A linear, cause-and-effect reasoning for many of the events, occurrences and illnesses seen in the technological world of the 21st century is instilled through Western medical education. Our logical reasoning becomes so ingrained that we may become automatically dismissive of mystical or mythical reasoning on behalf of our patients.

I have a patient with bipolar mood disorder, with psychotic features, and I asked her what she thought had caused her illness. She replied that it was due to “izilwane”. This literally mean “animals” in isiZulu, but in a medical context, it means “mythical creatures” as an explanation of her illness.

This is an example of what are called “familiars” or familiar spirits. These are supernatural beings who assist sorcerers in the practice of magic, and are concepts that have been present in most cultures for thousands of years. They often appear in the form of an animal, or in human or humanoid form. They can be malevolent, if sent by a witch or sorcerer; or benign, such as the tokoloshe, who is in a humanoid form, and not necessarily sent by malevolent forces, but works on his own and is up to mischief. You will, of course, receive different explanations from different communities, with different indigenous belief systems, as to the behaviour of specific familiar spirits.

*Izilwane* is a generic term. More particular familiars would be creatures such as *imikhovu*, who are zombies from resurrected corpses, and *izimpaka*, loosely translated as cats of various kinds. There are also numerous other animals, such as baboons, hyenas and owls, that are specific to the culture of the area in which one is living and practising. For instance, lizards are commonly seen as manifestations of *amadlozi*, and praying mantises manifestations of female *amadlozi*. Snakes come under this heading, rather than under the familiars of witches.

*Lizards are commonly seen as manifestations of *amadlozi*, and praying mantises manifestations of female *amadlozi*. Occasionally, frogs, toads, scorpions, crabs and chameleons play this role.*

Visits by animals representing ancestors are usually, but not always, benign. On the other hand, visits by familiars are invariably malignant, but other creatures, such as tokoloshes, as described, are generally bent on mischief more than anything else.

I sometimes ask my patients what they believe the cause of their illness to be, and whether or not they have seen a traditional healer for the illness. Many reply “No”, and explain that they do not believe in these forms of causation or traditional beliefs. This then helps me to proceed with the Western consultation. Others reply “Yes”, and I then ask them to explain what the traditional healer identified the cause of the illness to be.

One patient, who I was treating for an anxiety disorder, replied “Ngithwetsulwe”, which loosely translated means “They have made me into a zombie”, from the verb, *thwebula*, meaning to bring under one’s control or hypnotise. My Zulu interpreter explained that the witch kidnaps you, and brings you under his or her control. You have to follow the instructions of the witch and forget about your own existence.

These explanations give me some insight into where the patient is coming from, and into the cultural beliefs behind their illness. It is a quick couple of connecting questions to a whole realm of sociological data and cultural information. You can then take one step back in the reasoning process, as the patient may believe that he or she has become vulnerable to witchcraft, mediated by third parties or spirits, because he or she has failed to perform certain rituals or violated taboos, thus causing ancestral displeasure. Therefore, certain sacrifices or ceremonies should be performed to appease these spirits.

I do not necessarily comment on the replies I receive, unless the information is obviously harmful, but accept them at face value, and I believe this acceptance helps rapport. For me, it is helpful that I know what healers and causational theories are important to the patient, so that I can adjust what Foucault called my “medical gaze”.

I can then balance the *izilwane* with the high density lipoproteins.

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