

which literally means that a good garment has to be weaved communally, i.e. we must pool our resources. This is again confirmed by the Xhosa expression that says "Umntu ngumntu ngabantu" which means that no person is an island. We need one another. Some of the metaphorical threads of the future culture will consist of the progressive elements of the so-called Western culture while the Eurocentric, reactionary elements will be relegated to oblivion. The non-salutary aspects of the different ethnic cultures will also have to suffer the same fate if we have to strive for common humanity in a common destiny.

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A REFLECTION ON FAITH-HEALING MINISTRY IN AN AFRICAN PERSPECTIVE EMMANUEL ADOW OBENG *Moi University, Kenya*

INTRODUCTION

Prior to the advent of Christianity, the black African resorted to native medicine for healing. The traditional healer, in an attempt to solve health problems, dealt with the whole person and his or her problems as a single unit. He did not deal with the affliction alone as if it is separate from the person suffering it. With the advent of christianity, the African had an alternative to healing - western medicine. People walked far to avail themselves of western medicine at the missionary stations since it was seen as an extension or even an improvement on native medicine. But there is little recognizable ritual associated with western medical treatment. The examinations are usually detached and cursory, placing emphasis on the clinical and biological evidence which closes off contact with the socio-religious forms of diagnosis used by traditional practitioners. This apparent over-stress on a scientific and non spiritual approach to healing by western medicine and the failure of this type of medicine to protect people from diseases which are believed to have supernatural causation, has triggered off a third form of healing in some African countries. This is faith healing - the practice of treating illness or relieving suffering by calling for divine help or by asserting that the mind or spirit can control the body. The term is sometimes used as synonymous with divine healing or spiritual healing. These terms cover a wide range of views. At one end of the spectrum is the assertion by some proponents of faith healing that sickness does not exist except as a mental condition. They refuse medical assistance on the ground that accepting treatment would show lack of faith. Other people seek divine or spiritual help only in cases where medical science has not cured them. At the other end of the spectrum is the belief that faith healing can be associated with the standard practice of medicine.

In Africa, however, faith healing is foremost the reliance on the power of prayer to heal all diseases. The practice gives the African a religiously related health treatment in a clearly religious environment without attracting the derogatory remarks levelled at traditional healers. Let me quickly clarify here that (a) faith healing is found in all cultures but the reason for its rise or

persistence would not be the same as what is given above and (b) that the three types of healing are practised side by side in some African countries.

Faith healing ministry is now a widespread practice in churches in Africa. The African Independent Churches or African Instituted Churches as they are now called, the Pentecostals, and even the Mission Churches exhibit faith healing ministries. Clergy are under constant pressure to use their religious powers, if not to cure, at least to stave off misfortunes. I have a personal experience of such with the United Missionary Church in Ilorin, Nigeria where a near moribund church was transformed within two years into a 'spirit filled church' with stress on charismatic gifts and faith-healing. This was achieved by Rev. Olu Peters who saw the need for the power of God to be evidenced in the lives of the congregation. The reported success saw a doubling of the membership of the Church between 1987-1990. But there are problems with the practice of faith healing within the African context. Let me highlight some of these problems.

1. PROBLEMS WITH FAITH HEALING MINISTRY

Very often, christian evangelistic crusades are organised in African cities by churches to which the public is invited. The climax of the crusade is the call to people who are ill to come for healing through the power of prayer. "Come for your healing" is the invitation which is announced over the radio and advertised in the newspapers. There is no indication as to the kind of diseases which are to be healed. So, individuals come to the crusade grounds with diseases of all descriptions, expecting to be healed. Some of the diseases are biological - caused by an imbalance in the body system or a failing in the human organism to adapt properly to environment influences. Such diseases are many but they include meningitis, measles, chicken pox, asthma, blindness, speech defects, cancer, physical deformities, circulatory problems and many others. Some come with psychosomatic diseases - physical diseases which have emotional origin - like headaches, ulcers, depression and insomnia. Others come with mental disorders resulting from trauma, infection, drugs and the inability of the individual to adapt as in the case of paranoia and schizophrenia. Some also come with diseases which are believed, by the sufferers, to be caused through witchcraft, curse and magic, like insanity, barrenness, impotency, alcoholism and general misfortunes. On a continent where belief in evil forces is rife, diseases of such causation are many. In fact African traditional societies believe in spiritual causation of diseases.

All these people expect the promised miracle of healing. But are these expectations fulfilled? I can state categorically here that I have not come across

any case of a known cripple in the locality who got healed, or a person born blind who was made to see. There may be instances of psychosomatic patients getting better or those suffering from diseases of magical causation being cured through prayers. But can these, in the strict sense, be termed miracle of healing? In the case of the psychosomatics, the prayer session may have served as an outlet to ease the pent up emotional stress which has been the cause of the physical problem. The fear or anxiety, in the case of witchcraft and other evil forces, is removed through the prayer session and the laying on of hands. In my view there is nothing miraculous in these instances.

Sometimes there are allegations, although not proved, that people pretending to be disabled, are brought from outside the city or the town limits and during the meeting these pretenders are prayed for and 'healed'. These allegations are made, probably because of disbelief at faith healing. The general outlook then is that many are promised healing but many are left disappointed. These disappointments cause a problem to the sick. These sick people are already under stress. If healing is not effected, the stress is intensified as a result of guilt feeling about lack of faith. This could ensue in mental and spiritual turmoil.

I am aware of people who have died of curable diseases because they rejected medical attention due to their unshakable belief in faith healing. "If my faith is strong enough, I shall be well." These avoidable deaths cause disappointments for the bereaved. The bereaved feel responsible for the death of their loved ones because they probably did not pray enough or believe enough thus subjecting themselves to self-recrimination and despair. But are these disappointments and despair necessary in these times?

To answer this question, I intend to examine three premises of faith healing ministry. (i) The churches which practice faith healing tend to emphasize it to the exclusion of medical care. The members of these churches avoid the use of any medicine. How acceptable is this position? What is the biblical position on this? (ii) The faith healing churches emphasize faith as the key to healing. Lack of healing is due to lack of faith. Is this assumption correct? What evidence does the Bible throw on this? (iii) The churches accept and operate on the belief that sin is the cause of illness. Repentance then becomes essential to healing. Is there any biblical basis for this? I shall examine these issues and out of the discussion, focus attention on the challenges that face the church with respect to faith healing ministry in Africa.

1.1 FAITH HEALING - AN ALTERNATIVE TO MEDICAL HEALING?

Jesus preached and healed people. The Apostles were given gifts of healing and authority to cast out demons. The Acts of Apostles describes many healing and

exorcisms performed by the Apostles and the responses they evoked. Some people even carried their sick out in the streets that Peter's shadow might fall on them as a means of healing. Paul is reported to have healed a lame man at Lystra, cast out a spirit from a slave girl with a gift of divination at Phillippi and performed such extraordinary miracles at Ephesus that handkerchiefs were carried from his person for the healing and exorcism of the sick. The interpretation of this history has given rise to differences in attitude and practice towards the ministry of healing in the Church today. One line of interpretation is that miracles of healing were only operative in the Apostolic times, mainly for the accreditation of the claim that Jesus was the Messiah and ceased according to the intention of God (Holt 1977: 43). The second line of interpretation insists that Christ intended his healing ministry to continue not only in the Apostolic times, but later for all believers. This line of interpretation stresses that if we have faith, then God will deliver us from pain and disease. It is God's plan that we should be whole. The practice of faith healing clearly follows from this line of interpretation.

No matter what line of interpretation we take, one thing is clear; the Church has been involved in **medical healing** from the early centuries of its history. It has founded hospitals, provided hospices and grown medical plants in the herb garden of monasteries. Since the rise of an organised medical profession, the Church has continued this ministry through the work of Christian doctors and nurses and medical missionaries. The emphasis has been on medical healing. But now, faith healing as an alternative to medical healing is being preached in our churches and in our schools in Africa. Let me observe, however, that this position is not new within Christianity. The position was maintained by some Christian scientists in the western world in the 19th Century. They stressed that illness is a state of mind and that the true believer should concentrate on prayer and refuse medical treatment. Reynolds and Tanner (1983: 217) draw attention to the work of Eddy (1906) the founder of Christian Science Church in which she taught that:

'materialist' healing was unnecessary for true believers as only the action of the divine mind on the human mind could cure diseases. Being ill is being in error, and the recommended therapy is prayer.

Some Christian sects in Africa and elsewhere now express rejection of medical treatment including blood transfusions, vaccinations and inoculations. For example, the Jehovah Witness Sect expresses repugnance to blood transfusions on the biblical ground that man may eat anything 'but flesh with blood still in it' (Gen. 9:4) and its members regard transfused blood as being 'eaten' in the sense that an infusion of blood supplies the body with nourishment. The Celestial Church of Christ forbids the use of all medicines, both native and imported, so does the Christ Apostolic Church and the Cherubim and Seraphim

Church, all with their headquarters in Nigeria. Strict protestant churches especially those with connections with Dutch rural communities still firmly hold that vaccination is a sin. On 24th November, 1992, an article appeared in **Kenya Times** with the caption "Polio 'God's will' say the Dutch". In the article, it was reported that babies in some Dutch communities have died of polio because their parents denied them vaccination against the infectious disease. Is this position right? What should be our attitude towards this?

Let me answer this question by posing another one here: how effective has faith healing been in cases where medical attention has been ignored? There are many claims of faith healing at Roman Catholic shrines such as Our Lady of Lourdes, St. Joseph's Oratory (Montreal), Our Lady of Guadalupe (Mexico) and Our Lady of Fatima (Portugal). Some of these have been documented. The miracles of Lourdes, for example, have attracted the comment from West (1957: 97) that:

in no case was the evidence really satisfactory, and in certain cases the evidence suggested a perfectly natural alternative explanation.

Sabourin (1977: 172) supports this contention when he writes:

a close analysis of the evidence presented for the Lourdes miracles and for the miracles of the saints reveals the potential fallibility of human assessments of miracles and the difficulty of ascertain God's direct intervention in extraordinary cures.

Let me note here that the number of miracles at Lourdes accepted by medical authorities is extremely small in relation to the number of pilgrims. A report, *Divine healing and Cooperation between Doctors and Clergy* (1956), based on investigation into healing which was commissioned by the Church of England and the British Medical Association reached the conclusion that:

we can find no evidence that there is any type of illness cured by 'spiritual healing' alone which could not have been cured by medical treatment which necessarily includes consideration of environmental factors. We find that, whilst patients suffering from psychogenic disorders may be 'cured' by various methods of spiritual healing, just as they are by methods of suggestion and other forms of psychological treatment employed by doctors, we can find no evidence that **organic diseases** are cured solely by such means. The evidence suggests that many such cases claimed to be cured are likely to be either instances of wrong diagnosis, wrong prognosis, remission, or possibly of spontaneous cure.

The obvious deduction to make from the above statements is that organic diseases are not cured by faith-healing. Any such claim would be based on wrong assessment of the situation. But sufferers of psychosomatic diseases may

have been helped in such instances. The faith healing, especially with laying on of hands and anointing, has a placebo effect on the sufferers. With the emotional cause removed, possibly because the sufferer is now in a happy frame of thought, the physical ailment disappears. Besides, the terminal cases get an improvement on outlook on their conditions: the courage to carry on with their lives instead of giving way to despair. Garner (1974: 1264) writes of the miracles at Lourdes that:

And so the sick leave Lourdes, still with their bodily ailments, all but few. But they are cured - cured of despair, of sadness, of their inability to accept mortality In this sense, nearly every pilgrim, bodily sick or not, who goes to Lourdes receives a benison of health.

There are other claims of faith healing which have not been documented. These are given as testimonies during prayer meetings or evangelistic crusades. My assessment of these testimonies is that they are relatively trivial. They are ailments like depression, headaches and, as mentioned above, of emotional causation. In cases where unusual healing of organic disease is claimed in answer to prayer without recourse to medical attention, the same disease returned on other occasions. People have died of terminal diseases like cancer even though they have been assured of perfect healing after the disease has been cursed and commanded to disappear in the name of Christ.

What insight can we draw from the Bible in support of faith healing or medical treatment? Healing without recourse to remedy is unusual in the Old Testament. The few cases seem to cluster about the two critical times of the Exodus and the ministry of Elijah and Elisha. Examples are healing of Miriam's leprosy (Num. 12:1-5), the healing of Jeroboam's suddenly paralysed hand (I King 13:4-6), the healing of Naaman's leprosy (2 Kg. 5:8-14), the raising of the son of the Shunammite woman. In the last two incidences, however, external agents were used: in the case of Naaman he had to wash seven times in the river Jordan, and a mouth to mouth resuscitation was used by Elijah in the case of the son of Shunammite woman. Generally, people were encouraged and expected to use remedies that were available for diseases. Reference is made to the use of oil and balm for the healing of sores, wounds and pain (Is. 1:6; Jer. 8:22; 51:8). In Is. 38:21 fig poultice is recommended for Hezekiah's boil.

In the New Testament too, we may draw insight from the healing practices of Jesus and the Apostles. In the combined narrative of the four gospels, there are over twenty stories of the healing of individuals or small groups. Some were healed at a distance, some with a word but without physical contact and means. In Jesus' healing of blindness (Jn. 9:6, Mk. 8:23), and deafness (Mk. 7:32-35) healing was through physical contact and means. He made use of clay made from spittle which was a popular remedy of the time for such ailments.

Jesus also healed the demon possessed. The synoptic gospels are full of such exorcisms. These exorcisms are clearly distinguished from other forms of disease (Mk. 1:32-34). The disciples were, for example, commanded by Jesus to "heal" the sick but to "cast out" demons and unclean spirits (Matt. 10:1). Luke (9:37-43) describes how Jesus rebuked the unclean spirit and healed the boy, suggesting that the presence of the unclean spirit was associated with, but distinct from any medical disease which was healed. But it is also evident that the person possessed often manifested physical signs such as dumbness (Matt. 9:32), blindness (Matt. 12:22), epilepsy (Lk. 9:37-43) or mental disorder (Mk. 5:1-20).

Most psychologists dismiss the idea of demon possession. But let me note that demon possession was real and cannot be explained simply as the contemporary interpretation of purely physical or mental disorders by ignorant people. Jesus acknowledged their presence and the demons were able to recognize the divinity of Jesus. In fact no true estimate of the ministry of Jesus can be given without taking full account of evil spirits. Jesus saw the cases of demon possession as specific instances of satanic activity. Thus a reinterpretation of the gospel exorcisms in psychiatric terms cannot satisfactorily explain the important place that this conflict had in the messianic mission of Jesus. The exorcisms were an essential feature of the messianic mission. Through them, Jesus demonstrated his authority over evil forces and hence the mode of healing was by a word of command. We can deduce from Jesus' healing practices then that in cases where the trouble was physical he healed through some physical act and where the root of the trouble is psychological he addressed the problem with his word.

From his teachings too, there is the example of the Good Samaritan (Lk. 10:25-37). This 'model of goodness' used oil and wine to bind up the injuries of the wounded man and also paid for his continual medical attention. In my view, this is a good demonstration that God does not frown at the use of medicine for healing. In 1 Tim. 5:23, Paul recommends a medicinal relief for Timothy's gastric complaints. Paul could have prayed away Timothy's illness. There is also the example of Luke. He did not stop being a physician after his conversion to Christianity. Paul calls him the beloved physician (Col. 4:14). We will be right to conjecture that in view of the weaknesses that Paul had, Luke doubtless cared for him, not only as a Christian companion but also drawing on his professional skills.

From the above observation, it would be right to contend that it is wrong for any church in Africa to stress faith healing to the exclusion of medical healing. It would be naive or sheer stupidity for a Christian, when sick, to refuse medical attention because he/she believes in faith healing. We have to avail ourselves of the vast resources of medical knowledge, skill and care that exist in the world. Such, does not in any way betray our faith in God. True

faith in God involves the use of remedies as are available, whether medicines, blood transfusions, inoculations or surgical operations to cure or prevent illness. MacNutt (1974) writes in the preface of his book that:

in no way do I conceive prayer as a negation of the need for doctors, nurses counsellors, psychiatrists or pharmacists. God works in all these ways to heal the sick...

This is the attitude that has to be stressed. We cannot expect health and healing without due care for our minds and bodies.

1.2 FAITH HEALING AND FAITH

Another dimension to faith healing which requires some discussion here is the question of faith as the only requirement on the part of the sick person for a successful healing. This emphasis is derived from Jesus' healing practices where faith played an important part. Reference abound in the scriptures (Mk. 5:34, Matt. 8:10, 9:18, 22, 28). Although faith, in this twentieth century is regarded by scientific minded people as an expression of an uncritical spirit inappropriate to men and women come of age, it is a quality highly prized in faith healing practices in our churches today. The linkage of faith in healing raises a number of questions, however. For example, how much faith is required to get a cancer patient healed? Does it require more or the same level of faith to get somebody suffering from AIDS healed? How can we measure the level of the patient's faith so as to determine that it is adequate to ensure healing? Does this insistence on faith mean that Christians are exempt from sickness? Is God powerless to heal except the individual has faith? These are questions to which simple answers cannot be given.

But in reality, this world exhibits signs which go contrary to this Christian belief. There are individuals in the world who are blessed with health and wealth but are not Christians and or, are not even religious people. They may even be looked on by members of the community as 'evil people'. There are Christians who live alongside these individuals and are not blessed with health and wealth. There are committed Christians who die from cancer, heart attacks, cholera, typhoid, tuberculosis and other diseases. Is this due to lack of faith? Lack of faith may well be an impediment to Christians sometimes, but it is not the cause of prolonged illness or suffering. The reasons could be otherwise. The Old Testament gives an indication that it could be the will of God. This is the moral of the story of Job - that hardship, sickness and suffering come to the godly too; they are not meant only for the ungodly. But there is another indication too which is very important, that is, we need to take preventive measures so that we do not fall ill. This includes the use of vaccination to

prevent diseases like polio, yellow fever and meningitis. In Deut. 7:12-15, the promise to the Israelites that they would be spared the diseases that afflicted the Egyptians, was linked to the obligation to separate themselves from the surrounding people and observe strictly the hygienic, dietary and other laws that were laid upon them. Observance of these laws was the means by which the Israelites avoided the diseases that afflicted the surrounding nations. In view of this, to deny ourselves and our children vaccination for polio, meningitis, small pox, cholera or any preventable disease on the belief that it is a sin or an indication of lack of faith or a given in to the devil, is an unpardonable crime - especially if such leads to death.

That non-healing is not an indication of lack of faith finds support in the New Testament too. Paul admitted a bodily ailment - 'a thorn in the flesh'. This has been variously identified as chronic eye disease, fits of depression, migraine, deafness or epilepsy. No conclusive identification has been made. Irrespective of whatever interpretation we give to the 'thorn', a point to be stressed here is that Paul had prayed about it (2 Cor. 12:8-9) but the problem persisted. Are we to interpret this as lack of faith on the part of Paul? Even if we are to have the right faith and the correct quantity of it, do we know what God wants of us as individuals? Do we have the right prayer for every disease? Jesus' prayer in the garden of Gethsemane indicates that we might have all the faith but what we pray for may not be given us. This is echoed by Paul in Romans (8:26) "that we do not know what to pray for as we ought". We need the spirit to intercede for us according to the will of God.

As Christians we can argue that there is a spiritual purpose in the persistence of some of the 'thorns in our flesh'. Paul, for example, gave three reasons for his 'thorn' - (i) to keep his feet on the ground (v.7), (ii) to enable him to be spiritually powerful (v.9) and (iii) as a personal service to Christ (v.10). In my view, however, the main reason for the persistence of disease is more physical than spiritual. So long as we are biological beings, sickness is an essential part of our existence and we need not look outside our world for reasons why we fall sick. No amount of prayer and faith is going to change this fact. We will have to die whether through diseases, accidents or old age. To expect good health and healing, we need to take care of our bodies and take advantage of the vast medical knowledge which God has made available to us in this world. Prayer for healing or for any other purpose is not to be seen as a short cut to a quick solution to the problem. Prayer simply helps us to be in fellowship with God so as to enable us share our concerns with him. It does not exonerate us from doing our practical part. There is no reason why we should resort to the supernatural when remedies approved by the supernatural are available.

1.3 DISEASE AND SIN

The practice of faith healing is also hinged on the biblical out-look that sickness is the result of the Fall. The Fall was caused by sin and rebellion against God. It follows then that, there would have been no death or sickness in the world if there had been no sin. Hence a fundamentalist view is that an individual's illness is a result of God's displeasure at his/her sins. Within the Old Testament times, the Jews regarded leprosy as brought about by the sins of shedding blood, incest, arrogance, robbery and envy. The afflicted person then is a victim of his wrong doing.

That there is a relationship between sin and diseases finds support in Jesus' healing ministry. In the Gospels, Jesus is believed to have regarded sickness as an evil and therefore proclaimed that the kingdom of God was near, healed the sick and cast out demons. Luke also sees connection between sickness and the power of evil. The Beelzebub charge is prompted by the casting out of a demon that was dumb (Lk. 11:14-20). The healing of a woman who has 'a spirit of infirmity' for eighteen years is described as a release from the bondage of Satan (Lk. 13:10-16). Similarly the healing of Peter's mother-in-law is seen as rebuking of the fever (Lk. 4:39) - that is associating the fever with evil. The question of the disciples in Jn. 9:2 "Teacher whose sin caused him to be born blind? Was it his own or his parents?" is indicative of this belief.

The Black Death which ravaged parts of Europe in the Middle Ages was widely regarded as a holy punishment for the sins of the world. Ziegler (1970: 36) writes:

The Europeans were possessed by a conviction of their guilt. They were not so sure of what, exactly they were guilty, but the range of choice was wide. Lechery, avarice, the decadence of the church, the irreverence of the knightly classes, the greed of kings, the drunkenness of peasants; each vice was condemned according to the prejudices of the preacher and presented as the last straw which had broken the back of God's patience...

There was no consistent secular search for the cause of the disease and the cure was left to the clergy, who in some areas, advised extreme penitence.

In Africa too, that diseases are caused by sin is still accepted in these modern times. In the traditional societies, illness is believed to be caused by the breaking of taboos. The taboos are many. But among the Akans in Ghana, there are certain acts which people of high social ranking should abstain from. A chief, who is a hallowed person, is not expected to see a corpse or touch one. He is expected to abstain from eating food cooked by a woman during the entire course of her menstrual period. The Kikuyu of Kenya have ritual prohibitions against touching of a corpse, stepping over a corpse and coming

into contact with a woman's menstrual discharge. Breach of such taboos causes parkinsonism (Byaruhanga-Akiiki 1991: 25) and loss of weight. In such cases, cure can be effected by a priest or a medicine man through a prescribed ritual exercise. Disrespect to the divinities and the ancestral spirits, results in outbreak of epidemics like small pox. The spirits must be appeased before a cure is obtained. Again in the traditional societies, evil in the form of witchcraft, magic, curses is behind the state of illness. When a person is ill, some evil is used to explain it. This does not mean that other physical explanations are ignored, but physical explanations do not account for the singularity of the misfortune. They do not adequately answer the question as to why the misfortune happened to a particular person and not another. Byaruhanga-Akiiki (1991: 25) explains:

even if one died of malaria, and you explained the action of the mosquito and all that is involved, the question that Africans pose is: "who sent the mosquito to come and bite so and so and bring a disease?" It must be some evil man, spirit or something!

To cure such a person then the spiritual aspect must be taken care of.

The African Independent Churches accept the belief that illness is a punishment for sin sent by God and can only be cured by the moral repentance of the sufferer. The Christ Apostolic Church sees the work of evil lodged in the numerous diseases that afflict the world. The Aladura Church, the Celestial Church and a host of others accept that sin is the origin of sickness. They combine this idea with a refusal to use such cures as western medicine has to offer.

I do accept the view that there is some connection between sin and the state of one's health. Guilt feeling is known to have caused diseases which are psychosomatic in nature. Let me illustrate this point. Uganda's medical records reveal the case of a female graduate of Makerere University who proceeded to Europe for further studies. Before her trip, she was in charge of her family's ancestral graves. Her being in Europe meant a neglect to the graveyard. The neglect produced some guilt feelings in her which resulted in her being paralysed on the left side as well as going dumb for hours. Medical treatment proved useless until a diviner diagnosed her sickness as unfaithfulness. She became alright after the necessary rituals had been performed and the graveyard cared for (Byaruhanga-Akiiki 1991: 25). But whether illness is attributed to the Fall or to an individual's sin (which also arises as a result of the Fall) is a debatable issue. But it is wrong to associate every disease with sin or evil. Such imparts fatalistic ideas to Christians which in turn lessens the efforts individuals make to get themselves cured.

Through scientific research, we know the causation of constitutional diseases like lung cancer, coronary heart diseases, kwashiorkor and infectious

diseases like cholera, polio, small pox and cerebrospinal meningitis. The conditions which cause these diseases or make them thrive have to be removed before any healing can be effected and or prolonged. No amount of penance or prayers will be of use to a person suffering from, for example, cholera if sanitary conditions in the area are appalling. No amount of prayer will be of use to a person suffering from poverty related diseases such as malnutrition and tuberculosis, if no attempt is made to eradicate the causes of poverty.

This view was recognized in the Old Testament and is evidenced by the remarkable sanitary code of the Israelites in Moses' time. The Jews as a nation might not have survived their sojourn in the wilderness without a strict adherence to the sanitary code. The code deals with public hygienic, water supply, sewage disposal, inspection and selection of food and control of infectious diseases. These measures reduced infectious diseases to a minimum. Why resort to prayer when diseases like cholera, typhoid, malaria can be controlled by proper hygiene? Emphasizing forgiveness of sins and prayers and ignoring the environmental conditions will not help anyone.

In my opinion then, faith healing cannot be alternative to medical treatment and proper prophylactic measures. At best, the two must be used together. Besides, faith is not a prerequisite to healing, neither is sin the main cause of diseases.

2. CHALLENGES TO THE HEALING OF THE CHURCH

Despite the above conclusion, churches have an essential role to play in the healing processes of members of the community. What is this role? Let me give a two fold answer to this question. First, the stark reality of our existence is that we live in a hurting world. Most people in Africa are poor and therefore cannot afford to live in decent surroundings, eat good food, and drink clean water. Conditions in many of our villages are deplorable. Some villagers do not have access to good drinking water and good shelter. In the cities, the story is not any different. There are slums which are characterised by overcrowding, poor sanitary conditions and these stand in sharp contrast to the residential areas of the rich. These conditions account for a number of infectious diseases among our people.

To save Christians from diseases of such causation it will be more beneficial for churches to involve themselves in social development programmes like sensitizing members to acquire health habits such as cleaning their surroundings, disposing off waste materials properly, and keeping the source of their drinking water clean and organising themselves for community projects where such have not been initiated by Governments. Cleanliness is said

to be next to godliness and if we admit this and reflect then that cleanliness cannot exist without clean water or good housing, then we must look on the provision of these as not only moral but a religious duty. The neglect to remedy these evils is criminal and affront to God. Such practical actions would be more pleasing to God than simply offering prayers for the sick. I am aware that in some countries, some of the churches are fully involved in such practical programmes. But with the increasing emphasis on faith healing, African Christians are neglecting such basic requirements to health.

This practical action should also extend to a re-examination of some Christian practices which encourage the spread of infectious diseases. Infectious diseases need certain conditions within which to thrive - especially with big populations where individuals are moving around into new places. Therefore Christian occasions which bring people together are likely to promote conditions for such diseases to thrive. For example, members of some Christian sects, like the Brotherhood of Star and Cross travel from all over Nigeria, the West African Coast and the United States to attend conventions in Uyo, Nigeria. Many come with diseases, looking forward to miraculous healing and some of these diseases can be transmitted easily. For example, polio can be transmitted through coughing with the virus travelling through the intestines and blood to attack the spinal chord leading to varying degrees of paralysis.

Some of the denominations have faith healing clinics where 'patients' are expected to stay and undergo a course of treatment - mostly prayer sessions. A visit to some of these clinics in the Ghanaian villages will reveal the poor living conditions of the 'patients'. These clinics are characterised by poor sanitation and overcrowding in poorly ventilated rooms. These are suitable conditions for the spread of ailments.

Christian evangelistic crusades which attract the sick as well as those who are healthy from neighbouring towns and villages and find them packed in a hall or in an open ground, and fired with enthusiasm, create a condition for such infectious diseases to spread too.

Some Christian denominations also require the faithful to touch and kiss certain religious objects. The Catholics kiss crucifixes. At the entrances of cathedrals are bowls of blessed water into which church goers dip their fingers to cross themselves before going into the church. How often are the bowls cleaned and the water changed? Worshippers at communion services frequently share a cup from which the communion wine is drunk. This is a practice observable in most of the Christian denominations. In such practices, harmful micro-organisms may be deposited on the objects of devotion by some of the devotees. Some of these objects, like the communion cup or the bowls outside the cathedrals have been subjected to experimental study. Gregory et al (1961) in their study found that the wiping of the edge of the communion cup between drinkers was not effective enough in removing any harmful bacteria that might

be deposited on the cup. In another study, Hobbs et al (1967) found that even though the communion wine killed certain micro-organism, others were active after an hour of the service. These have been protected by the saliva droplets in which they were suspended. Losito (1946) also reported that bacteria organisms have been found in the blessed water at Catholic Church entrances in Perugia. These studies are pointers to the fact that these religious objects and their contents could serve as vehicles for the rapid transmission of infectious micro-organisms if an infected person were to participate in the ritual.

My point here then is that in the churches efforts to heal the sick, it behoves on them too to introduce measures that will reduce the incidence of diseases amongst the faithful. The churches should discourage the kissing of religious objects especially where such symbolic acts have lost meaning, but where still essential, as in the sharing of a communion cup, some effective way of cleaning the cup between drinkers should be devised. The present practice of wiping the cup with a cloth has been proved ineffective.

But our world is such that there will always be the sick in our midst. We do not always get wholeness of life no matter how much we desire it. Human error or lack of proper pre-natal care, or a defective gene or incompatibility of genes between married couples, could result in physical disabilities in children. Hence there are the mentally retarded and the physically handicapped in our midst. In some countries, there are institutions which cater for the care of some of these individuals, thus relieving the parents or the relatives of the burden of care. But in many African countries, Governments have neglected such special institutions. It is the parents or the relatives who have to care for their sick. It is in this area that I see a **second** area of challenge to the Church-counselling.

The person who is suffering from a terminal disease and or is handicapped needs to be counselled to overcome the fear of death, needs to be counselled to conquer depression that comes with prolonged sickness. The individual should be counselled to accept what had happened to him to enable him be at peace with himself and with his fellow human beings.

The parents or the relatives of the sick have to be counselled with respect to the right attitude to be adopted towards the 'patient'. Besides, they need to be made aware of the responsibilities that such care would demand on them. These will give them the strength to cope with the taxing duty of caring for the 'patient'. The churches can provide these counselling sessions rather than prayers aimed at cursing cancer, blindness, and dumbness which do persist even after recoveries have been promised.

3. CONCLUSION

It is natural that we desire perfect health and thus resort to every means to achieve it. As Christians, it is also natural to expect the power of God to be manifested in all spheres of our lives - including health. But the practice of faith healing rather boxes God in. It reduces his power. He can only heal when certain conditions are right; when the sick person has the right amount of faith. This is unacceptable. The omnipotence of God implies his ability to act under any condition and with whatever at his disposal. If the biblical view that God created a good world is anything to go by, then it is right to assume that the use of medicine to cure diseases is acceptable to him. Why reject it? Let us take care of what is within our capabilities and allow God to deal with matters at his end.

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PLANT TAXONOMY
OF
THE PARAKUYO (TANZANIA)
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INTRODUCTION

The Parakuyo (earlier also called *Iparakuyo*, *Baraguyu*, *Kwavi*, *Lumbwa*, and *Iloikop*) are a Maa-speaking ethnic group scattered over a large area in the north-eastern and central parts of Tanzania. Although no recent statistics on their population are available, their total number may be more than 50,000. Having been pushed to the east, south-east and south by the Pastoral Maasai in the intertribal wars in the 19th century, they are now the southernmost group of Maa-speakers, who belong to the Eastern Nilotes.

According to written historical sources as well as oral traditions, the Parakuyo have a common history with the Pastoral Maasai, having been separated from them in a place called Kerio (most likely in the valley of the Kerio river, south of Lake Turkana) probably not more than 200 years ago. I have recorded a number of family histories with detailed genealogies back to the time of Kerio. However, it has not been possible to prove the validity of these data.

Owing to the common historical roots with the Pastoral Maasai, the language of the Parakuyo does not differ significantly from that of the Kisongo Maasai, for example. These groups understand each other's language with no difficulty, although there are differences particularly in phonology, but also in lexicon. The vocabulary of the Parakuyo has been influenced by the presence of Bantu-speakers, with whom they have many kinds of exchange relations. In particular the vocabulary related to agriculture, and many modern terms, have infiltrated into their language through the local neighbouring Bantu languages, and Kiswahili, which is a lingua franca in the area. Nevertheless, the basic Maa vocabulary continues to persist where traditional Maa terms already exist. This vocabulary is particularly rich in fields that have traditionally been significant to the Maasai. The subject of this study, plant taxonomy, is one of such lexically rich areas.