breathe. So that's how we figure out someone's disease. Whenever people come they would tell us that they are sick. We will ask them questions. Such as "Do you have a headache"? When they say yes, we would ask again.. "So you feel cold"? If they say "no only headache", we will then touch their body and we will feel what the sickness is. Someone may come to us and say I have a heartache all the time. Then we will touch and feel their body. If that person has pneumonia we can easily feel the cold in the body. So some sickness can easily be detected. That's how we could tell, exactly from how we touch their body. They would tell us and we confirm it by feeling their body (Elena\*\*).

In the process of diagnosis some healers dream about their patients illnesses, particularly when their sickness is believed to have been caused by *kastom*. These sicknesses

can be caused by spirits, sorcery etc. are divined through dreams. Some healers told me that if *kastom* was the cause of an illness they would dream and through these dreams they could divine why they were unwell. As John explains he does not dream for a sickness from nature or also referred to as *medikol*. The divination process must also be understood to include the dialogue between the healer and the patient.

At night is the time that I dream. I normally dream at day break...a few minutes before I get up. Most times when you get up the day has already come. I can dream at night, but if it is for anyone I work with I normally dream at day break. The small period of time when you are fast asleep, just before the time you wake up. Sometimes I dream and sometimes I don't know what causes a sickness. When I describe the dream to my patients they can tell me if it is true. Sometimes I haven't been to their place but when I explain the location and the village...they tell me that it is their place. This is my place that you reached. I tell them that this is what happened and this is who harms you. For some others I do not dream and this means they have ordinary sicknesses...natural sicknesses caused by nature and therefore I do not dream of them (John\*).

Specific medicines which may be needed by a patient can also be revealed in dreams.

Before when I dreamed, it could be two or three days or a week before my dream would happen. I could look for medicine in dreams too. For example: if you have a sickness and you tell me and I don't know what you need, then what has happened to you I will see it in my dream and then I will see the tree in the dream too. Then I would have to find the place I saw the tree and then try to find the medicine there (Mary\*).

In the process of healing their patients, healers diagnose both *kastom* and *medikol* ailments. Some healers I worked with explained the symptoms they attach to the different sicknesses they categorize as those *lo saed lo medikol* and *lo saed lo kastom*; however as I mentioned in Chapter One, the differences between what could be defined as *medikol* or *kastom* illnesses are not always clearly defined and there can be overlapping symptoms.

## HEALING PRACTICES AND CHRISTIANITY

For the majority of urban healers I interviewed, their religion and their healing are combined in practice. The influences of Christianity in the transformation of healing practices cannot be isolated to just this section; the influence of religion can be seen throughout the following sections on economics, and in the transmission and control of healing knowledge. The customs and beliefs involved in *kastom* healing practices are not perceived by healers as non-Christian, and what is said to be *kastom* has been reordered with beliefs in God and in spirits and sorcery. There is a relationship between healing practices and religion, and healers' identities as Christians and as healers.

There is an overlap between Christian and *kastom* elements in healing practices. Some healers have their medicines blessed by their church ministers, and in this respect they believe their healing is supported by their Church, and that the efficacy of their medicines is protected or increased. To improve or protect the efficacy of their medicines healers can also incorporate the signing of the cross and prayers into their rituals when they gather or extract their remedy ingredients from nature. Some healers also create links between the healing work of Jesus and his apostles and their own *kastom* practices, some are reliant on prayer to assist them in their healing work, and some incorporate spiritual counselling and prayers into their *kastom* healing encounters.

*People come and we sit down with them and we can give talk to those people who like to come and know what is our work and counselling and prayer and give out the medicine...Give out to those who need (Sista R.).*

You can pray...and the knowledge about this will open up for you. I trust God, who has helped me to get all those practices. Most of the knowledge

comes from God and we just work to produce the medicine (Elena\*\*).

*We pray before they come. First thing we do when they come we must pray for healing to help them, their soul and then we give it. I pray the time I take the leaves, and many times I make the medicines and I take the money and give it to the Father for them to help us. I do not do it by myself as we as we depend on Christ and the Master. All the power stays and we want Christ to help the people (Sista C.\*).*

The church can also stop people if they use *kastom* medicine to hurt people, but if people have the good medicines the church will bless them to strengthen your work [as a healer] (Patricia\*, 4c, Nov, 1997).

*My husband took it [kastom medicine] and gave to the bigman [minister] of the church and he prayed over it one time and then the medicine was strong and every time we take the medicine we take it with prayer (Anna\*).*

The practice of praying to ancestral spirits before taking medicines is said to have occurred prior to Christianity and still occurs in some areas of the Solomon Islands today (Keesing, 1982b; Akin, 1996). As Tedder and Tedder (1979) and Hogbin (1964) explained, mana or supernatural power and influence from the ancestors can be used to empower or increase the efficacy of *kastom* medicine after specific words and rituals are performed. God's power can be perceived by Christians as a divine influence and power that works in a similar manner to the power of praying to ancestral spirits. Thus the practices of praying to ancestors has been transformed. As Sista R. explains, "Unlike my father, I do not seek blessings for these medicines from ancestral spirits but I do it in the Christian manner" (The Solomon Voice, 1995). The healers I interviewed pray to God, and these prayers to God endow power and efficacy to the medicines being taken, thereby achieving similar results, albeit in a transformed manner.

*When we go to take it [medicines] we pray first. We stand at the bottom of the*



*tree and pray and after the prayer is finished you take it. When you scrape the tree you make the sign of the cross.... you do not cut it but you make the sign of the cross like that, then you pray and then you take it.. Another one, for the leaf, you say the name of Jesus and then you take it (Anna\*).*

Normally I would say a little prayer when I reached the tree and touch a branch, I say a prayer before I take the medicine...(John\*).

You must talk when you take it...everything you take it with talk. You tell the tree what you are taking the parts for, you talk to the tree as it is alive, it grows, but it does not hear, God hears (Mark\*).

In conversations with Mary, she explained that people still talk to the tree before they take the bark or leaves, especially for medicines to cure sorcery or other *kastom* illnesses. Mary's ritual incorporates Christian symbols and prayers, and the source of power for the blessing of her medicines comes from God. When she cuts the part of the tree she needs, she signs the area in a cross and says the 'Lords' Prayer, as she says this prayer incorporates all the important Christian elements. After she signs the cross on the tree she cuts a square around this area and takes this piece of bark. After she takes the bark, she marks the area again with a cross, otherwise the spirits, *devol devol*, could touch the area where the bark has been removed and change the effect of the medicines. The power of God is infused into her sign-of-the-cross ritual during the collection of her healing plants which protects the medicines from the power of other spiritual forces and preserves the efficacy of her *kastom* medicines.

Patricia said that that the efficacy of *kastom* healing is linked to God. God gave Nature to human beings to use for healing purposes, and when a healer asks a tree for its healing powers it will comply because God made humans the masters over Nature. She explains that:

In nature when we talk to a tree it obeys us as we are masters. God gave us everything and he made people the boss. If you talk to the tree it will help to heal people as we are the masters and God created everything and then gave it to us. The trees and everything God gave to us to heal ourselves and the tree will do this. Everything has life. One man told me, we must not forget that the time that God made the world he made us last and everything else is under us; we have the power to destroy the tree or to make it heal for us (Patricia\*, 4c, Nov, 1997).

In the healing interaction, some healers ask their patients to give donations on their behalf to a particular church, others can take money to give to their own church themselves, and others do not charge as they perceive their work as part of their spiritual ministry.

At this time I volunteer my work. It is part of my ministry and I like to help those who have not found help for their kidney, liver, diabetes, high blood pressure (Francis\*).

He came to pay me. I asked for five dollars to participate in church. Sometimes when I go to pray and I don't have money when the basket comes and then the basket goes. It is tabu to take a lot of money for this (Mary\*).

*Many people [practice in town] as they have been doing this before in their own home villages. Something that is difficult with pagan kastom healing, it is very hard as you must give big money for them [healers] to work for you. But healing in relation to the church [Christianity] is different(Sista C.).*

In these last examples, Christianity has impacted on how much healers charge for their services and what they do with the money they receive.

Christianity is combined in healing rituals and with *kastom* medicinal plant knowledge to heal a range of specific symptoms and sicknesses. The following section deals directly with *kastom* medicinal plant knowledge and I will discuss the use of plants to heal specific symptoms and sicknesses, the medicinal plants being used for these, and the different techniques used in the preparation of remedies and how plant medicines are prescribed.

## **SECTION FOUR - MEDICINAL KNOWLEDGE**

### **PRAGMATIC MEDICINES**

In modern day healing practices, healers are the specialists in treating *kastom* illnesses, and they are also specialists in the use of an extensive repertoire of medicinal plants for a wide range of infections and noncommunicable diseases. While the medicinal plants used by healers are discussed in the following section of this chapter; the list below illustrates the range of symptoms and sicknesses being treated by four particular healers with whom I compiled medicinal plant data. The numbers beside each item indicates the frequency of occurrence for each indication (symptom or sickness) being treated by these remedies. In total there are 191 different occurrences for 83 indications, while overall fifty-three plants are being used by these four healers in these treatments. When there is only one occurrence for a particular indication, this could suggest that this is more specialized knowledge within this particular group of healers, that the affliction does not occur often, or that the affliction is rarely consulted for.

### **INDICATIONS**

ABDOMINAL PAIN (SEE: STOMACH PAIN )	BURNS 1
ABSCESSSES (SEE: BOILS )	CANCER 1 (SEE ALSO BREAST CANCER)
APPETITE PROMOTION (SEE: PROMOTE APPETITE ).	CENTPEDE BITE 1
ARUA'A (KASTOM) 1	CHEST PAIN 1
ASTHMA 2	CHICKEN POX 1
BACK PAIN 2	CLOSE THE EYES OF A DEAD PERSON ( <i>KASTOM</i> ) 1
BAKU'A : RINGWORM 2	COLD REMEDY 4
BLEEDING (TO STOP) 3	CONSTIPATION 1
BLOOD IN STOOLS 2	CONJUNCTIVITIS 3
BLOOD IN URINE 1	CONTAINER FOR SQUEEZING MEDICINES 2
BODY COLDNESS 2	COUGH 12
BODY WEAKNESS 1 (SEE ALSO FATIGLE & HEAVINESS)	CRACKED LIPS 1
BODY PAIN 3 (SEE ALSO PAIN: GENERAL)	CUTS 5
BOILS 7	DELIVERY PROMOTION (SEE: PROMOTE DELIVERY )
BONE ACHES 1	DIABETES 3
BONE BREAKAGES 4	DIARRHEA 4
BREAST CANCER 1	DISSOLVE FISH BONES (THROAT) 1
BREAST BOILS 1	DIURETIC 2

DIVINATION ( <i>KASTOM</i> . SEE: MAGIC AND DIVINATION)	PROMOTE APPETITE 1
EAR ACHE 1	PROMOTE BODY LIGHTNESS ( <i>KASTOM</i> ) 1
EXPEL THE SMELL OF DEATH ( <i>KASTOM</i> ) 1	PROMOTE BREAST MILK 2
EXPEL HUMAN SPIRITS ( <i>KASTOM</i> ) 3	PROMOTE DELIVERY 4
EXPEL SEA SPIRITS ( <i>KASTOM</i> ) 2	PROMOTE FERTILITY 1
EYE INFECTION (SEE: RED EYE)	PROMOTE INFERTILITY 3
FATIGUE AND HEAVINESS 3	PROTECT AND CURE FROM SEA SPIRITS ( <i>KASTOM</i> . SEE: EXPEL SEA SPIRITS)
FEVER 2	RED EYE (SEE: CONJUNCTIVITIS)
FLU 1	RESTLESSNESS 4
GENERAL REMEDY 2	RUN QUICKLY ( <i>KASTOM</i> . SEE: PROMOTE BODY LIGHTNESS)
GONORRHEA 3	SCABIES 2
GUMS (SEE: SWOLLEN GUMS)	SEA SPIRITS ( <i>KASTOM</i> . SEE: EXPEL SEA SPIRITS )
HEART ATTACK 1	SKIN CANCER 1 (SEE ALSO CANCER)
HEADACHE 7	SKIN INFECTIONS (SEE: BAKUA; SKIN SORES; YAWS)
HEAVINESS (SEE: FATIGUE & HEAVINESS)	SKIN SORES 8
HEPATITIS 1	SLEEPING DIFFICULTIES 2
HIGH BLOOD PRESSURE 6	SNAKE BITE 1
HOOKWORM 1	SORE BELLY (SEE: STOMACH PAIN)
JOINT SWELLING 1	SORE THROAT 1
JOINT PAIN 1	SORES CAUSED BY YAWS (SEE: YAWS)
KIDNEY PROBLEMS 4	STOMACH PAIN 6 (SEE ALSO SWOLLEN STOMACH)
LAMENESS (LEG) 1	SWOLLEN GUMS 1
LEG PAIN FROM SPRAIN OR DISLOCATION 1	SWOLLEN STOMACH 1
LEPROSY SORES 2	THRUSH 3
MAGIC AND DIVINATION ( <i>KASTOM</i> ) 1	TOOTH ABSCESSSES 2
MALARIA 7	TOOTHACHE 2
MEME ( <i>KASTOM</i> ) 1	TUBERCULOSIS 3
MENTAL DISTURBANCES 1 ( <i>KASTOM</i> )	ULCERS 1
MOUTH SORES 2	WHITE TONGUE (FUNGAL: SEE THRUSH)
NUMBNESS( LEGS) 1	WORMS (INTESTINAL) 2
PAIN (GENERAL ) 2	WRAPPING MEDICINE (SEE: CONTAINER)
PNEUMONIA 1	YAWS 1
POISON FOR FISH ( <i>KASTOM</i> ) 1	YELLOW FEVER 1
POISON FOR PARROTS ( <i>KASTOM</i> ) 1	

The above list includes remedies for the leading causes of adult and childhood morbidity and death found in the Solomon Islands' disease profile from the last chapter. Some of the highest treatment occurrences included remedies for: boils (abscesses), bone breakages, remedies for colds and coughs, diarrhea, gonorrhea, headaches, high blood pressure, kidney problems, malaria, skin sores, stomach pains, tuberculosis, diabetes, thrush, promotion of infertility in women, and promotion of delivery.

When healers were asked what the most common sicknesses that their patients complain from, they would produce lengthy responses. For example:

Ulcer, cold (pneumonia), appendix, yellow fever... liver problems are some. Those that come to me, some have had spleen enlarged, those with kidney problems, those child/babies with baby disease, those with sore stomachs, sore stomach that causes breathing complicated...Some with cold, sugar [diabetes], some with not enough blood (anaemia) and malaria...bladder problems, etc. Another sickness is what we call 'seri' in customs. This develops in females. It forms like babies and it grows hair and it eventually kills. Someone with breathing problems (short wind). The only sickness I have not done yet is cancer. Someone told me of the plant but I haven't tried it out yet. No one in our family has had cancer yet, so I haven't tried it out yet. Yes I can cure yellow fever, cure someone who is being poisoned [this is done by some]by giving them poison food. This is done in custom...Even someone that has worries, doctors could easily tell that person is worried. Even us, we can tell that this person has got worries. So what we do is we comfort them and give them a specific medicine that would help cheer him up...Even someone with sores in their brain. There is a tree/plant for it. We squeeze that in through the nose or drink a special water for it. If someone experiences headaches when the sun rises we squeeze this in through the nose... There is also a medicine for ear ache. You can just squeeze it into the ear and you feel better...Yes there is medicine for it (to promote delivery).Some ladies have used it and it works. We first give this medicine to clean the womb before we give the medicine to help the lady have the baby. Doctors they do cleaning up, but custom we just give them water to drink....There is also medicine for ladies who are scared of going through operations to stop having babies. There is medicine to stop having babies. They either drink that medicine or the old practice was that they wrap the placenta after birth with a certain leaf and bury the placenta. That stops the mother from having any more babies. So there is medicine to make ladies have babies and there is also medicine to stop ladies having more babies. So its not hard to treat such diseases (Elena\*\*).

Some healers would whisper when discussing the treatments used for gonorrhea and

the promotion of infertility in women even if we were alone, indicating that sexuality and infertility are culturally sensitive issues for them. Some healers require that both partners, husband and wife, agree before giving infertility medicines. As the research of Hall et al. (1998) indicates, many individuals use healers as the first line of treatment resort for STDs, particularly younger people, who can assume more anonymity than in the formal health sector where they are likely to be asked specific questions by clinic nurses about their sexual practices.

While they did not gather plants that caused abortions, healers said that they knew of *kastom* specialists who prepared these treatments; one healer also told me of a plant that was used in Malaita. Some expressed fear of medicines used for abortions, saying that their use goes against Christianity; if they were to give such medicines, they would fear possible reprisals from the person's family members, and they could be obliged to pay compensation. As Foye (1976) discussed, the healers she spoke to emphasized secrecy around some of their medications, particularly abortives, and they stressed that the source of all the medicines they gave must be protected as they feared "reprisals from fellow villagers, religious leaders, and outside Government sources who might consider this [practice of abortion] to be immoral or illegal" (10).

None of the healers I interviewed claimed that they had sorcery knowledge. One healer prepared love potions to cause an attraction between two individuals and this was not perceived by him to be sorcery but as magic that would not cause any harm. Some women I interviewed perceived love magic to be sorcery (*poeson*). The focus of the majority of medicines used for *kastom* illnesses was of a curative nature, and were used for those who

had been afflicted by spirits or sorcery.

Not all plant knowledge of the treatments was equally distributed between the four healers I gathered plant data with. On the other hand, all of these healers maintained that their knowledge of plants, and the treatments made from these, extended beyond those that we collected in and around Honiara. Including different healers in this sample, or other environmental settings in the Solomon Islands, would obviously change the availability of different plants and their associated treatments. This is illustrated by the research of Maenu'u (1979a) and Henderson and Hancock (1988) who gathered extensive plant data from different areas of the Solomons, and by the work of Foye (1976) whose plant data was specific to the Moli District in Guadalcanal.

## **MEDICINAL PLANTS**

The basis for treatments of specific symptoms and diseases are the medicinal plants used by healers. The gathering of plant data with healers required going to areas in and around Honiara and to the Botanical Gardens. While walking with these four healers, they would point out particular trees and plants, and I would photograph the trees and the leaves for each remedy. Then, each healer would discuss with me what treatments they used the plant for, which parts of the plant were used, how the remedy was prepared, and how it was prescribed. In the process of collecting medicinal plant data, the names of the plants were given in their vernacular languages and later the scientific names were located. The gathering of plant data was a major part of my initial and follow-up work with healers; they were my teachers. This knowledge was a point of reference which healers referred to in our follow-up interviews that, of course, not only addressed questions I had about their medicinal expertise,

but were opportunities to pursue other areas of discussion. The gathering of plant data gave me access to knowledge about what kinds of plants were being used, how they were used, and for what purposes.

### **Plants in Combination**

I found that many of the healers I interviewed used one specific plant for a specific illness, but there were some treatments which were made with a combination of plants, or different plants were used in a particular sequence in the treatment process. "Some I would use one specific tree for the medicine but with some I would use plenty of trees because they all would have common use for curing. (Elena\*\*). As well, different plant leaves can be made into medicine containers, other medicine is then put inside and this container is squeezed, thus combining the juices of both the medicines inside and the juices of the plant containers. As Etkin (1990) explains, when different parts of a plant are used, or if some plant parts are combined with other plants, and how the medicine itself is prepared, may change the pharmacological activities of the plants, and the remedies that result.

An example of a headache remedy is made by combining two plants. The following is a summary of Mary's preparation instructions for this remedy (See: Appendix 9 - *Alpinia rechingeri*).

The leaf of *Alpinia rechingeri* is used in conjunction with *Kleinhovia hospita*. One leaf and shoot are taken from the *Alpinia rechingeri*. The leaf is formed into a small cylindric container. The shoot is taken and masticated, and then is ground together with the three young leaves of the *Kleinhovia hospita*. The container is squeezed and two drops of the liquid is put into each eye. This liquid can feel hot. If the head pain continues, one day is missed before another treatment can be repeated. This treatment can be repeated up to three times; however a day is missed between each dosage.



Other plants that were used in combination are as follows: *Eugenia malaccensis* and *Spondias cyathera*; *Artocarpus altilis* and *Carica papaya*; *Artocarpus altilis* and *Alpinia oceanica*; *Barringtonia procera* and *Premna Corymbosa*; *Cycas rumphii* and *Alpinia oceanica*; *Dioscorea* sp. and *Terminalia catappa*; *Parinari glaberrima* and *Canarium indicum*; *Pterocarpus indicus* and *Alpinia oceanica*; and *Catharanthus roseus* and *Stachytarpheta jamaicensis*. *Dioscorea* sp. and *Hemigraphis reptans* were used in conjunction with lime (burnt ground coral).

An example of a remedy made by using particular plants sequentially is for kidney problems. In Mary's remedy for kidney problems, a condition which she says can also cause the stomach and other parts of the body to swell, she uses three different plants sequentially: *Alcalypha caturus*, *Kleinhovia hospita* and *Tomasa*. In the following summary I have inserted the scientific names of these plants which replace the Sa'a terms Mary used. Their sequential use is as follows:

For kidney problems, *Alcalypha caturus* is used as the first treatment in conjunction with *Tomasa* and *Kleinhovia hospita*. Firstly, take the green leaves of this plant, wash and pound them into pieces, add water and squeeze them. When this is drunk, the person vomits; this is believed to indicate an opening of the tube to the kidney. It is drunk three times in one day. After this treatment the blockage is opened and *Tomasa* is then used to clean the kidneys. The water of the *Tomasa*, which is slippery, is used to clean the kidney. A handful of leaves are taken and boiled. After boiling, they are put into a Schweppes bottles. One bottle of Schweppes is taken over one day, one third at a time. This is repeated the following day. If *Tomasa* is not available, as it is only found in Malaita, six cups of rain water is drunk in one day. Three cups of milk can also be drunk: one in the morning, one at lunch and one in the evening. Thirdly, *Kleinhovia hospita* is used to heal the kidneys. Two to three handfuls of the top leaves are taken and then pounded. Water is added to the ground leaves which are then squeezed. After squeezing out the liquid from the leaves, it is drunk three times before meals for one day.

Mark also used the green leaves of *Alcalypha caturus* by themselves for kidney problems; while Sentika used this plant to promote the delivery of expecting women. Most plants which were used in combination with other plants were of course also used by themselves for other remedies.

### **Plants and Their Corresponding Remedies**

Most of the plants that healers described to me were used for more than one particular type of sickness or symptom. The following chart illustrates the variety of symptoms and illnesses being treated by each plant I documented. The numbers from 1-4 before each treatment indicates from which healer this treatment information was obtained: 1. = Mary; 2. = Elena; 3. = Mark ; and 4. = Sentika..

The status codes used in this chart are from Henderson & Hancock (1988), and these indicate where the plant is endemic, if it is naturalized or introduced.

#### **Plant Status Codes**

S = Endemic to the Solomons.

P = Papuan: Endemic to the Solomons, East and West Papua New Guinea & Irian Jaya.

E = Endemic to PNG, the Solomons and over a wider area of the tropics.

N = Naturalized in the Solomons (over the past two hundred years).

I = Introduced (over the past fifty years) (Henderson & Hancock, 1988).

The identification of these plants and the information derived about them occurred between July and the end of November, 1997. The botanical scientific name identifications were made by cross checking Kwara'ae names against the lists of Henderson & Hancock (1988), Hancock & Henderson (1988) and Whitmor, (1966) and with the help of Mykee Qusa B. Sirikolo, at the National Forestry Herbarium and Botanical Gardens. The available English names for the identified plants are provided under the scientific names in square brackets.

To further illustrate the diversity of symptoms which can be treated by one plant, I

have indicated by asterisks the additional symptoms which these plants are used for from the data of Foye (1976)\*, Maenu'u (1979a)\*\* , or by Henderson & Hancock, (1988)\*\*\*. If these authors also indicated the same symptom that was in my data, I have placed an asterisk after this symptom.

Scientific Name	Status	Used for
<b>1.</b>		
<b>Acalypha caturus</b>	P	1. Kidney problems: Also used when the liver is affected and the stomach swells. The face and other parts of the body may also swell with this condition.
<b>Acalypha grandis</b>	E	3. Kidney problems. 4. Used to promote delivery.
<b>Acalypha wilkesiana</b> [Copperleaf]		* / *** Boils. ** Diarrhea and dysentery.
<b>2.</b>		
<b>Alocasia sp.</b> [Wild Taro]	P	1. Boils. 1. Cuts. *** 2. Tuberculosis. *** Centipede bite.
<b>3.</b>		
<b>Alpinia oceania</b>	E	2. Sores. 2. Conjunctivitis (red eye). 2. Used for wrapping medicine before it is squeezed. 4. Skin boils. ** 4. As a container for squeezing many medicines. Used in combination with other plants for making treatments for cough, diarrhea, asthma, back pain, and stomach ache. ** Pain. ** Vomiting. *** Ring worm.
<b>4.</b>		
<b>Alpinia rechingeri</b>	P	1. Headache.*
<b>5.</b>		
<b>Alstonia scholaris</b>	P	2. Gonorrhea. 2. Meme - a sickness that causes an individual to spit constantly, to feel cold, to suffer a loss of appetite, and to have pain in the left lower area of the stomach. * Open wounds and boils. ** Fever. ** Pain. ** Pneumonia. ** Rheumatism and stiff neck. ** / *** Snake and centipede bite.

- |     |  |   |   |
|-----|--|---|---|
| 6.  | <b>Areca catechu</b><br>[Betel Nut Palm]               | E | 1. High blood pressure.<br>* Wound of long duration.<br>*** Conjunctivitis.<br>*** Diarrhea.  |
| 7.  | <b>Areca macrocalyx</b><br>[Wild Betel Nut]            | P | 1. Malaria [cure].<br>4. Boils.<br>** / *** Diarrhea.<br>** / *** Pneumonia.  |
| 8.  | <b>Artocarpus altilis</b><br>[Breadfruit]              | E | 1. Cough.<br>1. Shortness of breath.<br>1. Cut.<br>2. Cold remedy.<br>4. Diarrhea.  |
| 9.  | <b>Barringtonia asiatica</b><br>[Chinese Lantern Tree] | E | 1. Gum swelling or tooth abscess.<br>1. Used as a poison for fish, which are then eaten.<br>2. Used to make the medicine Bimasi: Child restlessness.<br>4. Used as a poison for parrots.  |
| 10. | <b>Barringtonia procera</b><br>[Cutnut]                | P | 1. Gonorrhea.<br>2. Used for headache, when the body is cold, and for malarial head pain [in combination to wrap the Gharavo].<br>3. Sore belly.<br>4. To promote appetite.   |
| 11. | <b>Calophyllum</b><br><b>- inophyllum</b>              | E | 1. Burns<br>2. Given to children who cannot sleep, and who may have pain in the belly, head and bones.<br>3. Sea spirits come to this tree.<br>*** Conjunctivitis (red eye).  |
| 12. | <b>Canarium indicum</b><br>[Galip Nut/Ngali Nut]       | E | 4. Body weakness.<br>*** Chest pain.  |
| 13. | <b>Carica Papaya</b><br>[Pawpaw]                       | E | 1. Malaria - cure and prophylaxis.<br>1. To stop the bleeding from a new cut.<br>1. To heal a cut. ** / ***<br>2. Gonorrhea.<br>2. Malaria.<br>2. High blood pressure.<br>3. Malaria.<br>4. Breast boils, and to stop bleeding. |
| 14. | <b>Catharanthus roseus</b><br>[Periwinkle]             | E | 1. Diabetes   |

15.  
**Citrus aurantifolia** I  
[Lime]
- 1. Malaria.
  - 1. To dissolve fish bones in the throat.
  - 1. Hepatitis
  - 1. Fatigue.
  - 2. Gonorrhea.
  - 2. Yellow fever.
  - 4. Cough.
16.  
**Coleus scutellarioides** N  
[Coleus]
- 1. Cracked lips of children.
  - 2. Sores.
  - \* Thrush (white tongue).
  - \*\*\* Cuts.
17.  
**Cordyline fruticosa** E  
[Cordilyne] E
- 1. Magic - To divine the right time or bad time to steal.
  - 1. Women's fertility - Divination.
18.  
**Cordyline terminalis** E  
[Cordilyne]
- 4. Sores and hookworm.
  - \*\* Fever.
  - \*\* Pain.
19.  
**Crinum sp** E  
**Crinum asiaticum**  
[Poison Bulb / Anitodote Lily]
- 1. Joint pains; relieves pain and reduces swelling.
  - 1. Bone breakage.
  - 2. Bone breakage.
  - 3. If your leg is in pain; for dislocation and sprain.
20.  
**Cycas rumphii** E  
[Cycad]
- 1. Sores that have stayed for awhile.
  - 1. Sores that have been caused by yaws. \*\*\*
  - 4. Cough, shortness of breath, and asthma.
  - \*\*\* Stomach ailment.
21.  
**Dioscorea spp.** E or P  
[Yam variety]
- 4. Leprosy sores.
  - \*\* Cuts or wounds.
22.  
**Eugenia malaccensis** N  
Also **Syzygium malaccense**  
[Malay or Rose apple]
- 1. To promote infertility in women.
  - 4. Worms
  - \*\* / \*\*\* Abortive.
  - \*\* Toothache.
  - \*\* / \*\*\* Headaches.
  - \*\* / \*\*\* Pneumonia.
23.  
**Euodia anisodora** P
- 1. Cold medicine; particularly when you have a cough.
  - 4. To expel the smell of death, and to keep the spirit of the deceased away.

24.  
**Ficus septica** P  
[Fig variety]
1. Conjunctivitis (red eye). \*\* / \*\*\*
  1. Boils. \*\*
  2. Bakua/ringworm. \*\*
  2. Sore stomach. \*\*\*
  3. Bakua.
  4. Red eye. \*\* / \*\*\*
  - \*\* Cuts and wounds.
  - \*\* Diarrhea.
  - \*\* Headache.
25.  
**Ficus variegata** P  
[Fig variety]
1. To ward off sea spirits: *Wasi* [Sa`a] = *Devol blo solwata*.
  4. Diarrhea.
26.  
**Geitonoplesium** E  
**-cymosum**
5. Mouth thrush (children).
27.  
**Hemigraphis reptans** E
1. To treat white spots on the tongues of children, and for sores on the lips and in the mouth (thrush). \*
  1. To heal fresh cuts. \*
  2. Centipede bites.
  3. Body tiredness or heaviness; fatigue.
  4. To close the eyes of someone who has died.
  4. To dispel the spirit of someone who has died.
28.  
**Hibiscus tiliaceus** E  
[Hibiscus variety]
2. Used to promote delivery. \*\*
  2. Diuretic.
  - \*\* Diarrhea.
  - \*\* To expel the placenta after birth.
  - \*\* Cough / whooping cough (pertussis).
  - \*\* \* Cuts.
  - \*\*\* Tuberculosis.
  - \*\*\* Conjunctivitis.
29.  
**Homalium tatambense** P
1. Medicine for Arua`a which causes muscular response deterioration.
30.  
**Hornstedtia lycostoma** P  
[Toruch Ginger]
4. Stomach worms and stomach pain.

- 31.**  
**Kleinhovia hospita** E
1. Kidney problems [used to heal kidneys in conjunction with other plants].
  1. Headache.
  1. Sores in the mouth or on the skin.
  2. Fever.
  3. To help an individual run quickly - to be light.
  4. Cough.
  - \*\* Chicken pox.
  - \*\* Constipation.
  - \*\* Pneumonia.
- 32.**  
**Mangifera** P  
**-solomonensis**  
[Local Mango]
1. To promote the flow of breast milk.
  2. Sore throat.
  4. Boils.
  4. Ear ache.
- 33.**  
**Mikania cordata** E  
[Mile-a-minute]
1. High blood pressure.
  1. To stop bleeding.
  1. Heal a new cut.
  2. Sores.
  3. Cuts.
  - \*\* Conjunctivitis.
  - \*\* Influenza.
  - \*\* Boils.
- 34.**  
**Morinda citrifolia** E  
[Indian Mulberry]
1. Sores.
  1. High blood pressure. \*\*\*
  2. High blood pressure. \*\*\*
  2. Diabetes.
  3. Body sores. \*\*
  - \*\* Fever.
  - \*\* Headache.
- 35.**  
**Ocimum americanum** I  
[Basil variety]
1. For children's illnesses and cough.
  2. Cough.
  4. Toothache.
  4. Cough.
  7. Given to children between the ages of five months and five years if they cannot sleep, when their back is hot, or when their eyes appear lazy.
  7. Cough; given to adults.
- 36.**  
**Parinari glaberrima** E  
Also *Atuna racemosa*
2. Bone breakage.
  - \*\* / \*\*\* Dysentery.
  - \* / \*\*\* Diarrhea.
  - \*\*\* Contraceptive.
- 37.**  
**Pennisetum sp.**
1. New cuts.

- 38.**  
**Pometia pinnata** E
1. Heart attack.
  2. To relieve pain.
  4. Diarrhea.
- 39.**  
**Premna corymbosa** E
1. To ward off spirits.
  1. For swollen stomach: acts as a diuretic.
  2. Headache. \* / \*\* / \*\*\*
  2. Malaria.
  2. Body cold.
  3. Used when going to a place where there are many spirits: to ward off spirits.
  4. Headache. \* / \*\* / \*\*\*
  4. To ward off sea spirits.
  - \* Stomach pain caused by sorcery.
  - \*\* Conjunctivitis.
  - \*\* Stomach pain.
  - \*\* Constipation.
  - \*\* Fever.
  - \*\* Rheumatism.
  - \*\*\* Diarrhea.
  - \*\*\* Pain.
- 40.**  
**Psidium guajava** N  
[Guava]
1. Diarrhea.
  2. Chicken pox.
  4. Scabies.
- 41.**  
**Pterocarpus indicus** E  
[Rosewood]
1. Abdominal pain.
  4. Back pain, which can include numbness in the legs.
  4. Sore stomach [diarrhea with blood or no blood in the stools].
  - \*\* / \*\*\* Dysentery.
  - \*\*\* Anaemia.
- 42.**  
**Scaevola taccada** E
1. Tuberculosis. \*\*\*
  1. Cough. \* / \*\*\*
  4. Shortness of breath and asthma.
  - \* Nose pain.
  - \*\*\* Sting-ray sting.
- 43.**  
**Schizostachyum** E  
**-tessellatum**  
[Wild Bamboo]
1. Headache.
  2. To induce and increase breast milk.
- 44.**  
**Spathodea-campanulata** I  
[African Tulip Tree]
4. Blood in the urine or faeces.
- 45.**  
**Spondias cyathra** E  
[Hog Plum]
1. To cause infertility.
  - \*\*\* Epileptic seizures.



<b>46.</b> <b>Stachytarpheta</b> <b>-jamaicensis</b> [Blue Rats Tail]	E	<ul style="list-style-type: none"> <li>1. Cough.</li> <li>1. Diabetes.</li> <li>1. High blood pressure.</li> <li>1. Restlessness; sleeping problems; feelings of heaviness.</li> </ul>
<b>47.</b> <b>Terminalia catappa</b> [Indian Almond]	E	<ul style="list-style-type: none"> <li>1. Skin cancer.</li> <li>1. Tooth abscesses.</li> <li>1. Tuberculosis.</li> <li>2. Mouth sores or head boils on children.</li> <li>4. To reduce sores from leprosy.</li> <li>4. White tongue in children (thrush).</li> <li>* / ** Cough</li> <li>* Infant constipation.</li> <li>** Fever.</li> <li>*** Cuts.</li> <li>*** Toothache.</li> </ul>
<b>48.</b> <b>Timonius timon</b>	E	<ul style="list-style-type: none"> <li>2. Cough</li> <li>** Blindness.</li> <li>** Toothache.</li> <li>** Conjunctivitis.</li> <li>*** Head cold.</li> <li>*** Headache.</li> <li>*** Dog worms.</li> </ul>
<b>49.</b> <b>Vitex cofassus</b>	E	<ul style="list-style-type: none"> <li>1. Broken bones.</li> <li>2. Mixed with medicine for colds and chest pain.</li> <li>3. Long-term flu and shortness of breath.</li> <li>* To expel placenta and afterbirth.</li> <li>*** Itchy Feet.</li> </ul>
<b>50.</b> <b>Zingiber officinale</b> [Common Ginger]	N	<ul style="list-style-type: none"> <li>1. Cough.</li> <li>1. Relief of body pain or toothache.</li> <li>2. As a remedy for many illnesses; is also mixed in many medicines for both children and adults.</li> <li>2. Children's stomach problems.</li> <li>4. As a cure for many illnesses.</li> <li>*** Epilepsy.</li> <li>*** Parturition.</li> </ul>

These last three plants are listed by their vernacular names.

<b>Vernacular Name</b>	<b>Status</b>	<b>Treatment used for</b>
<b>51.</b> <b>Huriuhi [Sa'a]</b>		<ul style="list-style-type: none"> <li>1. Boils.</li> <li>1. Body pains.</li> <li>1. Mental illness that exhibits catatonia and social disconnection.</li> </ul>

52.

**Meriwao [Sa'a]****Kikiri [Senga]**

1. Cough
1. Pneumonia.
1. Body pain: back and joint pains.
1. Cancer; breast cancer.
2. Used for colds and chest pain in conjunction with two other plants: *Premna corymbosa* and *Vitex cofassus*.
4. Back pain, cancer & malaria.

53.

**Tomasa [Sa'a]**

1. Kidney problems.
2. To promote delivery.

In this list of plants, only three are not identified. Of the plants identified Henderson and Hancock (1988) indicate that 8% have been naturalized over the past two hundred years [*Coleus scutellarioides*, *Eugenia malaccensis*, *Psidium guajava*, *Zingiber officinale*], and 6 % have been introduced over the past fifty years [*Citrus aurantifolia*, *Ocimum americanum*, and *Spathodea compulata*] (Henderson & Hancock, 1988). The identification of the healing properties of introduced plants indicate the ongoing development of *kastom* plant knowledge with what becomes available within the environment.

Also of interest are the plants that are being used for introduced diseases and for non-communicable diseases. The use of plant medicines for introduced communicable diseases, such as tuberculosis and gonorrhea, and for more recent and increasing non-communicable diseases, such as cancer, diabetes and high blood pressure, represents creative pragmatic strategies pursued by healers in response to changing disease circumstances. The next chart, a reverse of the preceeding list, gives a synopsis of the symptoms and diseases indicated in the plant data collected, with a listing of the plants being used for them. This illustrates the diversity of plants being used for each specific indication. I have indicated by asterisk the plants which are used for the symptoms in the data of Foye (1976)\*, Maenu'u (1979a)\*\*, and

by Henderson & Hancock, (1988)\*\*\*. Some of these plants are also being used in other areas of the Pacific for the same or different symptoms; however, this is not within the scope of this thesis.

**Abdominal pain**

(See also stomach pain).  
Pterocarpus indicus

**Abscesses** (See boils).

**Appetite promotion**

See promote appetite.

**Arua'a** (kastom)

Homalium tatambense

**Asthma**

Alpinia oceanica  
Cycas rumphii  
Scaevola taccada

**Attract sea spirits** (kastom)

Calophyllum inophyllum

**Back pain**

(See also pain general).  
Alpinia oceanica  
Huriuhi  
Meriwao  
Pterocarpus indicus

**Bakua**

Ficus septica

**Bleeding (to stop)**

Carica papaya  
Mikania cordata

**Blood in stools**

Pterocarpus indicus  
Spathodea campanulata

**Blood in urine**

Spathodea campanulata

**Body coldness**

Barringtonia procera  
Premna corymbosa

**Bodyweakness**

(See also Fatigue)  
Canarium indicum

**Body pain** (See pain general)

**Boils**

Alocasia sp.  
Alpinia oceanica \*\*  
Areca macrocalyx  
Ficus septica \*\*  
Mangifera solomonensis  
Terminalia catappa  
Huriuhi

**Bone aches**

Calophyllum inophyllum

**Bone breakages**

Canarium indicum  
Crinum sp.  
Crinum asiaticum  
Parinari glaberrima  
Vitex cofassus

**Breast cancer**

Meriwao

**Breast boils** (abscesses)

Carica papaya

**Burns**

Calophyllum inophyllum

**Cancer**

(See also Breast cancer and skin cancer)  
Meriwao

**Centipede bite**

Hemigraphis reptans

**Chest pain**

Vitex cofassus  
Meriwao

Premna corymbosa

**Chicken pox**

Psidium guajava

**Close the eyes of a dead person** (kastom)

Hemigraphis reptans

**Cold remedy**

Artocarpus altilis  
Euodia anisodora  
Premna corymbosa  
Vitex cofassus  
Meriwao

**Conjunctivitis**

Alpinia oceanica  
Ficus septica \*\* / \*\*\*

**Constipation**

Mikania cordata

**Cough**

Alpinia oceanica  
Artocarpus altilis  
Citrus aurantifolia  
Cycas rumphii  
Kleinhovia hospita  
Ocimum americanum  
Scaevola taccada  
Stachytarpheta jamaicensis  
Timonius timon  
Zingiber officinale

**Cracked lips**

Coleus scutellarioides

**Cuts**

Alocasia sp. \*\*\*  
Artocarpus altilis  
Carica papaya \*\* / \*\*\*  
Mikania cordata \*\*\*  
Hemigraphis reptans \*\*

**Delivery promotion**

(See Promote delivery).

**Diabetes**

Catharanthus roseus  
Morinda citrifolia  
Stachytarpheta jamaicensis

**Diarrhea**

Alpinia oceanica  
Artocarpus altilis  
Ficus variegata  
Pometia pinnata  
Psidium guajava  
Pterocarpus indicus \*\* / \*\*\*

**Dissolve fish bones** (throat)

Citrus aurantifolia

**Diuretic**

Hibiscus tiliaceus  
Premna corymbosa

**Divination** (kastom)

(See Magic and divination).

**Ear ache**

Mangifera solomonensis

**Expel the smell of death**

(kastom)

Euodia anisodora

**Expel human spirits**(kastom)

Hemigraphis reptans  
Premna corymbosa

**Expel sea spirits** (kastom)

Calophyllum inophyllum  
Ficus variegata  
Premna corymbosa

**Eye infection**

(See Red eye).

**Fatigue and heaviness**

(See also Body weakness).

Citrus aurantifolia  
Hemigraphis reptans  
Stachytarpheta jamaicensis

**Fever**

Kleinhovia hospita

**Flu**

Vitex cofassus

**General remedy**

Zingiber officinale

**Gonorrhea**

Alstonia scholaris  
Barringtonia procera  
Carica papaya  
Citrus aurantifolia

**Gums**

(See Swollen gums).

**Headache**

Alpinia rechingeri \*  
Barringtonia procera  
Kleinhovia hospita  
Premna corymbosa \*/\*\*/\*\*\*  
Schizostachyum tessellatum

**Heart attack**

Pometia pinnata

**Hepatitis**

Citrus aurantifolia

**High blood pressure**

Areca catechu  
Carica Papaya  
Mikania cordata  
Morinda citrifolia \*\*\*  
Stachytarpheta jamaicensis

**Hookworm**

Cordyline terminalis

**Joint swelling**

(See Joint pain and swelling).

**Joint pain and swelling**

Crinum sp.  
Crinum asiaticum

**Kidney problems**

Acalypha caturus  
Acalypha grandis  
Acalypha wilkesiana  
Kleinhovia hospita

**Leg pain from sprain or dislocation**

Crinum sp.  
Crinum asiaticum

**Leprosy sores**

Dioscorea sp.  
Terminalia catappa

**Magic and Divination**

(kastom)  
Cordyline fruticosa

**Malaria**

Areca macrocalyx  
Carica papaya  
Citrus aurantifolia  
Premna corymbosa  
Barringtonia procera

**Meme** (kastom)

Alstonia scholaris

**Mental disturbances**

(kastom)

Huriuhi

**Mouth sores**

Kleinhovia hospita  
Terminalia catappa

**Mouth ulcers**(See Mouth sores)**Numbness in legs**

Pterocarpus indicus

**Pain** (general)

Calophyllum inophyllum  
Pometia pinnata  
Zingiber officinale  
Meriwao

**Pneumonia**

Meriwao

**Promote appetite**

Barringtonia procera

**Promote body lightness**

Kleinhovia hospita

**Promote breastmilk**  
Mangifera solomonensis  
Schizostachyum tessellatum

**Promote delivery**  
Acalypha caturus  
Acalypha grandis  
Acalypha wilkesiana  
Tomasia  
Hibiscus tiliaceus

**Promote fertility**  
Cordyline fruticosa

**Promote infertility**  
Eugenia malaccensis  
Spondias cyathra

**Protect and cure from sea spirits** (kastom)  
(See Expel sea spirits).

**Red eye** (See conjunctivitis)

**Restlessness**  
Barringtonia asiatica  
Stachytarpheta jamaicensis

**Run quickly** (kastom)  
(See Promote body lightness).

**Scabies**  
Psidium guajava

**Shortness of breath**  
Artocarpus altilis  
Cycas rumphii  
Scaevola taccasla  
Vitex cofassus

**Skin cancer**

(See also Cancer)  
Terminalia catappa

**Skin infections**  
(See: Bakua, Yaws, and Skin sores)

**Skin sores**  
Kleinhovia hospita

**Sleeping difficulties**  
Calophyllum-inophyllum  
Ocimum americanum  
Stachytarpheta jamaicensis

**Snake bite**  
Hemigraphis reptans

**Sore belly**  
(See Stomach pain)

**Sore throat**  
Mangifera solomonensis

**Sores** (general)  
Alpinia oceanica  
Coleus scutellarioides  
Cordyline terminalis  
Cycas rumphii \*\*\*  
Mikania cordata \*\*  
Morinda citrifolia

**Sores caused by yaws**  
Cycas ramphii

**Stomach pain**  
(See also Swollen stomach).  
Alpinia oceanica  
Barringtonia procera  
Calophyllum inophyllum  
Ficus septica \*\*\*  
Hornstedtia-lycostoma

Pterocarpus indicus  
Zingiber officinale

**Swollen gums**  
Barringtonia asiatica

**Swollen stomach**  
Premna corymbosa

**Thrush**  
Geitonoplesium cymosum  
Hemigraphis reptans \*\*  
Terminalia catappa

**Toothache**  
Ocimum americanum  
Zingiber officinale

**Tooth abscesses**  
Terminalia catappa \*\*\*

**Tuberculosis**  
Alocasia sp.  
Scaevola taccada \*\*\*  
Terminalia catappa

**White tongue** (See Thrush).

**Worms**  
Eugenia malaccensis  
Hornstedtia lycostoma

**Wrapping medicine**  
(See Container).

**Yaws** (See Sores caused by Yaws)

**Yellow fever**  
Citrus aurantifolia

## Sympathetic Medicines

Some treatment ingredients incorporate elements of sympathetic medicine. As Tedder and Tedder (1979) explain, sympathetic medicines are those that are “most often selected for their congruity with the object to be achieved (28). For example Elena discusses how Parinari

glaberrima has been studied in Choiseul.

One tree that we use is a tree that we use to patch broken things. It's a study like this: The tree that we use for this medicine we Choiseulese use this tree too. Whenever anything that breaks, for example a canoe, this canoe was broken so our people would use its fruit and grate it like sometimes we do tapioca (cassava). After that they would use it to repair the broken canoe. That is how our older people would repair their canoe. We have studied that process and we thought that we also have broken parts of our bodies that needs mending or repair. Therefore through observation we come up with this medicine Vuruvare...The name of the tree is 'moki'...There is no other tree that I combine with 'moki' but sometimes I put *parana* in it (Elena\*\*).

*Terminalia catappa* (See Appendix 9) is used by Sentika to reduce the sores and reddish skin discolourations caused by leprosy. In the process of outlining the preparation of this medicine, Sentika explained that when the leaves from this plant are red they can be combined with lime, heated and rubbed onto the sores. Sentika explained to me that this medicine works well as the leaves are red, like the colour of the sores and discolourations themselves.

*The leaves of the tree can also be heated over fire when they are red and rubbed with lime onto the sores. The red leaves are the same red colour as the spots and sores of the leper (Sentika\*).*

Tedder and Tedder (1979) also discuss how the colour red is perceived as powerful in medicinal use in the Solomon Islands. Thus lime's association with the colour red, as lime when taken with betel nut produces a red colour, identifies it as a powerful medicine.

Other examples of sympathetic medicines can be illustrated by the use of Kleinhovia hospita, the Meriwao and Tomasa trees. The young Meriwao tree is used for children's

ailments, but after the tree bears fruit it is used for adults. The leaves of *Tomasia*, when squeezed or boiled with water, produce a slippery liquid. This liquid is drunk and is said to clean the kidneys because everything toxic will 'slip' through and be expelled. It was also used in remedies which promote and ease delivery in childbirth. *Kleinhovia hospita* is used as a *kastom* medicine to increase running speed and body lightness. Mark told me that you can run quickly and feel light as the wood from this tree is light. In his preparation instructions he said that you must "go to the tree, talk to it, then take the leaves and rub them onto your legs. When you run, you go quickly because this tree is light, you will feel as light as the tree" (Mark\*).

Some healers explained that the colours, smells and tastes of particular remedies contributed to their power as medicines. *Premna corymbosa* was described as a powerful medicine whose smell can ward off human and sea spirits. I was told that if it grows close to your house malevolent spirits cannot enter, and if you eat or carry the leaves when you go to areas where sea spirits are, it is hard for them to come near. It is the smell of these leaves which are said to ward off the spirits. In their preparation, these leaves must be taken with "*kastom* talk and God hears it" (Mark\*).

The sympathetic qualities of some plants are considered important in healing remedies; however, the parts of trees and plants being used as ingredients for other remedies varies widely. Minerals and the type of water to be used are also important remedy ingredients. In the next section I give an outline of the types of ingredients used in different remedies, the specialized use of some of these ingredients, and I address what considerations are made by healers when they collect their remedy ingredients.

## Remedy Ingredients

The bark, roots, sap, branches, seeds, nuts, fruits, and the young and old leaves of trees, as well as the leaves, flowers and stems of other herbaceous plants are used in remedies.

As Elena explains:

We use its leaf, bark, the juice, its roots and even the water that is trapped in the tree holes....yes we also use *Parana* [black stone]. With leaves, we use them straight without drying. We pound the leaves and mix them with rain water. Not the water from the pipe or river but only rain water...(Elena\*\*).

While some healers only used rain water mixed in their remedies, others used water from the tap. Other types of rainwater are also used as medicines in and of themselves, or used in combination with other plants. For example, the rainwater which has collected inside the holes of particular trees (*Barringtonia asiatica*, *Calophyllum inophyllum*, *Pometia pinnata*, and *Schizostachyum tessellatum*) and from inside the stem of the wild taro (*Alocasia* sp.) are used in treatments. The water that is found inside the hole of the *Pometia pinnata* is used for heart attacks and as a pain reliever. The effectiveness of this remedy was also said to be linked to the type of worms and their eggs that tend to breed inside the water in the hole. The frequent presence of a particular poisonous snake in this same water is said to indicate the healing properties of the water as this snake comes to heal itself. The preparation of these remedies, explained by Mary (1) and Elena (2), are as follows in my summary of their instructions:

1. Heart attack: Rainwater often collects in between the branches and in holes in the trunk of the tree. When it rains, these holes fill. Sometimes eggs and small worms are found in this water; when the water is taken, the eggs and worms are extracted and the water is strained and drunk. One Schweppes



bottle of this liquid is drunk for one day. If sharp pains are felt in the left ribs, then two more bottles are taken for the next two days. I was told as well, that a poisonous snake called A'u in Sa'a, or Pa'akava Tolo in Lau, looks for this water and swims inside of it. It is believed that he comes to cure himself from sickness. I was also told that it is better to look for this water in the upper holes of the tree instead of the lower ones as these more probably have these poisonous snakes in them.

2. Pain: Take the bark of the tree and boil it; it is then drunk. The water inside the hole in the tree can be taken as well, but it is not boiled. It is strained if there are a lot of worms inside. First take hot water and add to the rainwater, then after the worms die, the water is strained. Either the boiled bark liquid or the strained rainwater is taken three times a day [ ½ cup], for three days.

Other ingredients found in remedies included lime (burnt ground coral), and *parana* ( black powdery stone from Choiseul). These can be used by themselves as treatments or they can be combined with other plant parts and waters. Remedies may also be combined with prayers and specific rituals while they are being collected and prepared, and these are perceived as important remedy ingredients.

In the collection of remedy ingredients prior to their preparation, there are some important considerations made by healers. A specific time of the day is recommended for gathering particular plants as it is believed that at such times the plant compounds are more powerful. Many healers also go to their home islands to collect plants for their medicines. Francis explains that “the best medicines of mine are not here and everyone I pick and take from Malaita. I go to Malaita to take them” (Francis\*). The planting of a botanical medicinal garden in Honiara by Sista R. is also her strategy to be able to make more accessible medicinal plants and trees which are not indigenous to Guadalcanal. This will increase the range of medicinal ingredients she is able to access easily, and the types of medicines she is able to prepare.

## Plant Preparation

Preparation is very specific for each remedy and for the part of the plant being prepared. Healers have different preferences in how they like to prepare and cook their medicinal plant treatments, whether it be squeezing, boiling, or heating the plant liquids with a hot knife. Care is taken in the preparation of *kastom* medicines and as Francis explains:

I don't cook them in a rushed manner; the preparation of my medicines can take two to three hours to cook them. I wait until good colour comes from the bark or leaf. Some people prepare medicines and squeeze them and give them, I don't do the same thing. I must prepare them well and look at their strength (Francis\*).

As I found there was no one mode of preparation, it is important to outline the variations in preparation for each plant part. I will begin with an outline of how the juices from **plant leaves** can be prepared and used in either an undiluted or diluted state. Plant leaves, including tree and herbaceous varieties, can be washed and then squeezed on top of an infected area or the juice can be ingested undiluted. Leaves can also be ground together with other leaves and then squeezed. Sometimes water is added, particularly if the leaves are being put into a leaf container prior to being squeezed. This liquid can then be drunk, used as an eye drop, or put on the lips, tongue, or other body part directly. One healer puts a heated knife into freshly squeezed undiluted juices to heat them. Sometimes leaves are pounded and then boiled, or put directly into water to cook. After being cooked, the diluted liquid can be drunk, or the body can be bathed with it. The plant leaves themselves can also be used to wrap an injured area or as a plaster without being heated, or they can be heated on top of hot rocks and then used. Sometimes after being heated the leaves are rubbed before they are applied. In one preparation (See Appendix 9 - *Ocimum americanum*), plant leaves

are put into a cloth and wrapped around the neck of a child when they have a cold. No remedy I documented used dried leaves. Plant leaves can be used by themselves or in combination with other plant parts.

When scraping the **bark from the tree**, a knife is used to remove the outer bark, while a shell can be used to scrape the inner layers of bark. The bark scrapings may be heated or unheated, and can be squeezed directly, with or without added water. These squeezed juices may then be heated with a hot knife, or bark scrapings may be dropped in water and cooked before these liquids are drunk. In a couple of cases, the juice from the bark was squeezed directly into an infected ear or nose. Bark scrapings were also cooked and used as a gargle. Bark scrapings and other plant parts of course are combined in the preparation of some other remedies. In one preparation bark scrapings are boiled with a cloth in the boiling liquid, which is then used as a wrap around the area of the broken bones. This is repeated over a few days until the bark liquid changes color. Only one remedy (See: Huriuhi in Appendix 9) used the dried bark of a tree which was chewed as a pain reliever. While other parts of trees are used, they are not used as often as the leaves or bark.

Tree roots, branches, flowers, fruits, and seeds of trees and plants are used less frequently. **Tree roots** can be scraped and squeezed, boiled or they can be combined with other plant parts. John uses one **tree branch** that grows on the lower areas of a tree for his healing. He explains, "I burn the piece of branch and the biggest is  $\frac{1}{2}$  inch in diameter. I take it and burn the end until charcoal forms, and then I dip my finger in water and put out the fire that is burning but I do not wet charcoal. I do not want to dissolve it, so just a slight amount of water is used to put out the burning fire. Then you take the charcoal and smash

it separately and rub it between your fingers and then apply it to the area. I have eaten it before but not often” (John\*). In another healer’s remedy, a branch is heated and the outer layer is burned; when the hot outer layer is pulled away the rising steam is utilized. The **flowers** from some plants are boiled with other plant parts and Emily only uses tree and plant flowers in her ‘waters’ (treatments). She produces an infusion with the flowers and water which is not heated. **Fruit peel** is eaten in one remedy, while in another the inner flesh of the **fruit** is applied directly onto a wound. The fruit of some plants can be boiled and the liquid is drunk directly. The inner part of **nuts and seed pods** can be scraped and squeezed, or boiled. The **seeds** of one plant are boiled with water and then the liquid is drunk.

The only **mineral** substances in the medicinal remedies I collected were lime (ground burnt coral) and *parana* or black stone from Choiseul. Lime is used in combination with other plants and applied directly or used by itself to demarcate an area. As Elena has mentioned, she uses *parana* in her remedies. This black powdery stone is scraped or ground, combined with other ingredients, scraped and ingested as is, or in its solid form placed in and around a house for protection. Further information on the collection and description of *parana* is found in an upcoming section.

In this section on the preparation of medicinal plants, I have outlined the range of ingredients and how these are prepared. After the preparation of the medicine, the healer then prescribes the amounts that the patient must take. The amounts of medicine that are prescribed varies and are remedy and age specific.

## Plant Prescriptions

The amounts used for children and adults are often different, and some plants are not used at all for children. An example taken from my summary of the data on Kleinhovia hospita illustrates how medicinal remedies are prescribed for different age groups. When Elena prepares her remedy for fever from this plant:

A lot of leaves are taken and put in the bottom of a pot, rain water is added and they are boiled. The liquid is then cooled and put into a container. One half of a cup is drunk three times a day for a week. If the patient is a child under ten, 1/5 to 1/4 of a cup is given three times a day for a week. A baby under a month is given a very small ½ teaspoon, and over 1 month only two teaspoons (Elena\*\*).

Francis describes that "medicines for adults and children are different. You must measure them. If an old man is not strong, I know he is not strong and I give a small amount that fits him. The amount for another stronger person or children are different" (Francis\*). The units of measurement that are used in remedy prescriptions for adults and children may include the drop, teaspoon, cup, or Schweppes bottle. In the case of mineral substances such as lime and *parana*, they are measured by the amount of granules or powder in the hand.

*Parana* powder or granules have specialized usages. The specialized knowledge of *parana* and how it should be prescribed comes from the healers of Choiseul where the stone originates. While it can be bought, it is found and collected in Choiseul and then taken to other islands. In the next subsection, of medicinal plants I discuss *parana* and its usages.

### **PARANA (BLACK STONE)**

Parana is been part of our custom for many generations. Our forefathers have used it during heathen days as medicine. You cannot go and get it from its source, it is carried by the river to the river bank before we collect it. Nowadays, we have medicines available in the hospitals but during the old days they only used *Parana* to massage and rub on sick patients. So it was being used like that from before up until now...Yes you can find it but its not the right time for it to come out. It has a certain time before it falls from the river. Its been a long time now since they fell. So maybe next year or so it will appear again (Elena\*\*).

I was shown *parana* very early on in my fieldwork by people who kept it in their house to ward off spirits or anyone who wanted to come inside and do harm or steal. While varying perspectives were provided to me by different individuals from the Western Provinces and Choiseul, some major themes ran through their stories. I was told that if you go looking specifically for these stones you will not find them, but if you don't look they will come to you. They said the stone acts like a person and it will hide. Prior to using these stones, they are kept in glass jars as they can disappear. Over time, while in the jar, the stone breaks down and diminishes. If you throw the stone into the sea, it becomes a reef. If you put it into your wallet, all your money will disappear. Akin (1996) states that those from Kwaio who have used *parana* have also found that "while one is using *parana*, one can't amass wealth" and he was told by one man that "money comes your way, but it just keeps on going" (160).

Akin (1996) discusses *parana* and how it is being used by the Kwaio of Malaita against sorcery and to neutralize the power of their ancestors when they are traveling or working on plantations outside their home area. This neutralization of ancestral power is important for those men who attempt to follow the rules established by their ancestors, but

“these restrictions are extremely difficult to observe in foreign settings where most people are non-Kwaio Christians, unaware of or unwilling to follow ancestral rules” (159). Food and religious tabus are neutralized after *parana* is ingested, and it also protects them from ‘foreign’ sorcery. The use of *parana* by the Kwaio is an example of the movement of medicines, and the specialized knowledge about them, from one island to another.

Other individuals use *parana* ground in their food and medicine to protect them from all types of magic and sorcery. One evening a young man told me he had eaten some black stone that day as he heard that there was a *Vele* sorcerer in the neighborhood. The stones themselves are also put above doors and near the roof and windows to ward off spirits or humans who wish to do harm. *Parana* may be placed near the window of unmarried women so that no men can come inside. One person from Choiseul told me that when she was younger she ate the stone because it protected her body, and that her father had placed the stone around the house as he was afraid that men would creep around at night near the windows, a practice that is forbidden and looked down upon.

For those I spoke with, black stone is said to be endowed with supernatural powers and is a strong magic and medicine. Elena discussed *parana* and what how she used it in her *kastom* medicines.

One of the most powerful medicines I use is the black stone. It can cure someone being possessed by [the] devil... It can even chase devils out of people. It protects the house from someone who may want to come and put some magic in the house. Cure black magic, to protect the house from thieves, we also use it to mix with our medicine. It is useful for almost anything...The other uses are as follows: stomach ache. Yes it is also used to cure diseases someone may be sick with for so many years but this [stone] can also cure them (Elena\*\*).

Mary also explains how she once was given *parana* by a healer from Choiseul after she had become sick from the effects of sorcery from Malaita.

*Parana* stone, I know of this. When we lived at Noro, I went home [to South Malaita] and people were disputing about land. So this land, part of it belonged to us [my brother and I]. My grandfather, his daughter married my father and then the Chief divided the land and he gave a piece of it to her to work a garden. My brother wanted to build a house on it. The people of this village of my mother told me and my brother that this land did not belong to us. They said we could not build a house on it. They wrote a big board [saying it belonged to them] and put in on a cutnut tree. I took this board to the house of the man whose son wrote the board. I gave it to them and they were angry at me. They were angry at me and kept this anger. The next time I went home, the two sons of the chief of my village were getting married. When I went they [those who were angry with me from before] 'marked' me. I went back to Noro and was very sick. I did not know what sickness I had. After a while, one morning I told my husband I could not walk around... I wanted a woman from Choiseul to come and see me. I went to my garden and as I came to the row of Kumara I fell down. I got up and went to the woman. She told me "go back and wait for me"... She came to me and she took something like ginger and she put it on my head. She talked in her Choiseul language but I do not know what she said. When she was done she took this stone and she told me to eat it. She made it and I took it and then she gave me a little bit. She told me that in her custom, suppose you eat it and even if people try to poison you, their medicine will not work. You will die but of a different sickness; only if God calls you, then this stone will not work. This is how she described this stone that she gave to me. It worked (Mary\*).

A clinic nurse who is from Choiseul but lives in Honiara uses *parana* when she travels to Malaita to protect her from *Arua'a*. When she and her son go to the Weather Coast of Guadalcanal they eat it to protect them from *Vele*. She also explained that:

I have *parana* in my house. It is a protection from sickness and we believe very much that some people use custom medicine to poison another person. *Parana* can stop this; is someone likes to spoil you but you have *parana* it is hard for them to do this. *Parana* protects you. You keep it in a bottle as it can disappear. I don't know why but if you put in a bottle and it is a big stone



over time it becomes smaller while it is in the bottle, covered. It looks big and then goes small. Then I only see sand in the bottle. I eat it for protection. If I want to go somewhere, like when I went to Malaita, then I ate it before I went and it protected me from *Arua'a*. When we went to the weather coast then we eat it to protect us from *Vele*. *Arua'a* or any kind of *kastom* poison it protects us from these. Other people from other islands don't know and they think that we use it for winning a game or use it to hurt another person. It does not harm people, it is for protection. They think we use it for winning a game but it is not true (Clinic Nurse, 1997 \*).

While individuals from Choiseul are specialized in using *parana*, it is also used by individuals from other islands. As Akin (1996) has mentioned, *parana* is used by the Kwaio to protect them from foreign sorcery; the Clinic Nurse used *parana* to protect her from *Arua'a* and *Vele*. What then are these forms of foreign sorcery the Kwaio and other individuals use *parana* to protect themselves from? In the next chapter I will discuss some forms of sorcery, such as *Vele*, *Arua'a* and *Bua*, and the role of the *kastom* healer as a specialist in curing these *kastom* illnesses.

## CHAPTER FIVE

### *SAED LO KASTOM*

#### INTRODUCTION

As previously mentioned in this thesis, *kastom* medicine itself encompasses those plants used for sicknesses from *saed lo medikol* and *saed lo kastom* - plants used to protect and cure individuals from the effects of spirit interventions and sorcery, plants used with magic and sorcery for purposes of harm, and plants used with magic for purposes of divination and healing. As Patricia explains,

“Everything when you look around is for healing, it is medicine. Vines and their leaves are used for boils and for *kastom* too. The people who curse others, some use the same tree for cursing and then the same tree for healing. The same one. Some people have both medicines, some have something good to heal and they have something bad to harm people. That is how some people are; some have something good to heal and something bad to harm people”(Patricia\*, 4c, Nov, 1997).

This creates interesting contradictions which must be addressed.

In their classification of diseases as natural/ *medikol* and supernatural/*kastom*, healers attribute supernatural causation to illnesses caused from sorcery, magic, spirits and the intervention of ancestral ghosts, and group these together as *kastom* practices. Lehman (1989) refers to this type of categorization of disease as a dual model of disease causation; however within the category of *kastom*/supernatural causation there is much variation. Hogbin (1964) explains magic as something possessed by humans that allow them to direct supernatural forces for their own intentions; as well, divination, different formulas, incantations, spells, and curses are all considered to be magical (Lehman & Myers, 1989). Some authors (Lehman & Myers, 1989; Murdock, 1980; Steeves, 1989) differentiate sorcery

from witchcraft or female sorcery and contend that sorcery is magic that is learned by men and witchcraft is inherited by women. Sorcery includes formulas and different objects to inflict injury, while Russel (1989) contends that sorcery can be malevolent and benevolent. Steeves (1989) puts forth that a sorceress or witch has 'evil' powers that are inherited and that these powers have a supernatural origin which operate without recourse to magic. In the examples of *Vele* (sorcerer) and *Arua'a* (sorceress) in this chapter, I will show that these categories, as outlined by these different authors, cannot be construed as definitive and I will illustrate how cultural change is effecting *Arua'a* magic. While there are many forms of magic, sorcery, and spirit interventions that were discussed with me, space precludes me from addressing all of them in depth. As well, it must be understood that there are many forms of magic in the Solomon Islands and the examples which I present in this chapter are not representative of all of these. In the Solomon Islands different types of magic and sorcery have their own names and are differentiated from each other.

Specific types of sorcery are known to be related to a specific area or ethnic group. Individuals I spoke with attached specific types of sorcery magic to specific areas: "We Kwara'ae are afraid of those who have *Arua'a*, they are from the north. It is true and I know this because it is our *kastom*, we believe it... *Bua* is from Langa Langa [Malaita] and they use it. From the north side [of Malaita] they use *Arua'a*. From Guadalcanal they use *Vele*. This is the island for *Vele* and in Malaita *Arua'a* and *Bua*" (Evelyn\*, 5a, October, 1997 ); "*Vele*, those from Guadalcanal have this magic; Us from Malaita do not have it" (Donna\*).

I was also told that individuals from different groups acquire knowledge of other forms of sorcery from outside their area, that some men have begun to use forms of sorcery,

such as *Arua'a*, which was previously only used by women, and that *kastom* healers have acquired knowledge for curing sorcery and other *kastom* illnesses from areas different than where they come from. Akin (1996) explains that magic and spirits when exchanged or sold do not become “alienated from the seller or its home territory; what is sold is the knowledge to access its power” (158). As Anna explains “*Bua* is from LangaLanga, but us from the bush, we Kwara'ae can cure it too” (Anna\*). Mark knows how to cure sicknesses derived from spirits and even though he is a healer from Malaita he told me “I know the cure for *Vele*. I am a man from Malaita but I know the spirits and sorcery of Guadalcanal” (Mark\*). While one healer, a member of the SSEC, denounced *kastom* illnesses and linked these to pagan beliefs; at the same time he is able to cure *kastom* illnesses from other areas than his own if they present themselves to him. “*Vele, Arua'a, Pela*; I don't like to talk about these, I am not very interested in them because they are rubbish sicknesses. I am most concerned and interested in working with those sicknesses that deal with something internal like kidney or liver sicknesses. I can treat them [individuals with *kastom* illnesses] if they come with a sickness caused by *Arua'a*, I can treat them and they are alive again. I have special medicine for this one (Francis\*).

*Kastom* healers have specialized knowledge to heal *kastom* illnesses and it is believed *kastom* illnesses cannot be cured by biomedical treatments but that *kastom* medicine is the only effective treatment. “At home sometimes some people poison others with *kastom* medicine. If you go to the doctor it will be hard for you to heal. Then, you go to a *kastom* doctor and he heals you and you are good” (1a\*, Oct, 1997); “Some people we can cure only with *kastom* medicine. At a time when there is *Arua'a, Vele* even if you take the person to

the doctor, it is hard for them to cure them. Then the doctor says the person does not have a sickness. So the medicine for this is *kastom* medicine now” (Anna\*).

In the process of healing *kastom* illnesses, healers can identify particular symptoms with some specific kinds of sorcery - these will be illustrated in the following discussions of specific sorcery; however, as mentioned in Chapter One, the differences between the symptoms of *medikol* and *kastom* illnesses are not always clearly defined. Generally, however if unusual and/or sudden changes in health take place which are not explained by biomedical diagnosis, or if someone is sick for a long time after receiving biomedical and *kastom* medicines for their sicknesses *lo saed lo medikol*, then individuals will begin to suspect and look for causes *lo saed lo kastom*. When death occurs, even when explained as organ failure or infection for example, individuals may suspect that sorcery has been the underlying cause for the person to have died in such a way and at that particular time.

Some *kastom* healers I worked with divined the cause of *kastom* illnesses in their dreams, which were either obvious or required analysis and their interpretation. Through these dreams the healer acquired information about past or present events that were the cause of their patients illness, as well, they could also divine the plant remedy required for healing. “If you tell me your story and I do not dream, then the cause of the sickness is just natural. Suppose the sickness is caused by a spirit or some person is harming you, at the least I will see something” (Mary\*). While healers have medicines for particular *kastom* illnesses, the healing process can also involve the healer’s mediation with spirits for their advice and/or assistance in resolving other social or moral issues. Through their divination healers determine the actions of ancestral ghosts, spirits, sorcerers, or their patients

themselves, thus revealing the underlying cause of illness. Mendosa (1989) contends that the perpetuation of divination is “a means of maintaining control over the living and thereby ensuring the continuity of the moral order” (281), and that supernatural interventions and the use of divination are mechanisms for social control. In this way, the ancestral ghosts, and by extrapolation the healers who cure these *kastom* illnesses, become the guardians of a moral and social order derived from *kastom* - a guide for behavior that they themselves and their patients interpret.

The question then becomes, what are the roles of ancestral ghosts, sorcery and magic in society? Hogbin (1964) states that in Guadalcanal the role of the supernatural provides a way of dealing with disease and death, a way to settle social disputes and ease tensions between people, and that sorcery provides a solution to a problem when a person has a grudge against another person. He explains that as a “group could never confront its enemies openly” (61), because this could preclude future alliances or they could be required to compensation, individuals resorted to sorcery to express their concealed anger and to enact revenge. Other authors (Lehman & Myers, 1989; Steeves 1989; Lehman, 1989) also put forth that sorcery is a way of venting anger; it helps to reinforce social values and obligations between kin; it manages tension and resolves social conflict; it can act to level economic differences; and it is used to explain injustices, tragic events, pain, disease and death. Generally, Lehman (1989) says the supernatural is a “culturally prescribed explanation” of unjustness, pain, illness, particular events and crisis. Hogbin (1964) also says that the intervention of the ancestral spirits or the use of magic to compel their assistance reenforces moral rules that have a supernatural validation.

These moral and social rules are referred to as *kastom* and are interpreted as a guide for social behavior. Some values such as sharing with others and reciprocity, helping others and mutual interdependence, generosity, strong positive relations and loyalty with wantoks, maintaining harmonious social relations within and between groups of people, chastity, and fidelity are ideal social behaviors. Thus *kastom* illnesses are powerful symbols which embody these cultural values and contemporary social issues which can relate to land disputes, ethnic animosity, and economic disparities. As Akin (1996) explains “In Pacific island societies generally, the social order has always been reflected within the numinous realm, and now social problems are finding expression there also” (148).

The underlying causes that perpetuate acts of sorcery or supernatural interventions are the antithesis of the *kastom* values which people strive to maintain. The reasons individuals give as to why sorcery occurs focuses on specific themes concerning disrupted social relations and emotional states. The underlying causes of sorcery are said to be jealousy, selfishness, or anger caused by social disputes over land, infidelity and theft. If these emotions are not resolved, sometimes through the payment of compensation, these feelings can cause people to use their magical powers to harm the other individual, or they can hire someone from within or outside their group to *poeson* this person (all forms of sorcery can be generally referred to as *poeson* in Pijin). As Mary explained, sorcery is used because of anger, “It still occurs because of anger from land, crossing boundaries to cut timber, stealing...If a fight occurs and if compensation not paid, then an agreement can be reached with someone who has the magic, like *Arua’a*, to poison another man. *Vele* can be bought as well... There are reasons [for the use of sorcery] as one does not harm

and kill for no reason" (Mary\*). As Patricia also explains jealousy is a cause of sorcery:

Sometimes curses occur because of jealousy: for example if you make a big house and people see this, it will be difficult for you to have the strength to finish it if they curse the house, then you will not be able to complete it. This is what happens when people have thoughts of jealousy. Then after someone is cursed the person will be sick and die. This curse effects the body and then the body becomes sick. Curses are a big superstition for people; it is big for us in Malaita, Ngella, everywhere. Us Solomon Islanders really believe in magic, but healers have medicine, some can cure people and when they look, they can see/divine the reason why a person is sick (Patricia, 4c, Nov, 1997).

While some types of sorcery were also said to occur because of malice, it is usually believed that there is an underlying cause for the sorcerer's actions; hence the cause of the resulting *kastom* illness.

### THE INTERVENTION OF ANCESTRAL SPIRITS

For the healers I interviewed, *kastom* illnesses encapsulate those illnesses caused by sorcery and magic as well as those caused by the intervention of spirits<sup>34</sup> or the ghosts of dead relatives in the lives of the living. The infliction of illness by the ancestors is said to be caused by the immoral behavior of an individual, or by disrupted social relations. These healers believed that ancestral spirits [once incarnate] can intervene when individuals do not obey *kastom* or follow traditional expectations, particularly those relating to morality. These spirits can send illnesses to punish these wrongs, but they can also give signs, give protection from sorcery, and provide assistance to resolve those ruptures that have occurred in social relations.

I will present two examples from healers' descriptions of how they healed the victims of ancestral spirit interventions. After they were approached by someone who wanted to be healed, these healers divined the underlying causes of their illnesses through their dreams. The



healing processes in these examples did not incorporate plant medicines but entailed the mediation of the healer between these ancestral ghosts and their patients to resolve breeches of taboo, and social ruptures that had occurred between the living, and between the living and the dead.

One couple after eight years of marriage were childless; John divined that their dead aunt had not been paid her share of their bride price when they were married. Because of this she was interfering with their ability to conceive a child. John's mediation with their ancestral ghost through his dreams, healed the rupture that had occurred in their relations with their aunt. The couple are now said to have children.

They came to me in 1985 after they heard I had cured people in town. They came and asked me to help them have a children as it had been eight years. I said I don't know but I will think about it and you come back tomorrow. This is a very true something. Us of Malaita or all of us of the Solomons; if your auntie or uncle doesn't take something the time they share the bride price then this aunt or the next of kin, they can curse you and you will not have children. They ask someone who has died in the family to stop this from happening, to disturb you and you will not have children. Even if you carry then you will miscarry. So I thought perhaps it was this one...They came back and then I asked them to come two days after and I told them that I saw something very special in my dream. They were surprised...I saw someone who looked at you and your relatives sitting down when you were married. They saw that the time you two are married they did not receive bride price and they were cross. [When they returned in two days John had dreamed more]. I saw a fat woman who stays with you and disturbs you from having a child. I spoke with this woman and she told me that she had already died. She told me that she forgives you because you came to me and I made a good talk with her and that they will carry a baby...The first child they had was a boy and they named it John. They now have two (John\*).

Mary divined that a woman's husband had committed adultery and that ancestral spirits were causing her to be sick because he had broken a *kastom tabu*. Her divination

provided the opportunity for the couple to resolve the breach of *kastom* that had occurred, for her husband to pay compensation, and for the woman to become well. Mary also explained that during the process of divining, she put herself in the position where she could become the victim of sorcery if the woman's husband was angry about her disclosure of his behavior.

I dreamt, after a woman came to me who was sick. In the dream, I stood about where canoes come to shore, and two men came and one holds a torch to the coconut tree. They come behind one man and woman and they are kissing. I come to the village and go half inside and out of a house, I see this man lying on top of a girl. I do not want to see and I go outside. I go to another house and two people are working something on top of a table. As I look back I see them carry a dead body out and they are going to bathe it. I then went and I met five women beside the sea and it is low tide. They are picking the fruit from one tree and one woman turns to me and says 'Do you know this fruit and tree' "I say yes". I then wake up.

I go and tell the woman. This sickness, there is something that is tabu [forbidden] relating to *kastom* you are doing. If you want to be well I must give you advice first. You must not be cross at your husband... You must promise. She says "OK". This you must take easy and do nothing quickly as this is the medicine to cure you. You cannot be cross and you do not go quickly. Then third you must think of your children. These are the three tablets for your sickness. She sits and thinks. "What now?" she asks. First, I say "you and your husband must talk alone. If something comes out you must not be cross or rush. First tablet is not to be cross. Second tablet is not to rush..you take it slowly. Last tablet you must think of your children". The woman says "How can you cure me this way when I have been sick for close to one year?". "This is the cure I saw. You and your husband, there is something between you. You two must not lie to each other". This is what I told her.

That day her husband came and they talked. He said to her " I would like to see this woman who spoke to you. What she told you is true. These people who torched the tree were behind me and saw me with one woman from home I was involved with". Someone had also died at this time and he said what I told her was as if I had seen it with my

own eyes. I told her I did not want to speak to him. I did not like this, as sometimes when something happens like this, then the man could be angry at me and then he could go and pay someone to kill me. I told her I did not have the time for him to see me. Then, after he told her about what he had done; her sickness was finished. I told her to be careful, if she was cross then her sickness would come back and then it will kill her.

In our *kastom* of the south and the north too, if me and my husband, either of us do something wrong and either of us hide this, then something could happen to either of us or to our children. For example, this family, the man went and did something and while nothing was wrong with their children, it effected the woman. When he tells her, then the sickness is cured. After they discuss compensation. This is how some sicknesses can be healed by talking" (Mary).

In these previous illustrations of spirit intervention and the following examples of sorcery, I illustrate how numinous powers exemplify and the resulting illnesses embody idioms of distress or social dis-ease. In the healing process of these spirit interventions, healers did not draw on their medicinal pharmacopeia; however in the following examples of sorcery, medicinal plants are used to counteract the effects of sorcery. In the following examples of *Vele* and *Arua'a* sorcery, I have tried to include the wide variations of beliefs I encountered as I attempted to identify the important themes which emerged.

## **SORCERY MAGIC**

### **Vele**

*Vele* refers to the sorcerer, the type of sorcery magic and to the basket and its contents. While variations on the contents of this basket were reported to me, Tedder and Tedder (1979) say that it contains pieces of bones, vegetable matter, sacred earth and something sharp. Hogbin (1964) further says that it must also contain, as an essential

ingredient, a portion of a mango which came from the original tree in Lau<sup>35</sup>. *Vele* baskets and their magic are inherited, but they can also be purchased. I was told for a *Vele*'s magic to work after it is inherited by a man through the female line, they must kill their first child or someone in their family. Then the *Vele*'s magical basket is effective to cause harm to others. The *Vele* hides his basket as it holds magic to kill people and he takes it out only when he is going to perform his sorcery.

A *Vele* is said to be in the bush or on a road and waits for his victim, who must be alone. People say that the *Vele* has a bird and that it has a particular sound. When someone hears the cry of the *Vele*'s bird and it sounds far away, this means that the *Vele* is close; if the sound is heard nearer then the *Vele* is farther away. The *Vele* can whistle or make another sound when close to their victim so that they will look in his direction. The *Vele* swings his basket in front of his victim from the small finger of the right hand, which is said to always be crooked at the first joint. After looking at the *Vele*, the person becomes hypnotized by his magic and when the person returns to his home he sickens and can die if he/she does not receive the *kastom* medicine to counteract this magic. Sentika, a healer from the Weather Coast explains that:

*The Vele, he is a person, and the time you go alone he can catch you. He has a small basket and he goes all about in the bush. If he sees a person alone, and then he shakes a tree, makes a noise, and then when you look and see the small basket, he shakes it. Then your life is lost as you saw the basket and then he will kill you. He has medicine to kill men. In his basket he puts things to make the Vele, like leaves, bones, snakes. He kills a poisonous snake from the bush, then he takes a part of the snake and he puts it in his basket and goes all about in the bush. He is a man and my skin colour, but he has taken something to kill people. Suppose he takes a rope, then ties his legs and in one day he can reach a place that is far away. He*

*can go to a place like Marau which is very far in the morning. It is like he can fly...he can go and find a place and then come back and it is night. This is his way. If someone wants to kill someone, yes they can go and tell him... They can say "go and kill this person, he has done something wrong to me", then he goes and kills him. He is paid. Some people know how to cure this, but I don't know but it can be cured (Sentika\*).*

Like Sentika, other people also told me that the *Vele* could move quickly from one place to another, as if he could fly. I also heard on a number of occasions that the *Vele* could go, in one day, from the Weather Coast to Honiara, to visit their children at school.

The *Vele* was said to kill for a reason, and that he would kill their enemies in a dispute, particularly if it had to do with land, or they would kill for someone who was angry and hired them.

*They do not kill for no reason with Vele. They kill their enemies, about land or something like this. A person is not in his line and he wants to steal from another person but the real owner become cross. Then the owner will tell the man who has the Vele to kill the other man. This is the Vele and they do not kill crazily, they do not kill just anyone (Donna\*).*

*He kills people this Vele. He kills them when he is angry at them, if they fight over land, or as a pay back for what another family has done wrong... He marks you for three days and he whips you with his basket. Then you will eat garbage inside your stomach, then you go crazy. Then he says in three days you die. They can cure it, if they see the signs. Some people can ruin others but others can cure them (Patricia, 4c\*, November, 1997).*

The effects of the *Vele* magic were said to cause a state of mental confusion, in which the victim might crawl on the ground and eat dirt, stones, garbage or grass. The *Vele* is said to 'ruin their brain', causing the person to go crazy. If the victim is not treated with *kastom* medicine, it is strongly believed that their condition will worsen and that they will die after a few days. One woman I spoke with described what happened to a young boy who had been

a victim of a *Vele*.

One boy where we live on top, at the house of my auntie, the *Vele* had a hold on him and I have seen this. The time he went past the *Vele*, he did this [she illustrated by moving her small finger, bending it at the joint, in a swinging motion], he looked at him and he felt the *Vele* and he ran away. So the time he ran away he had already heard the *Vele* and they said that the *Vele* went to him now. He ran away and then he fell down, he ate the garbage, leaves, some things like this and one woman came and held him and took him to her house. The time he ran and fell down, he called out and they took him to the house and they gave him medicine so then he would be alright. They used *kastom* medicine. I saw him when he was like this, when he wanted to eat something, the ground, grass, stones...He is a young boy and the time he yelled and came, he told them that he will die but the old woman came as well. One man heard him cry out that "Now I will die". They went to look for one person [who knew the plant medicine] and then the woman gave him medicine and then he was alright (4a\*, October, 1997).

While I was not told of the exact plant or combination of plants used to cure the effects of *Vele*, I was told that a plant medicine had to be given to counteract the effects of the *Vele* medicine. A form of protection from *Vele* was to travel with another person at night. The only medicinal protection from *Vele* magic was mentioned to me by people from Choiseul. They used *parana* for protection; otherwise after being afflicted by *Vele* one would have to find a person who knew the *kastom* medicine for this sorcery. Some individuals also said that some healers had the ability to divine the reason that the person had been the victim of *Vele* and other types of sorcery magic such as *Arua'a*.

#### *Arua'a*

*Arua'a* is said to come from To'ambaita and Lau, North Malaita, and *Arua'a* refers to the type of magic, to the sorceress, and to the snake spirit that embodies it. It is described as a magic or supernatural power which is embodied in a snake, but which can also change into other forms. The magic of *Arua'a* is controlled by women and passed from one woman

to another; while some say it is inherited, others say that women who have the power of *Arua'a* can give it to her female friends. Two individuals told me that the restrictions about this type of magic were changing and *Arua'a* magic was becoming accessible to men albeit not as easily. As Donna said, "So us from Malaita, a lot of women have it [*Arua'a*] but only women have it, not men. But these days because people can use many different kinds of magic, men can have *Arua'a* too. Men have *Arua'a* too, it is not like before when only women had it" (Donna\*). Patricia told me that Christianity caused an increase in the use of *Arua'a* magic, as the previous *kastom* of killing someone who used *Arua'a* magic was stopped by missionaries, thus diminishing the control which a community had over those who possessed it (4c\*, November, 1997). At the same time, it was acknowledged that when this magic was not inherited it was easier to stop its coercive power over those who did not want to accept its magic through the use of *kastom* medicine. Patricia explains that:

If someone with this magic chooses someone else that they want to give *Arua'a* magic to, some healers can help if the person does not want this magic and they will be alright. But when it comes from your great grandmothers it is hard to cut. It will come out in another child...If it is not in your line it is easy to heal but for me no...This *Arua'a* it comes to us as we inherit it from generation to generation...But this time people give to their good friends... *Arua'a* is strong for women but not for men. Men do not easily have this magic.....(4c\*, November, 1997).

The magic of the *Arua'a* works after a piece of uneaten food, clothing, hair, nail clippings, etc. are taken from a potential victim and put into a parcel. These are then given to the snake and once near the snake the individual becomes sick. These types of rites that are done over the belongings of the victim are referred to by Murdock (1980) as exuvial rites. The owner of this magic can torture an individual by giving and taking these collected

belongings from the snake, causing waves of illness. If the belongings are fed to the snake, it is said that the individual will die.

Before at night you would collect all your clothes and take them inside the house and sweep near the house; in some places you knew these woman would actually come around. The *Arua'a* can turn into a child and then this child would go and pick up something that belonged to you and take it back to her. That is why she knows what belongs to whom...She sends the child and then when the child comes back he/she tells her and she makes small parcels, we call these small parcels *buta buta*...So then she takes your hair and puts it in a stone that has a hole and says this one belongs to Holly...she does not write a name but it is just the stone and she knows who it belongs to...Then she takes my clothing and puts it into a leaf and says this belongs to Patricia. So if she wants to hurt you and make you sick, she will take the small parcel with something in it that belongs to you and she will feed it to her snake. Then you will feel sick and then she will feed it more...What do you call it, torture, yes. She will torture the person by pulling it from the snake and the while she is torturing the person the person is close to death at home. Then she leaves him but if she wants the person to die then she will put the food into the mouth of the snake and the person will die. (Patricia, 4c\*, November, 1997).

The symptoms of *Arua'a* magic causes an individual to become sleepless, to cry throughout the night, to go crazy, and to dream of snakes, if they do sleep. This sickness also causes a fear as if someone is holding you, as well as general malaise. Others say that your body grows thin, like it has no bones and your muscles are weak; you become like a snake.

*Arua'a*, sometimes this makes the owner crazy. Those who have it can kill anyone, but you do not die right away. You are sick and you dream, and your dream is about a snake. You cannot miss this snake. When you dream, you dream about snakes, snakes, snakes - this is *Arua'a*. When you go to the hospital they do not know. They say that you are not sick. But you sleep and you dream only of the snake. Then you will know it is *Arua'a*. Then you must find someone who knows how to make the *kastom* medicine for you. The half food, that was left over when you ate, this must be taken back. After you drink the *kastom* medicine, it takes back this food and then you are well again. Later you will not be sick and you will sleep at night and not dream of this snake (Donna\*).



There are *kastom* medicines to cure the effects of *Arua 'a*. While some say that only those from To'ambaita can cure the effects of this magic, others outside of this area said they could cure it or knew other people who could. When *kastom* medicine is used it is said to take back the belonging that was initially taken, thus allowing the victim to become well again. Mary uses plant medicines for *Arua 'a* and the following is a summary I made of her remedy.

Mary says that to cure the effects of *Arua 'a* magic she must take the leaves of the Homalium tatambense plant and she takes it with prayers because it is used to cure the affects of a spirit that belongs to a woman - *Arua 'a*. She signs the cross on the tree where the bark will be removed. Then the bark is taken and the sign of the cross is made again. This is done to make the area 'tabu' after the bark is removed. She says that she also signs the cross again before she goes. She believed that this *Arua 'a* spirit would come back to the place you have cut from the tree and then the medicine will not work. She warned that one must be careful when they return with this tree bark, if you put your basket down the *Arua 'a* will come and spit on top of the medicine [in Sa'a this process is referred to as *Maha*]. If *Arua 'a* blows something over the medicine you have taken, no matter what the healer does the medicine will not work. Thus it must be kept in the basket beside you. If you give a spoiled medicine to a person, they will die. After the bark is taken back to your house, it is squeezed and the juice is drunk by the person affected. Water can be added if it is dry.

Some *kastom* healers are able to divine through dreams those who are responsible for sorcery and individuals under their care can dream of the person who is responsible for their affliction. Mary also said that she can dream and see the snakes that are affecting her patient. "If in the dream I killed the snake this is a good sign, it is like I am killing the spirit, but if the snake disappears it is a bad sign that her medicine may not work" (Mary\*). Donna explained that her father can cure *Arua 'a* magic and that he also knew how to ward off *Arua 'a* magic when they were in a particular area where it was suspected. He would burn a particular type of branch from a special tree in a fire, and this smoke would surround them; the medicine from this smoke keeps the *Arua 'a* from coming to take any of their belongings or left over food morsels thus stopping this magic from occurring to them.

The causes of *Arua'a* are said to be related to a women's jealousy of those who are clever or good looking, or because of anger which is then directed to the victim.

They use it when they are angry...If she is cross at me she will come and take a piece of food and then give it to the snake, and the snake wants to bite it, and if the snake bites it then I will die (Patricia, 4c\*, November, 1997).

As well, the possession of *Arua'a* magic bestows prosperity on its owner in the form of plentiful gardens, and possessions - it can make them rich. As Patricia states:

If a person has *Arua'a* they will be rich and everything will be easy. They will have a lot of money and things will come to them...It is like their God. Some people worship this snake as he makes them rich...he makes things good. When people have *Arua'a*, you should see their garden. They have a lot of food, and many fish. Everyone can go fishing and catch nothing, but when they go it is like they are being given fish...They plant coconuts in bad soil and they grow, and watermelons will grow for them but not for anyone else" (Patricia, 4c, November, 1997).

The power of *Arua'a* embodies particular tensions between the cultural values of sharing and generosity, and the jealousy of the wealth of others and the gathering of resources for personal gain - this prosperity gained by women through 'anti-social' means. From Hogbin's (1964) perspective sorcery itself occurs because of the cultural tabus against direct confrontation between people, and the fear of then having to pay compensation. Thus, sorcery is reverted to as a way to secretly resolve feelings of anger and jealousy. In this sense, sorcery attacks are an overt expression of covert emotions.

Some issues Patricia discussed with me concerning *Arua'a* can be discussed in relation to sorcery more generally. When sorcery occurs in Malaita, a person cannot directly accuse another person, as this can allow the accused to ask for compensation from you as your accusations can ruin their name; particularly if you cannot prove their sorcery involvement.

“For us of Malaita, even if we know you have *Arua 'a*, it is tabu for you to go and accuse someone of this as you will have to pay compensation...(Patricia, 4c\*, November, 1997). Mary told me that as it is tabu to directly go and ask if someone is responsible, people will sometimes tell everyone in a village except for those who are suspected. She says that people will wait for a sign, a flying star like a fire fly can come and enter the house of the person responsible to reveal their guilt. Only after this can the village leader approach them and compensation is asked from the person who is believed to have performed the magic and sometimes they are made to leave the area. Not all sorcery attacks are easily resolved. While some individuals may be healed by *kastom* medicines the perpetrator of the magic may never really be known despite many suspicions.

There are times throughout the process of an individual's illness when advice is sought from *kastom* doctors, at clinics or hospitals, and/or from within the church to find the underlying cause of an affliction. In the last story I present in this chapter, Michael elicits the help of biomedical practitioners, *kastom* healers and the Melanesian Church Brotherhood, during an illness episode. Over a period of time, the causes of Michael's illness were thought to be the effects of *Bua*, and the intervention of his dead father in the lives of his family.

A short aside comment must be made about *Bua*. I was told that *Bua* sorcery comes from the Langa Langa area of Malaita; however it is said to be widespread throughout the South East Solomon Islands (Private communication, Jourdan, 1998). Some said that only men use this type of sorcery, while others said that women could also use it. They are said to 'shoot' people with their magic by giving them a poisoned betel nut to chew. It was also said that those from other areas can pay the Langa Langa to perform this magic on an enemy.

## THE STORY OF MICHAEL'S ILLNESS

The story of Michael's illness was related to me by his mother. I knew Michael but due to his sensitive state during his illness, I refrained from addressing questions directly to him. As this story will illustrate, the social relations between the living and those who have died and the maintenance of *kastom* practices become integral to understanding the perceived causes of his afflictions and his healing process. At the same time, Michael's bodily illness mediates between his own individual experiences and the other individual and collective experiences of those within his family, particularly his mother.

On Monday night Michael went and bought one betel nut at the market. He bought a betel nut, removed the skin and he looked inside and it was black. He didn't like it so he gave it back to the woman and he said that he would take another one. The woman became angry and said "no, if you don't like the betel nut give it back to me and take back your money". So Michael took his money and then he paid another woman. He took this betel nut and he bit it. He chewed it and then he came back to the store.

He reached the store and he took a leaf and some lime and he stood chewing betel nut. He finished chewing it and he felt that his belly was sore. He said that he had diarrhea or something like that and he went and sat on the toilet. The betel nut was still in his mouth and he was sweating. He sat on the toilet and his head felt like he would pass out. He quickly took out the betel nut he was chewing and he put it into the sink. His head was dizzy and he opened the door to the washroom quickly and he came out. He went and laid down on his bed and he asked his brother to take a paper and fan him. He told him - I am hot and my stomach is sore as well.

I was sitting down and did not notice anything happen to him. He got up and told me that we should go to the hospital and that he would die. I asked him what was wrong with him. He said that he chewed betel nut, then he felt that his stomach was sore as if he had to go to the toilet; when he sat down on the toilet he came close to falling down. He said that is why I came out and we must go quickly to the hospital. I said no, we must go to Tasai first, to a man of prayer. It was night and we walked to the big road, and we waited for a taxi. The taxi came and we went to the area of the cathedral. I told the taxi driver that we were to go to the Brotherhood... We went there to them and we

sat down outside.

I knocked at the door and I talked to one man who sat down on a chair inside. I told them that I had taken my son to them as we didn't know what was wrong with him. My son doesn't know what is wrong but he complained about a betel nut that he chewed so maybe someone poisoned the betel nut or leaf, but I don't know. It would be bad if they had poisoned the betel nut, so this is why we have come to see you. He said to wait and he went inside their house and he came back wearing his uniform. He came outside and said that we would go to the church. We went to the church and he took the holy oil with holy water and he prayed. After he prayed and used this water, we returned home. Michael said that he felt a little better and we went to the back of the house and he slept.

So we did not go to Number Nine [the Central Hospital] that night. He slept until the morning and he got up and said that he would go to school. I told him that if he felt alright he could go, but if he did not feel good then he should stay. He went to the bus stop and he felt that his head was spinning again. He came back to mummy and he put his bag in the shop and he said "Mommy, we should go quickly to the hospital as I am not feeling well now and I think I will die". I said "no, it is not like that, I don't like that talk" So we took a taxi quickly from the front of the shop and we went to the hospital and we went to the emergency door. We opened the door and he ran alone quickly into the emergency room, I came out of the taxi and paid the taxi driver and went inside behind him. He went and sat on the bed and said that he was not feeling very well. I said that I didn't like it when he talked like that.

I went and told a nurse to come and look at my son as he really dis not feel well. I told her something was wrong with him last night and he says that he does not feel well, he is short of breath and if he loses his breath he will die. He feels like this and his body shakes and I would like you to do something for him quickly. The nurse came and asked him questions and then they came and checked his blood; they tested his blood to rule out malaria. But he did not have it. They tested his blood pressure with a hospital instrument. They looked at the results and he was alright, and then they listened to his chest with a stethoscope. They said everything was alright. What was wrong with him we all did not know and he also did not know.

But then he became sick again with a shortness of breath and he did not feel very good at all. They gave a brown envelope to him and they said put this over your mouth so that no air can come out the time you breath. Use this when you breath. He used it and we waited for two hours we waited at the hospital. They tried to find out what was wrong with him. They thought that

this child of mine thinks too much and this could make him like this. I asked them what was this envelope, and if they put medicine inside when they gave it to him. They said no, this is for him to breath inside to decrease his thoughts. I told them I thought that they put some medicine inside but they said no. After he used this envelope then one doctor came. He took out the envelope and I asked the doctor. "What makes this happen?" The doctor said that "maybe this child thinks too much and this is why he is like this". I said "I don't know".

We left and went to take medicine for him. They gave a medicine for his dizziness. This is what that medicine was. They gave medicine for only three days. We came back and I left him at his uncles house... In the afternoon, his sister Nancy came and took him to a woman called Emily. They went in the afternoon but Emily was not there. She did not come quickly, so they waited. After this woman came back, she went to her room and she prayed. After she prayed she came out and said "Your father died; now he feels badly for you. You are short of breath and this is similar to how he died; when he was short of breath his air left him. This is a sign from your father.

She said that a person shot him on Monday at the Kukum market. She described what the woman looked like: she is short, not too thin and she has grey hair. Monday she shot Michael at the Kukum market...She said to him "do you know that when you went to the market that one person shot you with an evil? This medicine she shot you with was an evil spirit. These two things work together. When your father looked at what this person did to you, he felt bad and wondered why does this person did this to his child. So this medicine this devil that was shot at you, marked you for ten days, after nine days then ten you are dead'. After she told this story she gave her water [type of *kastom* medicine made with flower tops] to them.

They came out and Michael held the bottle and drank it. After he drank it his body came back to normal and he told his sister that he was now good. He said that he would go back to his mothers shop. Nancy said no that they would go to their uncle's house. But he said that he would go to his mother. They came at eight thirty at night and I was startled by them; I asked them where they had come from. We came from Mbokona. "From this woman"? I asked. Yes, we just came from Emily. "What did this woman tell you"? And so this is the story that she told to Michael and his sister and they came and told me. Then Nancy went back to Kola Ridge and Michael and I stayed at the shop.

Michael started to feel his sickness return and he said that he should go back to Emily. He said I want to go back to Mbokona to this woman. So Michael

took a taxi and went back to her. She told him that when his body feels like that, to tell those who are with him to massage his body, hand and legs, to make us press his back and shoulders. She said this is to relax your veins, because if they are very tired they can cause this dizziness. So every evening we do this to Michael. This is the story about Emily. Many people go to this woman. Before she was very busy and people have just begun to find out that she does this kind of healing. Over time though, some people do not believe what she is doing and they have started to leave her and they have started to go to another woman in Lungga, an old woman from the West.....

[On another visit]...Emily told Michael he must write the name of his father on a paper and give it to a Mama [Anglican minister]. This is for protection from my husband. He died and Emily says that he acts towards us like he is still alive. Like a live man. He doesn't like it that we live everywhere. If someone does something bad towards us to harm us, he feels bad. Then he just wants to kill us. Instead of feeling bad and giving us something good to help us, he only wants us to die. Emily said to go and write his name and give it to those at the church so they will pray and shut the spirit of his father; a Mama can do this. Michael he followed her advice, he wrote the name of his father on a paper and he went to the Mama. He explained that "I am sick but the cause appears to be my father who died last year and it looks like he is doing this. I went to a woman, Emily and she saw this. She advised me to come to you. I don't like this, but this is what she told him, so he went and gave this paper to the Mama...

...Michael...he stays with the Brothers at St. Barnabos and he told his sister to tell me he is alright...I think his mind is still with his father. If I talk about anything, then he will go to the cemetery and he talks to his father in his thoughts...What kind of sickness is this? We went to the hospital but they found nothing. He goes to Emily...she says he is shot with medicine at the market... Then she added that my husband died but he still reacts, he is sorry and causes this to us. Then Michael goes back to her more...now he goes and stays with the brotherhood. This is his sickness..shortness of breath and dizziness; before he said he felt numb before the other things started to affect him. Emily said she gave him her water for protection...

Michael's mother decided to ask Sentika for her advice about her son and told the healer about the death of her husband the year before.

He died of a heart attack or something like this. He said he felt paralysed on one side; he complained but we thought he would be alright. But it was a big sickness. We made him sit down and then to go from the room and sleep. I

went and he had already died. He was alone when he died.

She had mixed feelings; the sorrow of her loss, feelings of guilt that she could have done something to help her husband, and anger that her husband could be coming to cause them harm. Sentika listened to her story and then discussed with her what she could do to protect herself and her family from her husband's ghost.

*We have medicine to put around the house to stop him [ghost of her husband] from coming. Take the matipuka [See: Hemigraphis reptans in Appendix 9] and put it with lime and mark the house and then the spirits cannot enter. Take the leaves of the matipuka and then put with lime, parcel them and then put them on the boundary area. The spirit will then not recognize the house... The spirit of this person is alive too much and it is also very strong. The spirit comes to spoil the family. This matipuka can also be rubbed onto the body. Then he will not be able to come to you. Sometimes spirits come because they love their family too much. Sometimes they do not know the master and then their spirit does not go straight and they are loose in the world. They go around crazily. They make fools of their family, they make them afraid, the children can cry, they can make you sick; they come and stay (Sentika\*).*

Sentika began to believe that the spirit of Michael's father was coming back because the family had not followed a *kastom* practice at his funeral. During this practice, the family of the deceased walks under the coffin. Michael's mother comments about this.

*When the kastom of walking underneath coffin is done, we shut him from us so that he is not able to think towards us and we do not feel badly about him, dream about him, or feel like someone is in the house. It is like we hide from him. We forgot to do this...*

This was the last I heard from Michael's mother about what she thought could be affecting her son. During his stay with the Brotherhood, Michael began to slowly return to be with his family who had become very sensitive towards his feelings about his father's death. This illness episode coincided with the first anniversary of the death of Michael's



father. His mother and family members were also experiencing and dealing with their own unresolved emotions. Michael's illness experience was an intersubjective and interpersonal experience for himself, his mother, family and for those whose help was elicited throughout the process. This story is illustrative of how advice is sought from different practitioners and the church to find the underlying cause of an illness episode; hence a cure from the affliction.. Through this process the individual who is unwell and their families move between one possible causation to another to explain and understand the occurrence of their illness.

*Kastom* healers play integral roles in mediating between spirits and the lives of the living, sorcery concerns and their causes, *kastom*, and moral issues. The different *kastom* illnesses addressed in this chapter illustrate how these embody social tensions and moral concerns, and how these become mediated in the process of healing encounters. At the same time, healers' understandings of disease causation and their practices encompass beliefs in God, spirits, sorcery, and biomedical concepts in their present day healing encounters. This transformative creative interplay between Christian and *kastom* beliefs must also include introduced biomedical understandings of disease. Healers and patients draw upon all these three areas when trying to find the cause and cure for their illnesses. As Jourdan (1995a; 1996a) has explained, such socio-cultural processes are the "negotiations" by individuals of different systems of meanings occurring in urban Honiara and these negotiations are concomitant with cultural change.

In Chapter Two, I explained that in the process of missionization some biomedical cures were introduced to cure some illnesses which did not respond to *kastom* medicine; they became associated with the efficacy of the spiritual power of God, causing some people to

convert to Christianity in order to have access to this more powerful *mana*. When biomedicine fails to find a diagnosis and cure for some illnesses, individuals who are also Christians continue to resort to *kastom* medicine and *kastom* to find a cause and cure for their affliction. While sometimes prayer is resorted to for *kastom* illnesses, more often than not prayer is combined with other *kastom* healing practices as the preferable option to pursue to resolve these states of being unwell. While many doctors and nurses could make reference to God when they talk about the outcome of an illness; biomedical clinics and health facilities in Honiara do not generally incorporate prayer and Christian rituals as part of their medical encounter. In this respect the efficacy of biomedicine has become disjoined from earlier forms of spiritual efficacy which were present during early missionization prior to the development of biomedicine and the National Health System by the government. In the next Chapter, the intersections between *kastom* healers and biomedical practitioners will be discussed, and how *kastom* and biomedical services and treatments are utilized by individual patients.

## **CHAPTER SIX**

### **INTERSECTIONS BETWEEN MEDICAL TRADITIONS**

In this chapter I will discuss the results of a survey I completed at a Honiara clinic with forty individuals, and give an overview of some interviews I carried out with a focus group of ten women. While the particular focus of the questions ( See: Appendices 2 and 3) and the format for these two groups varied, I was interested in understanding what individual patients had to say about the remedies they used at a household level, such as pharmaceutical drugs, *kastom* medicine and store-bought products, and how they moved between both medical traditions when they or their children were unwell. I will also address healers' comments on intersections of their practices with that of biomedical doctors and nurses in the National Health System.

#### **VURA CLINIC: WHAT PEOPLE SAY**

The Vura clinic is located in the eastern suburb of Vura II and is one of the eight clinics in Honiara<sup>36</sup>. At the Vura clinic there are three nurses, one assistant/cleaner, and one microscopist who reads blood slides for malaria. There are two doctors which service the eight clinics in Honiara on a rotation basis, and there are on average 3 nurses per clinic.

From November 3<sup>rd</sup> to the 7<sup>th</sup>, I went daily to the Vura clinic where I participated in and observed clinic activities in the intake and treatment areas. During this time I performed tasks which the nurses said would be helpful, such as: making patient's cards<sup>37</sup>; preparing their daily intake manual; making cotton balls from large swabs of cotton; rolling bandages; and making the written slips for the malaria slides; etc. I sat at the front table with the nurses as they interviewed patients. I was attentive not only to the words in Pijin being used to describe

individuals' symptoms, but also to the range of sicknesses and the patterns of treatment resort that patients discussed with the nurses. Some patients were referred to the doctor on the days when he/she would visit the clinic.

After three days inside the clinic, I started to go outside onto the veranda where the patients waited for their appointments. Initially, I sat and made conversation with people about why they were there and participated in other conversations that were going on. On November 6<sup>th</sup>, I began a structured survey of forty individuals, who were waiting for their turn to see the nurse or a doctor, or for their malaria blood test results.

I carried out the survey for seven days over a two-week period [November 6, 7, 11, 12, 13, 18 and 20<sup>th</sup>]. The survey which asked some demographic information focussed particularly on questions regarding illness frequency, the medicines prescribed and the frequency of their use, attitudes about the clinic, and about the use and knowledge of *kastom* medicine (See Appendix 3 for Clinic Survey). All survey questions were asked in Pijin, and I directly wrote down the answers after each question in Pijin. Due to literacy levels, a written questionnaire, to be filled out by those surveyed independently, would be unrealistic and perhaps off-putting. I also wanted a more personal contact with patients for this survey. I had no selection criteria for those I interviewed, and the length of time they spent on the veranda waiting to see a nurse, a doctor or for test results would determine whether they would be surveyed. As the majority of those who came to the clinic were women, I did seek out and survey some men more so they could also be part of my survey sample.

The time I spent carrying out the survey and chatting with patients was of course also a time of observation. The majority of those I interviewed lived in surrounding

neighbourhoods, but I also met individuals who lived close to my household. I dropped by the houses of three individuals after I had seen them at the clinic to ask some follow-up questions. During November, while doing my research at the clinic, I also had two doctor appointments myself and one appointment with the clinic nurses; at these times I did not do any survey questions but sat outside with other patients for long periods of time participating in the process of being a patient.

### **Demographic Information of Surveyed Patients**

<b>Gender</b>	<b>No.</b>	<b>Patient status</b>	<b>Ages</b>
<b>Male</b>	<b>7</b>	6 came for themselves	5 20-25 yrs
		1 came with a child	2 50-65 yrs
<b>Female</b>	<b>33</b>	17 came for themselves  14 came with their children  1 came with a sister 1 came with a niece	4 14-19 yrs
			11 20-29 yrs
			9 30-38 yrs
			3 40-49 yrs
			6 Adult (unknown)

The questions I asked during this survey also covered some demographic information concerning their gender; their age; where they were born; where they were living in Honiara; and if they came to the clinic for themselves or for their children. The majority of those who came to the clinic were women, and the majority of those who accompanied their children were women.

The reasons given for their choice of clinic were based on pragmatic choices such as bus routes i.e., if they had to change buses and pay another fare; proximity to house; and the

services provided i.e., if the clinic took blood testing for malaria and provided test results quickly, if it gave medicines; and if it was not always full. Other reasons given were directly related to the nurses. Patients liked the Vura nurses because they were kind to their children, that they did not talk harshly to adults, and they provided good services.

When asked what they did not like about the clinic, 15 percent said that they liked everything, 10 percent said they could not say, and the other 75 percent expressed varied dislikes: there was not enough space in the waiting area; the clinic needed more nurses and there was no doctor all the time; they had to be referred to other specialists; people had to take two buses to get there; they had to wait for a long time before being seen; and they disliked getting needles and taking chloroquine. Two individuals said they believed that wantoks of the nurses got to go ahead of other patients who were there first.

When asked the length of time they had to wait, three individuals said not for long as they knew the nurses; twenty-three patients said they had to wait a long time (between one to three hours); four said they waited a short time; while the other five individuals said it depended on what time you came to the clinic..

There was a wide distribution of patients' birthplaces, which is indicative of the ethnic diversity in Honiara. The patients place of residence also reveals that they came from areas which were serviced by other clinics.

<b><u>Birthplace</u></b>		<b><u>Area of Residence</u></b>	
Choiseul	3	Bahai - Kukum	1
Honiara	1	Baranamba	1
Isabel	2	Fishing Village	5
Guadalcanal	2	Gilbert Camp	1
Malaita	13	King George	2
North Malaita	2	Kombito	2

South Malaita	2	Lau Valley	2
Munda	2	Lungga	1
Nggella	1	Naha	1
P.N.G.	1	Panatina	1
Pilani	1	Ranandi	1
Ranonga	2	Red Beach	1
Rennell Bellona	2	Roravatu	1
Reef	1	Solomon Star	1
Sikiana	1	Vura I	8
Tarapoin	1	Vura II	8
Temotu	1	Vura III	3
Western Prov.	2		

The frequency of attendance to the clinic varied: sixteen individuals came once or more a month by themselves or with their children; five came every two months; thirteen came once or twice a year; three came only once because they often went to other clinics and the other three came only when sick.

When asked if they also went to see private doctors who work outside the clinic system, twenty-eight said yes, ten said no, and the other two individuals said they saw other doctors at the Central Hospital. The fees that were paid to private doctors varied between thirty and forty-five dollars a consultation, and sometimes patients had to pay an additional ten dollars for blood tests; three individuals did not know the costs of the fees because their company paid through their insurance. Individuals mentioned that they went to private doctors because it was fast; that they had recurring malaria for a long period of time and wanted to go to one doctor who specialized in malarial treatments; or that they had chronic illnesses and wanted another opinion.

When asked about the symptoms which brought them to the clinic, twenty-five percent mentioned overlapping concerns. The specific complaints were as follows:

appendix pain	fever	red eye
back pain	flu	runny nose
body coldness	head and body pain	stomach pain
body shaking (baby)	headache	spinal pain
body pain	itching skin and sores	swollen hand
breast pain	leg pain	swollen ear
chest pain	malaria	vomiting
cough	menstruation pain and	
cough and fever	excessive bleeding	

When asked what sicknesses they experienced on a regular basis, there were multiple complaints; however seventy-five percent said that malaria was their major health problem.

The sicknesses regularly experienced were:

appendix	fever	pain during menstruation
back pain	flu	pneumonia
body coldness	headache	red eye
boils	leg pain	runny nose
cough	malaria	shortness of breath
diarrhea	mumps (occurred in the	teeth problems
dislocated leg	last two weeks)	

When asked what type of medicines that they take for their sicknesses, 25 mentioned malaria medications which they identified as chloroquine, quinine, or malaria medicine; 25 mentioned panadol; 8 aspirin; 14 septrin (antibiotic); and one mentioned a creme for bakua. When asked what medicine they liked to take responses included panadol (18); chloroquine because it kills malaria (6); aspirin (5); septrin (5); ulcer medication (1); cough syrup (1); needle (1); and *kastom* medicine (2). Others said they didn't know (2); they would take all medicines (3); they didn't like to take any (3); or they gave no response (3). There were multiple responses for nine medicines which were used in conjunction with panadol. When asked what type of medicine they disliked taking, 20 individuals mentioned malarial medications such as chloroquine (14), quinine (1), fansidar (1) and malarial medicine (4).



Aspirin (6), septrin (2) and needles (1) were also disliked. The remainder of individuals said they didn't like any medicines (5); they liked all medicines (2); didn't know (1); or they did not respond (3).

When asked if they completed taking the medications that were prescribed for them at the clinic the responses varied: yes (23); no (2); sometimes (7); only if they still felt sick (2); only chloroquine (2); chloroquine but not septrin (1); only septrin (1); only *kastom* medicines were finished; and if the medication made them sick they would return to the clinic (1). Of those answers that were not clearly a "yes" or a "no": fourteen answers indirectly implied that these individuals did not always take their medicines and one individual would go back to the clinic for advice if the medications gave him side effects. I would interpret the answers to this question including those indirect answers as a no; thus while 60% said they would finish their medications, forty percent would not<sup>38</sup>.

In the last section of the survey I asked individuals if they used *kastom* medicines; thirty-three said yes and seven said no. One individual who said yes mentioned they did not give it to their children; while one person who said no said it was because they were away from home. Of the thirty-three people who used *kastom* medicines, six individuals said they would use *kastom* medicines with other medications from the clinic (one only with panadol); and twenty-seven said they would not use it in conjunction with pharmaceuticals (three said they would *kastom* medicine first while four said they would take it after).

I asked individuals what kinds of sicknesses *kastom* medicine was good for. The following list outlines these illnesses; the number after each illness indicates the frequency of the occurrence of this response. Five of the seven individuals who said they did not use

*kastom* medicine, also told me that ulcers, stomach pain, sorcery, and diarrhea responded well to *kastom* medicines.

after the doctor sends the patient home to die (1)	good for both children and adults (2)	sores (1)
any sickness (1)	hand pain (2)	spleen (1)
appendix (1)	headache (1)	stomach pain (7)
back pain (2)	high blood pressure (1)	toothache (1)
bakua (1)	<i>kastom</i> - Arua'a (2)	tuberculosis (1)
blood in diarrhea (1)	<i>kastom</i> - Bua (1)	ulcer (4)
body pain (3)	<i>kastom</i> - sorcery (2)	vomiting (1)
body coldness (2)	<i>kastom</i> - spirits (3)	when clinic cannot help (2)
cancer (4)	kidney problems (1)	when doctor cannot help (5)
chicken pox (1)	leg pain (1)	worms (1)
cold (2)	malaria (5)	yellow fever (yellow urine with liver problem) (2)
diabetes (4)	numbness in limbs (1)	
diarrhea (3)	paralysis (1)	
fever (1)	pneumonia (1)	

Where did these individuals find the *kastom* medicines they used? Their answers were indicative of the range of options available to them to access *kastom* medicines and healers. Twelve individuals had knowledge of the medicines they regularly used; nine received these from their parents and *wantoks*; and twelve went to healers (the Sisters of the Rosary Convent; healers at the fishing village; and healers who came from Choiseul, Ranongga, and Malaita). Four of the individuals who had knowledge of plant medicines said that they also knew people in their home villages that they went to, and that they could also get *kastom* medicines from people who came from their village to town. I did not ask in the survey what people paid for *kastom* medicines but I was told that sometimes five dollars was paid; others lamented that the prices in the fishing village were expensive and they could pay between twenty-five and fifty dollars, some paid what they could, and others did not pay anything to their close family members.

Based on this survey I would conclude that the majority of individuals say they use both biomedicine and *kastom* medicine when unwell, but do not mix *kastom* and pharmaceutical medications. Individuals either had knowledge of these medicines themselves, or could access them through their family or *kastom* healers in town. While the minority said they did not like taking *kastom* medicines, the majority of individuals said that they did not like taking some pharmaceutical drugs such as chloroquine or other malaria medications, and some did not like aspirin, septrin, or needles. In the follow-up visits I made to three individuals in my neighbourhood, two individuals said they completed their medications for their malaria and bacterial infection and were now feeling fine. However the other individual whose child had malaria did not complete these medications. On another visit to this house, after the child had contracted the chicken pox, his parents resorted to bathing the child in the water from boiled guava leaves to relieve itching after they had gone to the clinic for a diagnosis. These follow-up visits further indicated that while some individuals finish the medications prescribed by the clinic, others do not; at the same time, *kastom* medications can be used for specific ailments after diagnosis from a clinic.

All illness complaints which were made at the clinic, with the exclusion of seven, were also illnesses which some individuals in the survey said that *kastom* medicine was effective in curing. All those surveyed were at the clinic to receive biomedical services and possibly medications; however I did not ask in my survey if they had tried other treatments before coming, or what they would use if the clinic treatments did not cure their ailments. This would have been insightful in understanding more about how patients move between treatments when they are ill. In any case, it is very difficult to base conclusions on what people say they

will do in the event of an illness episode, and what they actually do when other symptoms occur. Twenty per cent of these patients said that *kastom* medicine is good when doctors or clinics are unable to help, indicating the use of *kastom* medicines after trying biomedical remedies. Even conclusions based on questions of patterns of resort in this survey can only illustrate possible patterns.

The work of Chevalier (1998), who did multiple interviews with the parents, relatives, village leaders, health personnel and *kastom* healers surrounding the deaths of thirteen children in Choiseul, gives clearer indications of the use of *kastom* healing. These cases he says were “worst case scenarios”, and that “how many deaths were successfully averted or how many more deaths occurred” (19) which were not reported cannot be ascertained. In 7/13 cases, *kastom* medicine from healers was used by families when their child was unwell as the first (2), second (2) and third (3) treatment resorts before going to a clinic or a hospital; and *kastom* medicine was given in three other cases at a household level. In 8/10 cases when *kastom* medicine was used, multiple *kastom* treatments occurred. The primary delay in going to a clinic first because of using *kastom* medicines should not be interpreted as the sole cause of mortality, as other delays in treatment at the clinic and hospital levels, as well as the length of time spent at home without any treatment, were also contributing factors. Chevalier (1998) states that “illnesses usually will initially be treated on the basis of naturalistic causes with herbal or clinic medicine...certain symptoms such as convulsions and coma, and dysentery are particularly associated with personalistic causes [sorcery and other spirits]...which require *kastom* treatment before or concurrently with clinic medicine. Therapy may also start with, or later resort to, prayer and spiritual healing methods” (28).

While Chevalier's work is insightful, I believe to more fully understand the actual circumstances when individuals use different treatments, and the presenting factors which influence their choices, one would have to conduct a study over a long period of time with close follow-up of a particular group of families, as there are many factors which individuals must weigh and consider when faced with illness episodes. While the focus group interviews I carried out provided more in-depth information about what people say about the circumstances are for choosing type of medicine over another; the close long term follow-up required to make a clearer assessment of what people do when faced with an illness episode was not within the scope of this research.

### **FOCUS GROUP - AN OVERVIEW**

The focus group I interviewed was made up of ten women. I focused on questions about the use of *kastom* medicine at a household level, as well as its simultaneous or sequential use with pharmaceuticals or other store-bought remedies. These structured interviews focused on the treatments, both *kastom* and biomedical, these women said they would use for a range of specific illnesses, what they believed caused illnesses, if they used *kastom* medicine, and where they found it. As their literacy teacher I had also been able to observe when some of these women and their children were unwell; to read medication labels for them; to notice that a number of medications had not been completed; to observe the circulation of *kastom* remedies within the group; and be privy to their conversations about illness and illness experiences as these were often a topic of conversation within the group. As I also accompanied three different women to the hospital for appointments, I was able to see them interact within this context.

All the women I interviewed said they would go to the clinic, hospital or private doctor initially if they or their children were unwell. All women were primarily concerned in ruling out malaria when they went to the clinic, particularly if they were unsure of what type of illness they had. Three individuals specifically said that they went to the clinic to get a diagnosis from the doctor before deciding on the treatment to use; one would then use *kastom* treatments, and the other two said they would use either *kastom* or pharmaceutical medications depending on the illness. The patterns of what treatment, either pharmaceutical or *kastom*, the women said they would use for particular illnesses and in what situation, was clear for some illnesses. Most acknowledged that it was not always easily determined which sequence they would use: i.e., *kastom* first and then clinic second if needed; or, clinic first then *kastom* second if needed.

The time that the children are sick, sometimes I take them to the clinic and sometimes I take them to the private doctor, and we treat them with the medicine that they give us to treat them...if not we treat them with *kastom* medicine .... Sometimes we go to the clinic and we give panadol. We go to the clinic and we try panadol but later the sickness does not finish then we take *kastom* medicine. We take *kastom* medicine and then we are good. Then other times suppose we do not go to the clinic, then we take *kastom* medicine. If we want to go to the clinic then we go to the clinic and do not take *kastom* medicine; treat it with panadol. It can also be like this...(6a, October, 1997)

Sometime they do not like to take cough syrup so I also use a leaf. Sometimes when they cough and they are short of breath I will give them *ange* [*kastom* medicine]. For my children, every time they are sick they go to the clinic and take tablets; if the tablets do not work than they go and take this leaf. Sometimes I go to the clinic and then if the medicine that they give does not work then I use something else. I worry and need to make sure that they do not have malaria. This is something that I worry about. Even if it is diarrhea, I must take them first to the hospital and check and if there is no malaria, then I come back and use this *kastom* one (5a, October, 1997).

Self medication with *kastom* medicines, pharmaceutical drugs and other store bought

drugs or products were taken at a household level. I use the example of individuals reported responses to malaria to illustrate this self medication. In the case of malaria, only two women had not had malaria over the past year and fifty percent of their children or husbands had malaria. Four of the women said that even if the test for malaria was negative, they would take the chloroquine tablets that they had at their house if they felt for sure that they had it, based on other experiences. They would also give these tablets to their children if they were not getting well and continued to display what they believed were malarial symptoms, such as reoccurring fever, shaking from being cold, continuing headaches, a sore stomach, and general malaise.

I think close to four or five times this year I had malaria. Even my children had malaria. I go down to the clinic and check for malaria but the slides are negative but I give them malaria [tablets] and it stops. Chloroquine. If they say it is negative, then I go back and stay with them and I alone will give them chloroquine. After I give it they are good. I think that malaria hides or they do not see it. (1a, October, 1997)

If these four women did not have chloroquine at home they would get it from other people, go to the pharmacy, or go back to the clinic and request it based on clinical symptoms. One woman said she would not give chloroquine if the test of malaria was negative even if the child continued to be unwell. "When the children are sick it is the same, I like to check to see whether they have malaria or not...if they do not have malaria I do not worry to give them anything, because it would not be good if I gave something and it would harm them because there is no sickness" (2a, October, 1997). One women used chloroquine for her children and took *kastom* medicine if she had malaria; another woman used only *kastom* medicine for malaria.

Another thing I do that if I feel sick I go first to the clinic. I go and check... This time I do not take malaria tablets because I do not feel good with them. When I take them my eyes go around so I do not like it if I feel sick with malaria and my stomach is sore. I use *kastom* medicine... I drink in the morning and at night. Even if the cup is full I drink it at one time. I take it and I feel that I am not malaria. Me, myself I use it.... It is only malaria that I usually take the children and go to the clinic to check. Something like diarrhea I treat it at the house with *kastom* medicine but for their malaria we do not use *kastom* for them. Only adults use *kastom* medicine for this one. I am fed up with drinking the tablets from the hospital and I only take *kastom* medicine for this. Every time I take *kastom* medicine for malaria then I go and check and I do not have it anymore. (6a, October, 1997).

Other medications were also used at a household level. Panadol and aspirin that were given to them at the clinic were kept at hand. Products used for some fungal infections, ringworm and conjunctivitis were purchased at the pharmacy. Other products were purchased at the store or market and were used as home remedies for certain illnesses: white flower was used internally for stomach aches; sea coconut cough syrup was used for cold and cough symptoms; Vicks was applied to throat and chest and used for colds, and also rubbed on the body for muscular pain and the flu; and coconut oil was used externally for muscular and body pain. "I use coconut oil, that they sell in the market, I rub it on my body sometimes when my body pains" (1a, October, 1997). Sugar was used as a household remedy by the majority of women for burns; coconut oil was used by one. One woman would also use holy water for a variety of illnesses or have her *kastom* treatments blessed by a Mama.

My husband, sometimes takes holy water, water that has been blessed, and then we give some to the children to drink. After they drink it, we put some on our hands and rub it onto them. After we do this they can heal. We must first take them to the clinic or the doctor. After this then we use this holy water. It is just water and they put some salt in it and then pray and that is how they bless it. This water is healing relating to our religion (5a, October, 1997).



All women had some varying knowledge of *kastom* medicines which they said they used particularly for diarrhea, boils, cuts, headaches, red eye and child mouth thrush. Most women had limited knowledge of more specialized treatments, but they knew someone who they could buy it from, or who would give it to them. One woman had bought a medicine for back pain at the market.

I bought *kastom* medicine from one person from the west, from Choiseul, they made it and sold it in bottles in the market. My back was sore and I was in a lot of pain, I could not sit down. I do not know his name. The colour of the medicine was red. I don't see them at the market any more but I did before. I asked the man who was selling medicines what would be good for back pain. He gave it to me and told me to drink it. I did not know what was wrong with my back but it is alright now. I feel it when I work in the garden and my hand is numb when I cut alot. I do not know how to find this man. I do not see him there now. (3a, October, 1997).

Three women had extensive knowledge of other *kastom* medicines used for: bleeding, bakua, broken bones, centipede bites, diabetes, stomach pain, to promote delivery, asthma, stomach worms, heart problems, gonorrhea, cancer, fever, ear aches, Arua'a, to expel sea spirits and their effects, kidney problems, measles, tuberculosis, and malaria. Knowledge of *kastom* medicine in the group of ten women was not evenly distributed.

All women did say that they would not mix *kastom* and pharmaceutical treatments at the same time.

If we use panadol, then it is panadol. If we use *kastom* medicine, then *kastom* medicine. We don't use both at the same time. If we used them at the same time, the work of the *kastom* medicine and the work of the panadol would be strong together and it could harm the children. Both of them are strong. So if we use one medicine then we use one medicine (6a, October, 1997).

The following is a list of sicknesses and what treatments the women said they used. The sicknesses most regularly experienced by these women and their families were malaria,

headaches, diarrhea, fevers, cough and colds, pneumonia and teeth problems. The numbers beside each treatment indicate the number of responses for this treatment; the remainder said they did not know for sure what they would use and would first check at a clinic. *Kastom* medicine is identified as KM, and pharmacy treatments are identified as PT.

arua'a - KM (8) holy water (1)	flu - KM (1)
asthma KM - (1)	gonorrhea - KM (2)
back pain - KM (1) panadol (2) coconut oil (1) Vicks (1)	headache - panadol (5) aspirin (1) KM (4)
bakua - KM (4) PT (5)	heart problems - KM (1)
bleeding - KM (1) holy water (1)	kidney problems KM (1)
body pain - panadol (1) KM (1)	liver problems KM (3)
boils - KM (5)	malaria - KM (2) chloroquine (8)
broken bones -KM (1) go to doctor (7)	measles - KM (1)
burns - apply sugar (7)	mental problems - KM (2)
cancer KM (2)	mouth sores - KM (5)
centipede bite - KM (3) leave it (6)	<i>poeson</i> - KM (8)
chicken pox - KM (2)	sea spirits - KM (6) [expel & cure effects]
conjunctivitis - KM (4) PT (2)	snake bite - KM (1) cut it (1)
cough - KM (4) sea coconut syrup (3) Vicks (1)	sores - KM (5)
cuts - KM (6) leave it (3)	stomach pain - KM (3) white flower (2)
delivery - KM (1)	thrush - KM (7)
diabetes - KM (1)	toothache - KM (1) go to hospital (3)
diarrhea - KM (7)	tuberculosis KM (1)
fever - panadol (3) aspirin (1) KM (1)	worms - KM (1) PT (3)
	yaws - KM (1)

When asked what caused illnesses in the Solomon Islands most women mentioned mosquitoes. Others said that the heat of the sun, garbage, dust, uncleanness and cold in the body were other possible contributing factors. The dust from the roads in Honiara was often given as the cause of the flu or cough. *Poeson* was mentioned as a cause of *kastom* sickness and women spoke of Arua'a, Vele, and boils from crossing tabu places. Sea spirits were also mentioned as the cause of illness, or more specifically they could cause scratching and boils on the skin. Love magic was mentioned by two women who also perceived it also as a type

of *poeson*. One said it was “shot” at women, and related to me the story of an incident she had seen at the market the previous day.

Yesterday, I went and sat down at the market at Rove and one man came and cured one woman. Her leg started to boil and it went all the way down. One man shot her. I went down and he was holding the medicine from a tree and he rubbed it. He was from this island. “What he was doing?”, I asked this woman. She said that “This man came to give medicine to me”. I asked her what she had and she said that “I have been sick for a long time now. A man came and asked me to marry him but I didn’t want to - *mi les* - and it was this man who did this one to me”...I asked her “What did this man at the market do to you?”. “He cured me”, and she said that her leg started to go down. She said, “That the time that he gave me medicine I dreamed about black water. Then two men stood on the other side, then they called me to come across, but *mi les*”. The two men said come to the other side and she told them she did not want to. The *kastom* man was interviewing her and she told this story. Then the man told her that if she had gone across then you would be dead. You are lucky you did not go across. Black water, if you go across then you die. Lucky for her! It is a true one. Some people know a lot about *kastom* medicine to cure people. Those who know how to cure people do not go public with this. They usually do it in a room like this or a house and when I saw him in public I asked what he was doing. They do not usually do it like this. They usually go to the house of the person who is sick and then they give them medicine. Doing *kastom* medicine in public, I do not usually see this so I went and asked...(1a, A., October, 1997).

From these interviews I came to understand that choices of treatments can vary depending on whether if it was for the women themselves or for their children; that home remedies including the use of pharmaceutical drugs and *kastom* medicines could be used before going to a clinic or after, depending on the presenting illness; and that many visits to the clinic were made to confirm that malaria was not present. For some, a negative test would not necessarily preclude the use of malarial medicines at home if symptoms persisted. Individuals said they moved between both medical traditions when they or their children were unwell, and while individual knowledge of *kastom* medicines varied between these individuals,

they all knew of other people whom they could contact for particular illnesses that required specialized *kastom* treatments.

Throughout the three months that I was their teacher, women complained of malaria, broken bones, bouts of dizziness, the 'flu', and of gynaecologically related sicknesses. Two individuals also began to wonder whether or not they had been the victim of *poeson* due to the ineffectiveness of clinic and some *kastom* medicines to effectively relieve them of their symptoms. Some women in my class would bring *kastom* medicines which either they or a *wantok* had prepared to give to another woman. Any clear patterns of what people do in particular situations with particular symptoms are not easily predictable.

When asked whether or not they would prefer to see a doctor who was a man or a woman, the majority of women said that they would prefer to see a female doctor, but as they did not have a choice they saw whoever was present at the clinic. There is one female doctor who worked at and rotated between the Honiara clinics. The reasons the women gave had for wanting a women doctor had to do with being afraid of and uncomfortable discussing their problems with a male doctor.

I want to see a woman because I am afraid of the men; woman I feel I can talk with her about my sickness. Suppose a man comes I will talk to him; suppose a woman comes then I am very happy because I can tell her anything. A man this is a different story (9b, E., October, 1997).

Two of the women who I accompanied to their doctor appointments said they wanted me to ask specific questions for them if they did not because they said that when they got to their appointment they would not talk and did not want to leave without asking. One woman said she felt supported when I was there and was able to discuss more, whereas the other woman

was left relatively speechless in her encounter with the doctor. The women did not express the same fears about talking to a male *kastom* healer, because for the most part they were part of their immediate family or a *wantok*.

## THE JUNCTURE BETWEEN MEDICAL TRADITIONS

In the course of thier practices healers intersect minimally with biomedical doctors and nurses in the National Health System. For the most part their juncture is through their mutual involvement with a patient. As previously discussed, some healers require that their patients go first to a doctor for a diagnosis and then return to them for treatments; for others this is not the case. There rarely appears to be communication between doctors and healers when they are diagnosing and treating the same patient. As Sista R. explains

*They all get diagnosis from the doctor and they come to here from the hospital. But we don't tell the doctor that we treat them, we are just silent and when they are good, they do not always go back to see the doctor. (Sista R).*

Many healers realize that their services are sometimes requested by patients only after doctors are unable to help or after people are sent home to die. Elena explains about the movements of patients between both practitioners.

Those that come to me went to the doctors. They went to the doctors even to Atoifi, to the private doctors and even to Number Nine. They went and got their Whiteman's medicine but they were not getting better so they came to us... They go to the old women and also to me. So they told me the type of sickness that the doctors told them they have but the doctors medicine could not cure it. I would touch them and confirm their disease and I gave them *kastom* medicine and they got better. But some did not go to the doctors. They came to me. I touched them and told them of their sickness. Sometimes they wanted to prove this diagnosis so they went to the doctors and doctors would tell

them the same sickness that I first told them. After that they came back and got the medicine from me and they got better(Elena\*\*).

While healers can refer their patients to clinics and doctors for diagnosis, patients are also referred to *kastom* healers by some doctors and clinic nurses. The doctor's or clinic's referrals appear to be made on the basis that no biomedical diagnosis is able to be made, and that an individual's illness could have something to do with a *kastom* practice.

If someone comes over and over and I cannot help them, I tell them to go and look for a *kastom* person for *kastom* medicine. Some chronic pains and sores, stomach pain. I knew one woman and her stomach was sore and she saw a lot of doctors and there was nothing wrong...every test said she was good and the last time I saw her I told her to go and look for a *kastom* doctor to try *kastom* medicine. She believed it too and she said that she would go and look, but I have not seen her after. I really believe it and many of us believe in *kastom* medicine (Clinic Nurse\*).

The working relationship between *kastom* healers and doctors/nurses was perceived by healers to be variable - from an acceptance of their work to a rejection of their practices and medicines. There were contradictions between what healers said about their interactions with the health system and whether or not they were welcome to go to hospitals. Some healers are known to nurses and interact openly with their patients at the hospital, while others hide the treatments they take to those who have requested their assistance.

In hospitals like Number Nine they allow us to practice our *kastom* medicine on patients. They allow us to heal them. Whereas before, it was not allowed. (Elena\*\*)

I do not tell them at the hospital and I take medicine in my pocket. Sometimes I put it in a Schweppes bottle and they think it is only Schweppes. If you take the medicine and go to the hospital the nurses will stop you. I make it and hide it and put it in the patient's drawer. When there are no nurses then they can drink it (Mark\*).

I often go to Number Nine and the latest one I cured was on Tuesday of this week...the doctors could not diagnose anything, they couldn't find anything. One of the doctors suggested to her to find someone to cure her because they had no medicine. They came to me on Tuesday.....Just before seven I went to see the duty nurse and she said "OK you try. The doctors could not find any sickness so it could have something to do with *kastom* practices".....Even the nurses at Central Hospital know me...The duty nurses at various clinics are aware of me and if a patient comes every day for a week and the following week without a cure, they will suggest for them to find me (John\*).

No, the doctors do not know me and I go to only help. I do not tell them. I do not go to Number Nine. Two or three times I have gone to Atoifi Hospital (Francis\*).

While health policy states that healers are not to do their work in hospitals, this is not the case in practice either for the healers or for those in the health system who request and allow their services. One clinic nurse told me that even though there are some *konman* who say they are healers and their medicines could be questionable, "It would be good to take *kastom* doctors inside health system, but the doctors and Bigman of Health don't do anything because they do not have the money to test the plants and trees, but we still use them and trust *kastom* doctors"(Clinic Nurse, 1997\*).

The health department's interest in plant medicines is confined to those which are used by healers to cure diseases *lo saed lo medical* and they appear inimical to the healing practices around *kastom* illnesses. Interestingly, on the other hand, patients are referred to healers by doctors and clinic nurses for illnesses thought to be due to sorcery, magic, or the interaction of ancestral spirits. The juncture between medical traditions is the individual patient who is referred, or chooses to move freely between these medical traditions.

## CHAPTER SEVEN

### COMMENTS AND CONCLUSIONS

Overall my thesis research has focused primarily on questions in relation to *kastom* healing in the Solomon Islands, but not in isolation to its historical development or the wider contexts in which it is practiced. In Chapter Two my historical analysis of the medical traditions in the Solomon Islands has outlined the introduction and development of biomedicine, how missionaries responded to *kastom* healing and how transformations in *kastom* healing practices and ideologies occurred. By historically situating this medical tradition, I was better able to understand the relationship of change within the continuity of cultural traditions and practice. In the end I have come to understand that the boundaries between change and continuity can become blurry and fluid, and that both continuity and change occur in healing practices. Cultural continuity itself can be ongoing processes of change; change can be ongoing processes which encompass continuity.

*Kastom* medicine has a long tradition of use in the Solomon Islands and people refer to it as the healing tradition that existed before the arrival of white people - *bifoa kam*; however I found that this *kastom* medicine also encompassed introduced plants and treatments, and ritual and ideologies introduced with the intensified interactions between different groups and with the introduction of Christianity. As I have shown, missionization in the Solomon Islands introduced Christianity, biomedicine, new treatments and new diseases; consequently indigenous *kastom* healing practices, the range of diseases being treated and how individuals understand the cause of disease underwent rapid change. The missionaries use of prayer and Christian rituals with biomedical treatments reinforced the



existing beliefs of the role of spirituality in health and healing, and of the role of supernatural powers in curing and causing disease; thus reinforcing that physical and spiritual words are not separate. In present day healing practices, Christianity and healing can be combined in the collection, preparation and giving of treatments, how healers charge their fees or how knowledge is transmitted. In respect to cultural change, I could see in my research how the threads of the continuity of some of the cultural elements of this healing tradition ran parallel to, overlapped with, or become transformed with other cultural elements.

The development of urban healing was also discussed in relation to the ongoing development of the health system particularly in relation to health policy. In Chapter Three, health policies in relation to *kastom* medicine were outlined and the writing of these policies must also be viewed in relation to global health recommendations. In 1978 the World Health Organization gave their endorsement to the inclusion of indigenous medical practices into National Health Systems worldwide and this was central to their policy goal of creating health for all by the year 2000. The WHO encouraged countries worldwide to professionalize their healers into associations or incorporate them into roles adjunct to biomedicine. There are many ways that these international policies have played themselves out in different countries in the world and my thesis illustrates the impact of international and national policies on the Solomon Island's indigenous medical tradition.

In the Solomon Islands healers are neither professionalized nor are their legal sanctions against their work at present. The Solomon Island's government responded to the WHO incentives by creating ongoing policy statements with the aim of integrating *kastom* healing into the health system; however these goals have not been actualized due to the lack

of government resources to do the research on plant medicines and the lack of human resource to head and coordinate committees to work with healers. These health policies focused on rural areas, and the way policies were written created static concepts of traditions which do not consider social change or the urban work of healers. Policies stated that traditional healing must not be institutionalized in any way or be in competition with biomedicine. In policy, healers are not to work in hospitals and they must practice as they always have in their own societies. These policies also have stressed that phytochemical research must be performed on plant medicines as doctors are concerned that *kastom* medicines are not safe because their efficacy has not been scientifically proven, as well if this research would occur the development of these plant medicines could decrease the high costs of imported pharmaceutical drugs. Because of the lack of a government committee or leadership with these policies, overall they are can be ambiguous as to their meanings and at the same time they appear to project too narrow a vision to properly integrate urban healing practices. At the same time health policies were not seen as the legitimizing force behind healing practices, and healers' referred to *kastom* and healing in relation to Christianity as the social legitimization behind their medical tradition.

Some healers see health policies as development versus constraint; however in a case study in my thesis, I have illustrated how government policy ambiguity around what institutionalization means and the lack of perceived support by the government for urban healing practices, contributed to the Catholic church withdrawing their support for the healing practices of two of their sisters, albeit other reasons were also given. While some factors may contribute to dissuading healing practices, other factors within the wider social, economic,

and political contexts also encourage its use, and healers can make strategic changes in their traditions or be constrained by powers they feel they have difficulty circumventing. In this chapter, to contextualize the experiences of health and illness within the wider contexts, I presented the economic, political, demographic, and health situations, as well as a profile of the diseases in the Solomon Islands that both *kastom* healers and biomedical health workers respond to.

Chapters Two and Three created the contexts within which to situate the commentaries of healers in Chapter Four concerning health policies, their fee charging practices, and their healing practices in relation to Christianity. In this Chapter Four I demonstrated through explanation and example how healers practice their ‘body’ of knowledge (and knowledge of the body), and how *kastom* medicines are used by these individuals. I show that the reinterpretations by individuals of some elements of *kastom* medical traditions are individual strategies in response to ongoing changing circumstances and pragmatic health care choices. In my elaboration of the medicinal knowledge of a group of healers, I have shown the heterogeneity and complexity of their plant knowledge and practices, some of the plants that are used in their healing treatments, and how these are collected, prepared and prescribed. The corpus of medicinal plant knowledge I collected with healers indicates that healers treat a wide range of infectious and non-communicable diseases, and *kastom* illnesses.

In my analysis of *kastom* illnesses in Chapter Five, I address some forms of sorcery and the intervention of spirits, the role magic and the role of ancestral spirits in society, and the role of the *kastom* healer as a specialist in divining and healing *kastom* illnesses. The

causes of *kastom* illnesses can be linked to jealousy, land disputes, disrupted social relations, or malice. Through the healing process values such as positive kin relations, reciprocity, sexual propriety, or the sharing of wealth can be reinforced, thus these illnesses provide reminders of social and moral behavior. *Kastom* illnesses are believed not to be able to be cured by biomedicine, therefore healers are specialists in assisting their patients to mediate moral and social values. Healers treat their patients holistically considering both physical and social causation their patients afflictions. They assist their patients in mediating social and moral values in a rapidly changing social environment in their capacity as *kastom* illness specialists, and as such they play central roles in interpreting and reinforcing *kastom* as a guide for social behavior with their patients in the context of contemporary life. Also, integrally involved in the expression of *kastom* illnesses are economic processes which cause strain on land and economic disparities that can create disputes between people. In Honiara, whether or not the experiences of *kastom* illnesses caused by sorcery have increased because of economic transformations or the pressures of urban life, is an interesting question and area for further research. As well, as *kastom* illnesses can be related to specific ethnic groups within the urban centre, further research is needed to show how *kastom* illnesses do or can symbolize inter-ethnic tensions.

Policy makers are not interested in plants used for what they refer to as “superstitious” beliefs and practices, thus the holistic role of the healer in relation to social and cultural issues are not addressed. As such, policy does not recognize the role that healers play in providing their patients with a way to heal afflictions caused by social dis-ease; the holistic role of the healer in relation to the treatment of mental and physical health. In this chapter I

also illustrated with a case study how individuals can move between different possible *medikol* and *kastom* causes when unwell, so as to explain and understand the occurrence of their illness

In Chapter Six I further illustrated, through the results from a survey at a medical clinic and from the interviews with a group of women, how individuals move between both medical traditions when they or their children are unwell and what remedies they said they used at a household level. At the same time, I discussed the interactions between medical traditions in Honiara. Some healers will refer their patients to doctors for diagnosis or to rule out diseases such as malaria; doctors can refer patients to healers if they are not able to diagnose what is wrong with a patient or when they cannot treat them. Doctors or nurses can suggest to the patient that perhaps their illness has something to do with *kastom*, and at times it is known by some doctors and nurses that healers are treating a patient while they are in the hospital. The lack of government acknowledgment of what they refer to as superstitious practices illustrates the contradictions between health policy and what doctors and nurses do in practice when they refer patients to healers or allow them to work in hospitals. As my thesis illustrates, the goals of policy perhaps should not be to create a standard static policy but one with more flexibility to considered the holistic health needs of the patient.

Importantly, in this thesis I have shown that the coexisting medical traditions in Honiara intersect at the level of the patient, who in the course of her/her afflictions choose from, and between, the range of biomedical health services and practitioners available in the urban context, and from the ethnic diversity of *kastom* medicine specialists and the variability of their medicines. As such I have illustrated that *kastom* urban healing is an integral part of

contemporary life - drawn from *kastom* - and a pragmatic choice of health care.

I have illustrated how the heterogeneity and complexity of *kastom* healers' perspectives, knowledge and practices are situated within a rapidly changing urban setting where they play important roles in creating their own urban healing as they draw from *kastom* knowledge in their contemporary healing tradition. Healers' interpretations and mediations between different symbolic domains such as *kastom*/Christianity, tradition/modernity and *kastom* medicine/biomedicine in their treatment of illnesses makes them active participants in the processes of social and cultural change. Their use of *kastom* as the legitimizing force behind their medicinal practice, and the interpretation and inclusion of some new cultural elements into their conception and use of indigenous medicines, indicate as well the variability and fluidity of *kastom* itself as a symbol, guide for behavior and as a body of knowledge which allows for a heterogeneity of practices and for syncretic forms of healing and understandings of disease to occur.

By situating this healing tradition within the wider historical, social, economic and political contexts, this examination of urban *kastom* becomes a window into social change - social and cultural change which must be understood not only as individual agency and a creative force but as the effects of political powers and economic changes related to missionization, colonialism, present day government policies and involvement in the world system. Urban, national and global processes will continue to be significant in the lives of healers and their patients.

In conclusion, this thesis is about the meanings that *kastom* medicine has for some Honiarians at a particular historical juncture - their health related experiences and discourse,

the diversity of *kastom* knowledge and practices, and the transformations of a medical tradition concordant with social change. Healers' body of medicinal plant knowledge and holistic knowledge of the body is a resource of great value for the Solomon Islands.

This research leads to the consideration of two related issues, the efficacy of *kastom* medicines themselves and the role of the healer in both mental and physical health. While the knowledge of *kastom* healers for those sicknesses *lo saed lo medikol* has become predicated on a microscopic view of isolated plant chemicals, similar to the view used to diagnose biomedically the diseases they are to be used for, this type of phytochemical analysis of medicinal plants is not economically feasible within the Solomon Islands at present. In this way, real integration of their medicinal plant knowledge into the health system per se which could defer the cost of biomedical drugs has not occurred. At the same time, healers amelioration of social dis-ease in the process of healing *kastom* illnesses provides patients with an avenue for resolving their afflictions relating to *kastom* and modern life which are not healed through biomedicine. Health policy does not address the complex cultural factors relating to the healing efficacy of *kastom* medicines in relation to *kastom* illnesses. As such, if health policy makers become more amenable to these particular healing practices, a recognition of *kastom* healing as a holistic practice and a recognition of *kastom* healers' capacities to aid their patients in dealing with rapid social change, and the contradictions to *kastom* these processes pose, could occur.

## ENDNOTES

1. The title for my thesis was inspired by Sista R. who refers to the wealth of her natural environment as a "living pharmacy" to which all healers go to take their medicinal plants. I also use the term "living" pharmacy to metaphorically refer to the idea of continuity and change which occur in the traditions and practices of contemporary *kastom* healing, the idea of ongoing movements in life and the transformations in these healing practices made by individuals, in respect to the living bodily and mental needs of patients, and to the contemporality of *kastom* medicine.
2. I used participant observation in the collection of medicinal plants and the preparation of traditional medicines with healers, during my census at a community clinic, when I went to medical appointments with individuals, and during my work as a volunteer literacy teacher. I did not do participant observation daily of individuals' lives in a planned and consistent manner; casual participation and observation occurred throughout my activities in the neighborhood I lived in, at the clinics and hospitals, on the bus, while doing errands in town, after and before the classes I taught, walking down the road, during conversations at the market, sitting in a neighborhood store, or visiting individuals in their homes.
3. During the process of interviewing individuals for the linguistic census, I met a woman who later asked me to help her with her reading skills in English. I learned that she attended a literacy class run by the St. Albions Mothers Union. She lamented how one of the groups in the class did not have a teacher so I went with her to meet the other teacher. After observing and participating in the joined classes, I was asked by the other teacher if I would consider teaching one of the groups. From August to the end of October, after splitting my group into two, I taught four classes a week, over two afternoons, to an average of twenty-four women. This volunteer teaching created the opportunity for me to expand not only my social networks but to give something back to the 'communities' I was researching. The classes were not only a place where women came to learn to read and write English, but it was also an opportunity for us to socialize, usually for an hour before and after classes. It was far from a contrived classroom environment but more a place for discussion, debate, learning, and looking after children who were sick and could not attend school, or pre-schoolers. At the end of my class, ten of these women formed a focus group with whom I conducted structured interviews.
4. Near the end of my fieldwork, I employed a female student from USP (University of the South Pacific) to assist me with library research and photocopying of documents, and to assist me with interviews in Senga. She also introduced me to a healer, who was her wantok visiting from Choiseul. One of these interviews was transcribed from Senga to English by Scriven Pabulu to whom I owe much appreciation for taking the time from his busy work and personal life to accommodate my request. The other videotape audio was explained to me by my research assistant and I took notes. I then re-interviewed this healer in Pjin addressing questions derived from the videotape.
5. Two of the eight unstructured interviews were made with individuals at the Ministry of Health and one was made with a former public servant who was seminal in early *kastom* medicine policy making.
6. The Solomon Islands, located between 150° 30' to 170° 3' degrees longitude, and between 5° 10' to 12° 45' degrees latitude south of the equator, is an archipelago nation of six main islands and hundreds of smaller islands, covering a total land area of 29,800 square kilometres of land and extending across approximately 803,000 square kilometres of Pacific Ocean (MHMS, 1987). The country is divided into nine provinces: Central; Choiseul; Guadalcanal; Makira; Malaita; Isabel;



Temotu; Western; and Rennel Bellona; and the municipal authority of the capital, Honiara (Saadah et al, 1996). The field research this thesis is based on occurred between July 4<sup>th</sup> and , November 30<sup>th</sup>, 1997 in the urban center of Honiara.

7. The two terms I wish to outline here are biomedicine and medical pluralism. **Biomedicine**, also referred to as modern scientific medicine and western medicine, is the term I choose to use in reference to the tradition of allopathic therapeutic practices, which are so widespread they are used in all countries of the world; therefore using 'western' as the site of its practice, knowledge production and development of technology is misleading at least. The 'bio' refers to the understanding of disease as an abnormality effecting the physical biological body - the object of study and treatment. As with other traditions of medicine, it is easily reified and homogenized when not considering that individuals practice within it a wide range of specialities; biomedicine is a highly fluid and changing range of practices, beliefs, and interpretations of treatment options within diverse cultural and historical contexts (Kleinman, 1995; Nichter, 1992). See Kleinman (1995) for a more in-depth analysis and critique of biomedicine as a medical tradition. As Lock (1980) has shown **medical pluralism** simply means that people have available to them a variety of treatment options, which they can choose from when they are unwell. In the case of the Solomon Islands, biomedicine or *kastom* medicine are the two main medical traditions used by individuals. These choices can be referred to as patterns of medical utilisation or patterns of treatment resort which can be simultaneous [the use of a variety of treatments at the same time], or sequential [ the use of one type of therapy and then the use of a different type but not at the same time]. These choices can be based on a diversity of considerations ranging from cultural and social factors, the perceived efficacy of the treatment, the availability of treatment, economic considerations, geographic accessibility, perceived causation and severity of the illness, or the failure of one type of treatment option (Lock, 1980).

8. Chapter Six will further substantiate this issue with a discussion on sorcery. See Fox (1924:246-264) for his discussion of the symptoms and diseases caused by sorcery - boils, ulcers, swellings, continual headaches accompanied also with giddiness, vomiting, eye swelling and death; the breaking of tabus - shoulder pain, spasms, rheumatism, vomiting and blood in urine; and spirit interventions - dysentery, swollen testicals, and malaria. Fowler (1959), a constable who worked in the Solomon Islands, writes at length about the symptoms and situations around the death of individuals said to be caused by sorcery. In his role as a constable he became involved in court cases which dealt with sorcery attacks.

9. See Jourdan (1995b) for her discussion of nationalism and nation making in the Solomons.

10. Within and between the islands of the Solomons, as well as other Pacific Islands, there has been a long history of the movement of peoples and plants for social and economic exchange (MacDonald, 1985).

11. Keesing (1982a) explains that *kastom* was a symbol of unity during plantation labour in Queensland as it created a "counter culture of survival" ( 298) and that it emerged as a political symbol in Malaita in 1946 when Maasina Rule, an anti-colonial resistance force, made the codification and the reformulation of custom central to their political ideology.

12. At the same time, the WHO created policy statements that gave an endorsement and credibility to the inclusion of indigenous medical practices into National Health Systems (WHO,

1978) and they acknowledged the contribution which traditional healers and their medicines make worldwide in managing sickness and health care. The WHO also stressed the importance of working in conjunction with traditional healers in health programs to facilitate education and health planning (Parsons, 1985; Kere, 1984). The WHO encouraged member States and their Ministries of Health to incorporate traditional practitioners into a role adjunct to hospital based medicine, or to organize their traditional practitioners into professional associations (Last, 1990). In some member countries traditional healers are in the process of being, or have become professionalized; while in others there are legal sanctions against their therapeutic interventions (Parsons, 1985; Last, 1990).

13. See Ellis (1911+); Dickinson (1927); Grimshaw (1930); Knibbs, (1929); Fowler (1959); St. Johnston (1921); Collinson (1926); Fox (1924); Hocart (1925); Firth (1959); and Hogbin (1930 & 1964) for some earlier twentieth century accounts. See Boutilier (1979+), Laracy (1976) Tippet (1967) and O'Brien (1995); and (Cross, 1978+) for historical analysis and perspectives of missionary activities.

14. Between 1850 and 1915, five missions were established: the Anglican (1848), the Roman Catholic (established in 1898 after previous attempts failed), the Methodists (1902), the South Sea Evangelists (1904) and the Seventh Day Adventists (1912) (Boutilier, 1979+). Boutilier gives 1914 as the establishment of the SDA Mission; however in 1997 the SDA in Choiseul were celebrating seventy-five years of their mission, so I choose the former date. The South Sea Evangelical Church was established in Queensland first and had contact with Solomon Islanders in 1882 while indentured labourers were on sugar plantations in Queensland; these workers later brought this religious group back with them on their return (Boutilier 1979+; Gegeo 1994).

15. Provincial Health Services (1997) report that four of the eleven hospitals are still privately run. There is one in Malaita and Western Province and two in Choiseul.

16. A *Vele* is a male sorcerer who is known to possess magic which can cause death. As reported by Tedder and Tedder (1979) and by all who discussed this subject with me, such magic is indigenous to the island of Guadalcanal. The *Vele* basket contains *kastom* medicine which is then swung in the face of a victim. This individual becomes hypnotized by the magic of the *Vele* basket (Laka, 1979), which allows the *Vele* to perform harmful rituals, and the individual later becomes sick and can die. *Vele* magic is discussed at more length in Chapter Six.

17. Hogbin (1964) describes *mana* as a supernatural power or influence. Mana can attach itself to people and to objects, and the mana of a spirit, for example, can be used to empower an amulet or increase the efficacy of *kastom* medicine after specific secret words are said and rituals are performed. Mana can cause positive and negative effects: to heal or injure, or to increase or decrease wealth. According to Hogbin (1964) God was perceived by Christians as the "divine namama" [mana] and the ancestors as "ghostly namana"; the "two forms of other worldly power are conceived as working in the same manner and achieving identical results" (91).

18. As other authors have noted, it is also important to consider that spiritual alliances also shifted in the hopes of acquiring European goods and technologies, knowledge and the power attached to this, as well as the promise of eternal life (Burt, 1994). At the same time he says that conversion was a strategy to adapt to the changing social relations under colonial rule: old spiritual allegiances were not abandoned but transformed and reproduced. Gegeo (1994) proposes that Christianity became a symbol for

modernization, and that people wanting the benefits of health care and education joined to access these services and ideas.

19. Barker (1992) refers to this syncretism, or transformative creative interplay, as the fusing of or dialogue between Christian and traditional belief systems. When he refers to the syncretism between indigenous spirituality and Christianity which occurred, he maintains that this does not imply the fusion of two bounded unchanging religious ideologies into one form.

20. I do not assume here that these are the only identity affiliations that individuals have in the Solomons. When individuals identify themselves with ethnic, linguistic, religious, gender, political, age or class group, these identities can be strategic, multiple, and changing depending on the situation and context. See Linnekin and Poyer (1990) for their discussions of identity and ethnicity construction in the Pacific.

21. As well, there are links between access to land, economics, urban migration and sorcery accusations, as land disputes and envy, are put forth as possible causes for sorcery attacks. As Gegeo (1994) has shown, the introduction of the capitalist economic system has decreased land access for some, caused increases in land disputes and landlessness, and has decreased the security of basic necessities that this type of communalistic ownership of land and property promoted. He further explains that while there are some people who now live in Honiara who do not have land on the islands they came from, the World Bank predicts that an increase in rural landlessness will contribute to the future large wave of rural-urban migration in the Solomon Islands.

22. *Wantok* in Pijin literally means 'one talk' or 'from one language'; however, this is used to refer to extended family members/relatives, and close associates. *Wantoks* can be a basis of social identity as well as a security system, and the *wantok* system is also intricately mixed with the present day political patronage system. The migration of *wantoks* to and from town also contributes to economic assistance being sent to the villages in the form of money, food, and clothing, as well as the return of garden vegetables and fish to town (See: Frazer, 1981; Jourdan 1985).

23. From available research one finds a diversity of estimated population and demographic statistics which can be attributed to the lack of funding for a national census in twelve years; the last census data available dates from 1986 with another census projected for 1998.

24. While subsistence agriculture accounts for up to 20 to 40 % of the Gross Domestic Product (World Bank, 1995), Gegeo (1994) believes that national income percentages obscures the value of non-marketed goods and services, as well the value and diversity of the non-monetized and underground economy, and household productive levels are underestimated.

25. See Saadah et al. (1996) for an analysis and needs assessment of health services in the Solomon Islands. In their analysis they identified the following factors which can impact on health service delivery: village health posts experienced poor maintenance, and shortages of medications were common problems; nurse aide posts supplied a wider range of services more within the scope of rural health clinics, which raised questions about staff training and skills; shortages of staff at clinics created limits for the carry through of public health and outreach programs; and, due to low levels of supervision at all levels of the system and a lack of information, it was put forth that the rationalisation of services and their planning was done on an 'ad hoc basis' (15). See MHMS (1997) for an overview of the strategic plan to develop and improve curative and preventive health services; these take into consideration the

needs assessment evaluation report noted above.

26. In a survey in Guadalcanal (O'Brien, Chevalier, & White, 1991) concerning diarrhea, 66% of those who were interviewed used *kastom* medicines to treat episodes of diarrhea. See Chevalier, (1998) for an analysis of the pattern of resort in the use of *kastom* medicine during child illnesses in Choiseul.

27. Reliant on donor support for over twenty-five years, the malaria control program has been integrated into the national recurrent budget since the 1980s and accounts for 10% of yearly recurring health expenses (Saadah et al., 1996).

28. Measles also decrease immune system responses, stressing further existing immune responses which can be at already low levels because of malnutrition and other infectious diseases (UNICEF, 1993).

29. This is an edited version of a report which had been submitted to the cabinet when he was the permanent secretary of the Ministry of Health.

30. The Indicative List of Medicinal Plants in the Solomon Islands (1979a) was compiled and written by Leanard Maenu'u. One hundred and sixty-six plants were documented.

31. I am grateful to Tarcisius Tara Kabutaulaka for supplying me with a copy of the SIAC (1997) document.

32. Malaita is the most largely populated island and a large population of the urban settlers are from there. The social networks I was moving through also contributed to the ethnic composition of this group of healers.

33. The phytochemical analysis of ninety percent of the plants I collected data on with healers have been published between four books. See Woodley (1991); Cambie and Ash (1994); Cribb and Cribb, (1981); and Parham, (1964). The article by Maenu'u (1979a) is a main reference for data on medicinal plants in the Solomon Islands. See also: Henderson and Hancock, (1988) and Hviding, (1995) for references to the uses of medicinal plants in the Solomons.

34. Other spirits [never incarnate] are believed to reside in particular places; upon contact with them one can become physically unwell.

35. Hogbin (1964) explained that *Vele* magic is supposed to have originated from off the coast of Lau, Malaita, and was taken to Guadalcanal by the fishermen who caught it in their nets. I was not told this story but only that the *Vele* was only on the island of Guadalcanal as the *Vele* is unable to travel over the sea.

36. In East Honiara there are the Vura and Naha clinics; in Central Honiara are the Mbokonavera, Mataniko, Mbokona, and Kukim clinics; and in West Honiara are the White River, Mbokona, and Rove clinics.

37. Cards are sold for a dollar at the clinic and these act as their record of treatment. The patient takes their card with them and can use it when they go to another clinic, private doctors, or to the hospital.

When the card is full, patients buy another card which is then stapled to their last card. Infants also receive a small book which acts as their record for immunizations, weight records and treatments. When this is full a card is then bought which is attached to this booklet. Patients who see specialists and have treatments in the Honiara hospital have a record of these which are kept at Number Nine.

38. On some occasions I would see packages of unfinished prescriptions in peoples' houses and in women's purses. I was also asked to identify unfinished medications for some of the women in my class; these indicate issues having to do with illiteracy and prescriptions, and the educational importance of finishing some pharmaceutical medications such as antibiotics.

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## **APPENDIX 1**

### **Fieldwork questions & areas to pursue**

- ◆ How is knowledge acquired & passed on. Is this knowledge specialized or common?
- ◆ Knowledge of plants...symbolic significance, social and cultural contexts of their use, preparations and applications, projected outcomes of their uses?
- ◆ Photographic documentation and plant identifications, with the specific illnesses they are being used to treat. Controlled or wild? Indigenous to what area? What are the distinctive features of plants such as, colours, taste, texture, odour, other uses as food or for other purposes. The parts of plants being used.
- ◆ How do healers create, maintain, and control their knowledge in urban context?
- ◆ What is the interface between traditional healers and other medical systems?
- ◆ How has social change affected the use of and the medicine themselves?
- ◆ Are healing practices changing and being creolized into new forms as expressions of individual agency and cultural identities?
- ◆ What is the use of traditional medicine in Vura?
- ◆ What are the healers etiologies of diseases and how are these classified.
- ◆ How does one determine the effect of or to what extent the goals of the healing procedure has been attained: improvement in biological and health status, general well being, or improved social relations?
- ◆ Choices of treatment options when one is unwell: who uses different medicines and for what reasons? Why is one choice made over another; how do treatments compliment each other? Is there a hierarchy of resort when making choices from one system to another? What are the feelings, situations, and words which give illnesses their meanings for the sufferer?
- ◆ Observation of healing interactions.
- ◆ What is the attitude from biomedicine towards traditional medicine? What are the health policies?
- ◆ What have been the changes in the health system since Independence; also from missionaries and colonialism?
- ◆ What are the different attitudes towards different ethno medicines and practices.
- ◆ How do healers practice in their social context?
- ◆ Is there an incorporation including physical & spiritual factors?
- ◆ What are the power relations involved as medical practices are social practices impacted by wider social, economic, and political contexts. Is there a resistance to power relations, which impacts on change & creolization?
- ◆ Behaviour when one has a disease can be multiple and not always indicative of what is said; what do I see people do? Does their understandings of disease, costs, & accessibility influence choices?
- ◆ How are plants uses reinterpreted in this urban context?
- ◆ Is there an awareness of biodiversity prospecting and intellectual property rights?

**APPENDIX 2**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

Born: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_

How long have you lived in Honiara: \_\_\_\_\_

Married: \_\_\_\_\_ Husband from where: \_\_\_\_\_

How many children do you have? \_\_\_\_\_

Do you  
work? \_\_\_\_\_

Does your husband work? \_\_\_\_\_

Languages do you speak: \_\_\_\_\_

Taem iu siki o taem pikinin blo iu sik; wea nao iufala go an wanem nao iufala dium fo  
lukim wanem hem rong? \_\_\_\_\_

Wanem nao save mekem anikaen siki longo Honiara o lo Salomon Aelans. \_\_\_\_\_

Malaria hem kasim iu dis ia? Hem kasim pikinino o olo blong iu? \_\_\_\_\_

Wanem nao iu iusim taem malaria hem kasim iu? \_\_\_\_\_

Wat kaen siki save kasim iu o pikinin blo iu? \_\_\_\_\_

Iufala iusim kastom meressin befoa? \_\_\_\_\_

Wea nao iu findim? Hu nao givim lo iu? \_\_\_\_\_

Iu save samfala kastom meressin? \_\_\_\_\_

Hao nao iu save? \_\_\_\_\_

Iu iusim kastom meressin fo wanem? \_\_\_\_\_

Wea nao iu findim olketa kastom mersin? \_\_\_\_\_

Iu iusim kastom meressin fastaem bifo iu go lodokta o iu go lo dokta  
fastaem? \_\_\_\_\_

Taem iu babule, wataem nao iu lukim dokta? \_\_\_\_\_

Iu tekem meressin fo stopem pikinini? \_\_\_\_\_

What treatments do you usually use for:   diarrhea *taem beli hem run*  
 fever *feva*  
 sore body *bodi hem sore; iu garem pen lo bodi blo iu*  
 flu *flu*  
 cuts *taem iu katem legi o han blo iu*  
 boils *boela*  
 bruises *samting hem bangim iu den hemi sikin hem blu*  
 bleeding *blud*  
 pregnancy *babule*  
 ear problem *siki blo ia*  
 sores *taem iu garem sore (taem olketa flae, olketa folloem iu)*  
 bakua skin diseases *bakua*  
 broken bones *taem bon blo iu brek*  
 vomiting *taem iu troaot*  
 delivery *taem iu bonem pikinini*  
 centipede bite *taem sentepid hem kaikaim / baitim iu*  
 stonefish/marine sting *taem anisamting hem garem poesen blo solowata hem kasim iu*  
 burns *fia bonem iu*  
 menstrual problems *taem blud hem kam olowe lo bodi blo iu lo siki blo gele*  
 infected wounds *disfala sore hem garem nana*  
 diabetes *suga*  
 headache *taem hed hem pen*  
 stomach ache *taem beli hem sore*  
 toothache *taem tit hem sore*  
 asthma *taem win blo iu sort*  
 sleeping problems *taem iu no save slip*  
 worms/amoeba *taem olketa snek lo beli blo iu*  
 heart problems *taem hat bli iu hem no stret*  
 stroke *taem iu faldaon*  
 back pain *pen lo baksaed baksaed hem sore*  
 venereal disease *taem iu garem gonorrhea*  
 hypertension (high blood pressure) *hae blud*  
 cancer *kansa*  
 hiccups *taem win blo hem pum up an daon*  
 sore throat *taem neki blo iu hem sore*  
 mental problem *taem iu karangge*  
 kastom:       *vele pela bua Arua'a       devol-devol devol hem kasim iu*  
 ring worm *waet spot*  
 snake bite *snek hem bitim iu*  
 white eye / red eye *waet ae red ae*  
 kidney or liver problems *taem kedni o leva hem sore*  
 mouth sores *maos hem garem olketa sore*  
 arthritis (joint) *taem ne blo iu save suelap an hem stif? skru blo bone hem pen*

**APPENDIX 3****CLINIC SURVEY**

# \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Iu kam from wea? \_\_\_\_\_

Iu stap lo wea? \_\_\_\_\_

Wat kaen siki kasim iu tudae? \_\_\_\_\_

Wat kaen siki save kasim iu (o pikinini bio iu)? \_\_\_\_\_

Wat kaen meressin iu save tekem fo siki blo iu? \_\_\_\_\_

Wat kaen meressin iu laek fo tekem? \_\_\_\_\_

Wat kaem meressin iu les fo tekem? \_\_\_\_\_

Taem olketa givim go meressin lo iu, iu save finisim evriwan? \_\_\_\_\_

Hao mas taem iu save kam lo klinik? \_\_\_\_\_

Taem iu kam lo klinik, hao mas taem iu save waet? \_\_\_\_\_

Wat nao iu laekim abaot klinik lo hea? \_\_\_\_\_

Wat nao iu nating laekim abaot klinik lo hea? \_\_\_\_\_

Iu save go lo praevet dokta? \_\_\_\_\_

Hao mas nao iu save peem taem iu go lo dokta? \_\_\_\_\_

Iu save iusim kastom meressin, taem samfala siki kasim iu? \_\_\_\_\_

Taem iu iusim kastom meressin, is iusim meressin blo klinik lo sem sem taem? \_\_\_\_\_

Kastom meressin hemi gud fo wat kaen siki? \_\_\_\_\_

Wea noa iu findim kastom meressin? \_\_\_\_\_

## **APPENDIX 4**

### *Health Workforce Plan 1996- 2005*

#### **The Health Care Referral System.**

<b>Level</b>	<b>Authority</b>	<b>Institution</b>	<b>Nos</b>	<b>Principle Workers</b>	<b>Comments</b>
6	Central	Referral Hospital	1	Specialists, other Doctors, Nurses, Paramedical	
5	Provincial	Provincial Hospital	7	Doctors Nurses Paramedical	Includes Atoifi & IGH
4	Area Council Centre	Area Health	14	ANO, Nurse, NA	
3	Wards	Clinics	123	Nurses, NA	
2	Wards Posts	Nurse Aides	61	Nurse Aides	
1	Village Posts	VHW	128	VHW	Community support except W Province where allowances are given

**Source: MHMS National Health Review Document**

## **APPENDIX 5**

### **Annex 12**

#### **Staff Mix and Types of Services Provided at Each Level of health Facility**

<b>Facility</b>	<b>Officer In Charge</b>	<b>Staff Mix</b>	<b>Services Provided</b>
VHW Post	VHW	VHW	<ul style="list-style-type: none"> <li>- Basic First Aid</li> <li>- Malaria Slides</li> <li>- Dressings</li> <li>- May give Chloroquine and Aspirin</li> </ul>
Aide Post (Beds)	Nurse Aide	Nurse Aide	<ul style="list-style-type: none"> <li>- Treat minor conditions</li> <li>- Admit for observations/rest</li> <li>- Referral to Clinic/AHC</li> <li>- Ante natal/FP services</li> <li>- Occasionally normal deliveries</li> <li>- Dispense limited drugs excluding injections (ea. aspirin, penicillin, sulphurs)</li> <li>- Community Health services</li> <li>- Health Promotion</li> <li>- Malaria Slides and Treatment</li> </ul>
Rural Health Clinic (Beds)	R/Nurses	R/Nurse, Nurse Aide	<ul style="list-style-type: none"> <li>- All function of Aide post</li> <li>- Outpatient services</li> <li>- Admit/Treat mild-mod conditions</li> <li>- Prescribe/dispense larger selection of drugs</li> <li>- Give injections</li> <li>- MCH services including midwifery</li> <li>- Community Health Services</li> <li>- Health Promotion</li> <li>- Satellite Clinics</li> <li>- Tours by Health teams - Monthly</li> </ul>
Area Health Centre (AHC) (Beds)	Nursing Officer	N Officer R/Nurse N Aide Dental Therapist Microscopist	<ul style="list-style-type: none"> <li>- All functions of clinics</li> <li>- Inpatient treatment</li> <li>- Malaria Diagnosis and Treatment</li> <li>- Prescribe/Dispense Same Range of Drugs as Clinic (RHC)</li> </ul>

<b>Facility</b>	<b>Officer In Charge</b>	<b>Staff Mix</b>	<b>Services Provided</b>
Provincial Hospital	Medical Officer (DPHS)	Med. Officer N. Officer  RINurse Nurse Aide Radiographer Laboratory Technician Pharmacy Staff H Inspector H Educator Anti-Malaria Officer	- Outpatient Services - Inpatient services  - Midwifery Services - Operating theatre services - Diagnostic Services - Pharmacy Services - Public Health Services - MCH - Community Health - H Inspectorate - Health Education and Promotion - Anti Malaria Services

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DPHS	- Director Provincial Health Services	VHW	- Village Health Worker
H Inspector	- Health Inspector	Med Officer	- Medical Officer
H Educator	- Health Educator	MCH	- Maternal Child Health
N Aide	- Nurse Aide	N Officer	- Nursing Officer

***Source: Health Workforce Plan 1996- 2005 (MHMS Planning Document)***

## **APPENDIX 6**

### HEALTH FACILITY INFORMATION

### **HEALTH FACILITIES,- BUILDINGS**

PROVINCE	HOSPITALS		AREA HEALTH CENTRE		RURAL/URBAN HEALTH CLINICS		NURSE AIDE POSTS		VILLAGE HEALTH WORKERS
	Private	Govt	Private	Govt	Private	Govt	Private	Govt	
Guadalcanal	0	0	1	1	11	14	2	7	6
Malaita	1	1	0	3	0	21	0	23	40
Central	0	1	0	0	1	2	3	2	0
Western	1	1	0	2	8	18	0	20	61
Temotu	0	1	0	1	0	6	0	5	2
Isabel	0	1	0	4	1	11	3	12	7
Rennell Bellona	0	0	0	1	0	2	0	3	8
Makira	0	1	0	3	1	12	0	6	8
Choiseul	2	0	0	2	2	9	0	9	16
Honiara Town C	0	1	0	0	3	8	0	0	0
<b>TOTALS</b>	<b>4</b>	<b>7</b>		<b>17</b>	<b>27</b>	<b>103</b>	<b>8</b>	<b>87</b>	<b>148</b>
<b>COMBINED TOTALS</b>	<b>11</b>		<b>17</b>		<b>130</b>		<b>95</b>		<b>148</b>

Note: Hospitals include mini-hospitals. VHWS are not necessarily facilities.

### **HEALTH FACILITIES,- BED NUMBERS**

PROVINCE	HOSPITALS		AREA HEALTH CENTRE		RURAL/URBAN HEALTH CLINICS		NURSE AIDE POSTS		TOTAL BED NUMBERS
	Private	Govt	Private	Govt	Private	Govt	Private	Govt	
Guadalcanal	0	0	3	3	25	40	0	2	73
Malaita	0	224	0	57	0	151	0	31	463
Central	0	0	0	17	0	27	0	28	72
Western	54	54	0	29	36	82	0	21	276
Temotu	0	45	0	24	0	14	0	6	89
Isabel	0	40	0	15	3	32	2	31	123
Rennell Bellona	0	0	0	4	0	2	0	0	6
Makira	0	82	0	18	4	42	0	18	164
Choiseul	36	0	0	30	12	43	0	12	133
Honiara Town Council	0	0	0	0	0	0	0	0	0
National Referral Hosp	0	287	0	0	0	0	0	0	287
<b>TOTALS</b>	<b>90</b>	<b>732</b>	<b>3</b>	<b>197</b>	<b>80</b>	<b>433</b>	<b>2</b>	<b>149</b>	<b>1686</b>
<b>COMBINED TOTALS</b>	<b>822</b>		<b>200</b>		<b>513</b>		<b>151</b>		<b>1686</b>

**Source: Provincial Health Services, March 1997.**



## **APPENDIX 7**

### **Healers' Pan-Pacific Association**

*I am a member of Wainimate. I paid for my membership so I belong to this Wainimate group so if anything happens there or here, I will know. Tonga, Western Samoa, Vanuatu, Papua New Guinea, Solomon Islands, Kiribas, Cook Islands, Noumea, New Caledonia...all over from the Pacific we gathered in Fiji from that workshop.*

### **Workshops**

*....At the workshop it is exciting to sharing, and want to know from the other people what is their work and then the demonstration of the medicines in the workshops are very important and you can..find this medicine I don't know about it and then I can do it. In Fiji they have different leaves and different things for disease and then it is good to meet other people from different countries that do the same work... In Samoa we did the demonstration of medicine and also the massaging. We teach each other all of this..In Samoa and in Tonga and Fiji they do the same too with massaging. These three books I was reading they are very important and the points you just massage....*

### **Intersections between medical traditions in Fiji**

*In Fiji when I was there in the last workshop they say, the Fijian people work together with the doctor but they never know the things in the bush and their way of making pharmacy is different yes. They can bring them and they do it in a way of the modern time and then the healers in the village go and work with the doctors like this and they will try this sickness and if it does not work then they will send them to the doctor. And the time that the doctor tries a sickness and it does not work then they send it to the healer and that is how they work together in Fiji. In Fiji there is Doctor Bill and he is helping the traditional healers because every workshop we have he came and he is the one who works together with them, like example. This tree now they out it for diabetes so they were looking at the chemicals so they could say oh yes, how much is inside this tree and how it works to treat this disease. In Fiji they have the doctor there working with them and I was thinking that if there was a doctor interested and we could work together and he would know how we do this tree and so they will recognize it.*

### **Solomon Island National Healers Association**

*From the workshops, I am interested in starting a national association here. In the country we already say that we want to set up a group*

*which will coordinate in the country. An association of traditional healers. In Fiji they have an association already and that is why they told me to come back and do two things: a botanical garden and move on with the association. The association will be a group to make it strong in the country and we will pick up all the healers. We will come to have an association to work together (Sista R.).*

## **APPENDIX 8**

### **BOTANICAL GARDEN**

*We decided that we wanted to have a garden, make a botanical garden for medicine. I asked the mother superior. I said that I wanted to put a traditional garden in Honiara. So I was dealing with the Diocese to get the land. They did not give the land. I was still asking the Diocese and I told them that if you stop me from working on the Diocese land I will go outside. Two of us, dealt with the High Commission and we showed all the medicines and he came and looked. The High Commission from England and the High Commission from New Zealand [gave the money for the land] and the Red Cross fund and one of the Priests from England, his Parish. He gave the money for this piece of land and for a house. I wrote back and said that we will not build a house yet....but we will use this money to pay a piece of land before. He wrote back and its alright. He still gave some more money this year. So that is why I went to Kakabona for a piece of land and we already put the fence in, but to clean it up and plant the trees we need....[One man] he is from Europe [EEC] so he was here and he wanted me to go and see him so all my papers are in their file. He wants to help me to run a rain forest but because he said that you must bring a letter from the Bishop. I said that oh, I don't think I will ask the Bishop to give a recommendation letter so that they [could] give every year to run the rain forest. But he [EEC] wants the Sisters to run this forest as a living pharmacy in the country... He is helping some people in the country to run the rain forest. So when I went, he put all my papers in his files. Last year we liked to move to make things and then after they pulled us back so I went and said I can't do anything now as we are stopped working. So leave the papers stay until we can start again. It is hard but we will try....You see this place [Rosary Convent] it is not a house for working it is the convent so we need a house to work...not a big hospital like number nine. So that we can come and be available for those who are sick and then even when we work there and some people they like to come and help with work, it is education So if we have a place like that, people come and we sit down with them and we can give talk to those people who like to come and know what is our work and counselling and prayer and give out the medicine and research to bring out the medicine and study and give out to those who need....So that is the reason we want to have a botanical garden and then if we do workshops, we train the parents to have their own small medicines; they can just use them unless they have big things then they can go to the hospital... The botanical garden is important because now the logging is destroying the trees so if we have this garden it will be handy and save our time from going to the bush. We know that the things we have is our living pharmacy... Some trees are not growing here, so we have to nurse them and plant them and look after them. Some will grow fast, some will grow slow. We would like to have some people to do it, so even if I or Sister C. die there is omeone to carry on. (Sista R.) Maybe if we put a place then a lot of people will come and we want to train some of our younger sisters so that when we finish they will carry on. (SistaC\*.)*

## APPENDIX 9

### EXAMPLES OF COLLECTED PLANT DATA

#### Preface to plant identification data.

Individual healers who have identified medicinal plants and their uses are listed in the following master list and are attributed a number which correlates with the data they have given. The identification of these plants and the information derived about them occurred between July and the end of November, 1997. The botanical scientific name identifications were made by cross checking Kwara'ae names against the lists of Henderson & Hancock, (1988), Hancock & Henderson, (1988) and Whitmore, (1966); and with the help of Mykee Qusa B. Sirikolo at the National Forestry Herbarium and Botanical Gardens. All plants were photographed.

- |          |            |
|----------|------------|
| 1. Mary  | 4. Sentika |
| 2. Elena | 3. Mark    |

The identified medicinal plants have been classified in the following categories:

Scientific Name	Family	Group/ Status	Language	Vernacular
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Plants are identified by their **scientific name** by genus and species, then by their family. The plants in the Solomon Islands are classified into five major **groups**: 1) The Angiosperms or flowering plants: Dicotyledons - AD & Monocotyledons - AM; 2) the Gymnosperms - GY or flowerless seed plants; 3) and the Pteridophyta spore-bearing vascular plants, the True ferns - PF and the Fern allies - PA. The plant **status** codes identifies broadly the origin [and general use] of the identified species; this has been done with the codes established by Hancock & Henderson in their Research Bulletin No. 7 (1988): **Plant Status Codes**

S = Endemic to the Solomons.

P = Papuanian: Endemic to the Solomons, East and West Papua New Guinea & Irian Jaya.

E = Endemic to PNG, the Solomons and over a wider area of the tropics.

N = Naturalized in the Solomons (over the past two hundred years).

I = Introduced (over the past fifty years).

H = Horticultural, grown for ornamental purposes

C = Cultivated for commercial and food purposes

T = Important traditionally but are not usually cultivated (H & H, 1988).

It is recognized within ethnobotany that these types of categories are to be regarded as tentative due to the problematic of identifying origins, as well as the subjectivity involved in categorizing usage from their sample survey. The status category has been helpful when looking comparatively at medicinal plant uses. The **language** and their **vernacular names** were given to me throughout my research on each specific medicinal plant and are listed last.

After these identifications are the plant medicinal usages - **Treatment used for**; how these medicines are prepared and given - their **Preparation**; as well as the **Place of Collection**, the **Date**, and the name of the **Healer**. The number prior to each treatment and preparation correspond to the healer that gave the particular details.

Scientific Name	Family	Group/ Status	Language	Vernacular
Alpinia rechingeri	Zingiberaceae	AM P	Sa'a	A'ro A'ro

#### Treatment used for

1. Headache.

#### Preparation

1. Headache: This leaf is used in conjunction with *Kleinhovia hospita*. One leaf and shoot are taken from the *Alpinia rechingeri*. The leaf is formed into a small cylindric container. The shoot is taken and masticated, and then is ground together with the three young leaves of the *Kleinhovia hospita*. Two drops of the liquid is put into each eye, which can feel hot. If the head pain continues, one day is missed before another treatment can be repeated. This treatment can be repeated up to three times; however a day is missed between each dosage. If the headache continues then other causes must be investigated.

#### Place of Collection

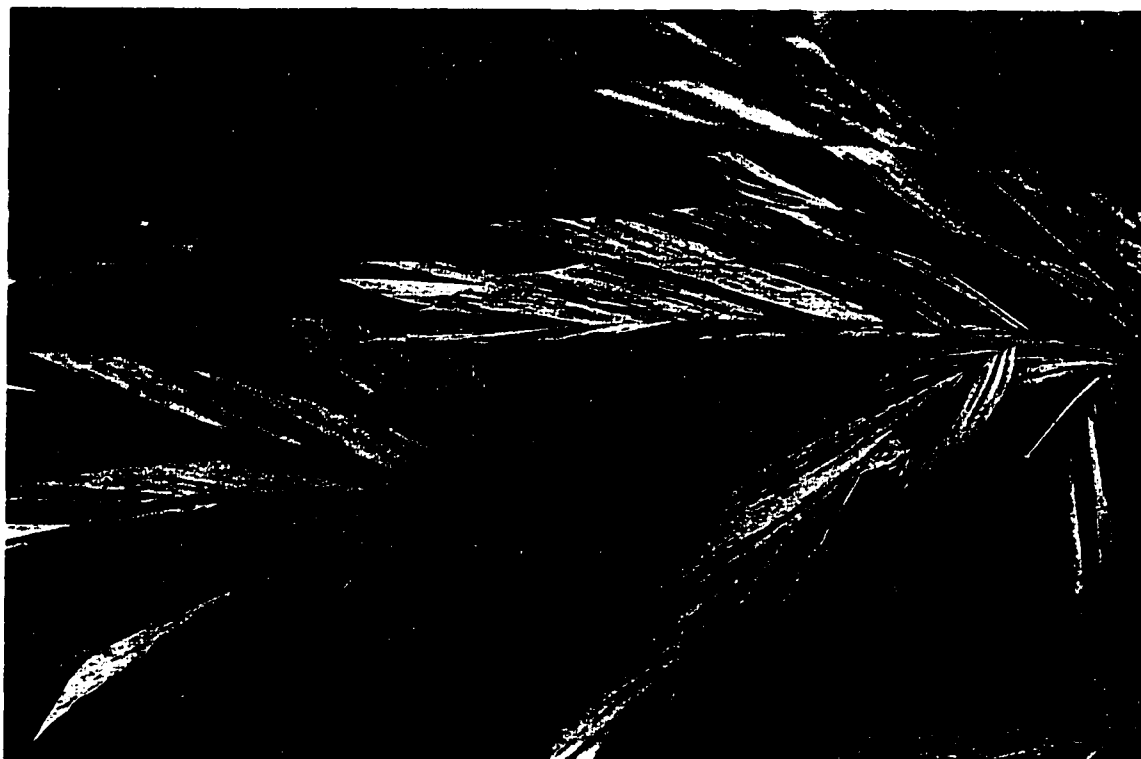
1. Botanical Garden

#### Date:

August 4, 1997

#### Healer

Mary



Scientific Name	Family	Group/ Status	Language	Vernacular
Hemigraphis reptans	Acanthaceae	AD ET	Sa'a	Ulu
			Kwara'ae	Ba'ekorara
			Poleo	Mataipuka

### Treatment used for

1. To treat white spots on the tongues of children (thrush); and sores on the lips and in the mouth.
1. To heal fresh cuts.
2. Centipede bite.
3. Body fatigue or body heaviness.
4. To close the eyes of someone who has died.
4. To expel the spirit of someone who has died.

### Preparation

1. White tongue spots and mouth sores: Take twelve leaves, wash them and put them in your hand, rub them and squeeze them into a spoon or a cup. This extracted liquid is then drunk. If taken in the morning there is less need to add water because dew is present.

1. To promote healing of fresh cuts: Leaves are taken and squeezed into a new cut to heal it.

2. Centipede bites: Leaves are taken, rubbed together in one's hand and then applied on top of bite.

3. Body tiredness: The flowers of this plant are eaten.

4. To close the eyes of someone who has died and to dispel their spirit: I was told that when a person dies and their eyes are not closed, it is believed in *kastom* that they can come back and cause something to happen to their family. "If the eyes are not shut, we are all afraid". The flowers and the leaves are put on top of the eyes of the deceased and their eyelids will close. It was said that a person's spirit cannot leave their body if their eyes are not closed. If this has not been done, or the spirit is believed to have come back, then lime and the leaves of this plant are taken and the area of the house is marked so that the spirit cannot enter. The leaves and lime can also be parcelled and put at the boundary of the area around the house. The leaves can also be rubbed onto the bodies of the family to protect them from the spirit of a dead ancestor.

Note: I was told that the spirit of the one who has died can enter the house and harm the children. They can also come and eat the food and make noise in the house. At this time the spirit of this person is said to be strong and very much alive. It was said that they want to come back because they love their family. As well, if they did not believe in God, then they do not go straight to Him but wander around, making a fool of their family and causing fear and sickness to come to them.

### Place of Collection

1. Pt. Cruz (Honiara)
- 2.
- 3.
4. Botanical Gardens

### Date:

- July 10, 1997
- October 7, 1997
- September 14, 1997
- October 25, 1997

### Healer:

- Mary
- Elena
- Mark
- Sentika

**Hemigraphis reptans**

Scientific Name	Family	Group/ Status	Language	Vernacular
Ocimum americanum	Lamiaceae	AD I	Sa'a	Mahe
			Ranongga	Tenele
			Senga	Basamalaita
			Poleo	Beberai

#### Treatment used for

- 1 For children's illnesses and cough.
2. Cough.
4. Toothache and adult cough.

#### Preparation

1. Cough & children's illnesses: Wrap the leaves and put them inside a cloth, then put them on the neck. For a cough (not for children) a bunch of leaves are taken, run under water, rubbed together in the hand, and then the liquid is squeezed into a spoon. A spoonful is taken in the morning and at night until the symptoms disappear. The smell is strong.
2. Cough: The leaves are taken and squeezed into a spoon and drunk for cough. Taken three times a day for three days.
4. Toothache and cough: When an adult has a cough, a handful of leaves are taken and squeezed and then drunk. For toothache, the leaves are taken and heated, and then placed onto the sore tooth and surrounding area.

#### Place of Collection

1. Vura
- 2.
- 4.

#### Date:

- September 3, 1997
- October, 1997
- October 25, 1997

#### Healer:

- Mary
- Elena
- Sentika





Scientific Name	Family	Group/ Status	Language	Vernacular
Terminalia catappa	Combretaceae	AD      EC	English	Indian Almond
			Sa'a	Alite
			Kwara'ae	Alita /Alite
			Poleo	Lengga

#### Treatment used for

1. Skin cancer.
1. Teeth abscesses.
1. Tuberculosis.
2. Mouth sores or head boils on children.
4. To reduce sores from leprosy.
4. Thrush - white tongue in children.

#### Preparation

1. Skin cancer: One long piece of bark is split in half, and one piece of the bark from the tree is boiled with three cups of water. This liquid is used to bathe the body in the morning, and in the evening before sleep. This is done for a period of one week.

1. Teeth abscesses: Leaves and a piece of bark are boiled together. The liquid is used as a gargle, three times a day for three days.

1. Tuberculosis: The top leaves or the bark is used. The leaves are recommended due to their juice content. They are rubbed between the hands and then squeezed. The juice is drunk three times a day for three days.

2. Mouth sores / head boils: The leaves and bark of the tree are combined and boiled. The liquid is strained and then ½ of a cup of liquid is drunk three times a day for three days.

4. Leprosy sores and discolourations: The bark of the tree is scraped and one layer is discarded. The next layer of bark is scraped and put in the leaf of the *Alpinia oceanica*. A little water is added to the mixture and then the juice is squeezed into a cup. A knife is heated by fire and placed into the juice. The hot juice is drunk every day for a week; if the sores and spots have not diminished this can be continued for another week. The leaves of the tree can also be heated over fire when they are red and rubbed with lime onto the sores. The red leaves are said to be the same red colour as the spots and sores of the leper.

These leaves can also be mixed with the leaves from *Dioscorea* sp. which are also said to be effective when combined.

#### Place of Collection

1. Pt. Cruz, Honiara
- 2.
4. Botanical Garden

#### Date:

- July 6, 1997
- November 1, 1997
- October 28, 1997

#### Healer:

- Mary
- Elena
- Sentika