

Te whakahaumanutanga me te oranga hinengaro o mua – Ka mātaia ngā huanga o te rongoā

Traditional healing and mental health – measuring the effectiveness of rongoā

He kākano i ruia mai i Rangiātea

A seed sown from the heavens

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MĀORI PERSPECTIVES ON HEALTH have been important in shifting attitudes to health care in New Zealand. Other indigenous groups have voiced similar perspectives adding support to the notion that medical science, although remarkable for major breakthroughs in the treatment of mental disorders, does not necessarily hold all the answers to health and wellbeing.

Recent appreciation of non-medical interventions has reinforced long standing beliefs in methods of treatment shaped by indigenous world views.¹

Effectiveness of rongoā

In New Zealand the use of rongoā (native plant extracts and preparations) is a key element of traditional healing. With this greater enthusiasm for the use of rongoā, there has been an interest in determining its effectiveness. The justification for any type of treatment is linked to gains in health. Satisfaction with a service is a useful customeroriented measure but does not correlate closely with an actual gain in health. Nor does the number of visits to a health practitioner necessarily mean the treatment is effective – it could imply the opposite. Effectiveness depends on being able to show that there has been an improvement in health that would not have occurred without that particular intervention.

It is also important to realise that an intervention is not necessarily the same as a course of treatment. A doctor who prescribes penicillin for an infection may also offer advice about diet, rest, avoidance of contact with others, and how to prevent further infection. Tests such as x-rays or blood analysis may also be arranged. The pharmacological treatment is only one aspect of a wider intervention and occurs within a particular cultural context – in this case within the culture associated with a medical consultation.

Gains in health

In considering the effectiveness of health interventions, it is also important to distinguish between symptoms and syndromes. A symptom may be somatic (such as pain or nausea) or psychic (such as unhappiness, confusion or suspiciousness). A syndrome, however, represents a cluster of symptoms. Although symptoms are useful in making a diagnosis and then monitoring progress, modern medical management focuses more on the syndrome than the individual symptoms.

A crucial question for health outcomes is whether a good result is the relief of symptoms, the cure of a syndrome or the attainment of a higher level of wellbeing.

Hua Oranga is a health outcome tool which, based on a Māori health perspective, measures gains in wairua (spiritual), hinengaro (psychological), tinana (physical) and whānau (family).² This approach endorses the notion that there are at least four basic dimensions to health and comprehensive health interventions should lead to gains across all four, even if the identified problem has only been in one of those areas.

Outcomes and rongoā

Early written accounts of rongoā generally refer to the alleviation of symptoms. It appears unlikely that Māori had classified disease states according to syndromes. Instead, the particular effects of rongoā were linked to specific symptoms.³ Table 1 provides some examples.

Rongoā are dispensed as part of a wider healing tradition, rather than for just the removal of symptoms. The healer identifies the problem and decides on the most suitable approach. It may involve rongoā, karakia (incantations), whānau participation or, more often, a combination of

several methods. Effectiveness is not simply related to the pharmacological action of a plant, but to a process conducted within the context of traditional healing.⁴

Levels of outcome

The aims of traditional healing, against which outcomes might be measured, can be grouped into three levels: the alleviation of distress, improved wellbeing and the modification of lifestyle.

Most people who seek advice from a healer do so because they are distressed. The distress may be spiritual (e.g. a preoccupation with a recurring image), emotional (e.g. a feeling of depression), physical (e.g. an irritating skin rash) or social (e.g. failed relationships with family members). An immediate outcome sought by the distressed person will be relief from discomfort, no matter what its origins. This result can be described as a level one outcome. Given a holistic approach to health, and the emphasis placed on relationships with others, including the natural

Table 1: Impacts of Rongoā

Plant	Healing Ingredient	Indication
Akeake	Juice extracted from leaves	Surface bleeding
Houhere	Juice made from bark	Fever
Karamu	Leaves	Constipation
Kawakawa	Liniment made from leaves	Skin wounds, skin itch
Kowhai	Infusion made from bark	Bruising, muscular pains
Kumarahou	Poultice made from leaves	Cuts, skin sores and rashes
Makomako	Juice from boiled leaves	Painful joints
Mamaku	Juice from boiling young shoots	Constipation, expulsion of afterbirth
Matipo	Infusion from leaves	Toothache
Pohutukawa	Juice from bark	Diarrhoea
Pukatea	Lotion made from bark	Skin sores
Puahou	Infusion made from leaves	Cuts, burns, wounds, boils, skin ulcers

environment, traditional healing also aims to improve levels of wellbeing. This is not only by alleviating symptoms but also by delivering a sense of mental, spiritual, physical and social contentment, described as a level two outcome.

A third level of outcome is about generating an awareness of health, in all its dimensions, and fostering a lifestyle that is compatible with the highest possible state of wellbeing. Every healing intervention creates an opportunity for reviewing patterns of living, reinforcing the balance between spiritual and physical dimensions, consolidating identity and encouraging the development of positive relationships. Changes in attitudes and behaviour do not occur overnight but for many indigenous people the catalyst for long lasting change has often been a healing encounter.

If rongoā are to be used for health and wellbeing, their effectiveness needs to be determined. Ultimately, this will be a task for healers themselves.

References

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