

CHAPTER 3

INDIGENOUS KNOWLEDGE ON WILD GINGER

3.1 INTRODUCTION

Cohen *et al.* (1993) and Warren *et al.* (1994) defined indigenous knowledge (IK) as the community knowledge systems, communication methods and associations that serve as bases for agriculture (broadly defined to include knowledge of plants, trees, soils, insects, pests, diseases, etc), irrigation, animal husbandry, aquaculture, food preparation and storage, engineering, ecology, environmental management (involving both conservation and improvement), education, health care, social support and welfare networks, finance, marketing, labour mobilization and a wide range of other livelihood sustaining activities, as cited by Mazur (1996).

IK is human life-experience in a distinct natural and cultural amalgamation, within a unique local and contemporary setting (Seeland, 1997). In a traditional society, the local context is taken as the universal frame in which knowledge matters. This context is formed from physical facts, social interactions among people in the surroundings they perceive as their world, and of the spirituality connected with its space (Seeland, 1997).

Warren (1993) stated that IK is the only viable manner for realising the widely concepts of participatory decision making, empowerment of local communities, capacity building of individuals and institutions involved in development at the local level and sustainable development, as cited by Mazur (1996). It is also important to recognize that while IK has strengths, it also has weaknesses, which needs to be complemented by conventional western-oriented scientific methods and ideas. IK is increasingly being recognized as a national resource, just as important as biodiversity.

The objective for conducting the survey was to find out what the communities in Venda knew about wild ginger.

3.2 MATERIALS AND METHODS

The questionnaire survey was conducted in nine different villages around Venda in Limpopo Province. These villages were selected randomly and the survey was conducted for five days. Data was collected using personal interviews. The interviews were conducted on 76 respondents from these different villages. There were three groups which were interviewed: traditional healers, sellers and indigenous knowledge bearers.

3.3 RESULTS AND DISCUSSION

3.3.1 Respondents' profile

Of the total respondents interviewed, 30% were traditional healers, 29% were sellers and 41% were bearers of IK. From the interviews, it was found that traditional healers performed a lot of duties in their industry such as selling, healing, predictions, circumcisions and protecting families from witches. Gericke (2002), for example, reported that a highly respected Venda healer, Mr Joseph Tshikovha, has been successfully treating malaria in adults and children for many years with a decoction of two plants: marula (*Sclerocarya birrea*) and wild ginger (*Siphonochilus aethiopicus*).

The majority of respondents (34%) were 61 to 70 years old. The respondents were mainly female (59%). A slight majority of respondents (53%) went through formal education, while the rest had informal education. This shows that a lot of respondents were able to read and write. Most respondents (36%) were from Vuwani area. Other villages had fewer respondents with 13% for both Tshitomboni & Khubvi. The rest of the respondents were from Lufule 1 & 2, Thohoyandou complex, Sibasa, Maniini and Mulenzhe.

3.3.2 Concerning the plant

All the respondents knew the plant as *tshirungulu* (*Siphonochilus aethiopicus*), and the plant was known better by older people rather than younger generations. Through personal interview, they indicated that *tshirungulu* was regarded as an important medicine in the family (each and every household was supposed to have the plant in their yards).

All the respondents either got the plant materials from wild/bush, cultivated, sangoma/traditional healers or from the street. The majority of respondents (84%) used the medicine for stomach pains. A traditional healer from Mulenzhe, Mrs Mavis Ramashia, indicated that the plant played a significant role in their daily work, as they could incorporate it with any medicinal plant to give power to the other plant. And she continued saying that there was “taboo” that certain medicines cannot be touched by everyone, but if they mixed the medicine with wild ginger, they could be touched by anybody and they worked according to the expectations of the user.

The majority of respondents (64%) disagreed with the statement that plants which grew naturally were regarded to have more medicinal value compared with those that were cultivated. The reason given was that they were used to growing different medicinal plants in their yards but that these plants performed the same way as wild plants. About 22% of the respondents were dubious about the statement.

Amazingly, 54% of the respondents indicated that they had a plant at home. The community themselves know that there is a shortage of medicinal plants because they collect the plant materials far from where they stay.

3.3.3 Domestication and propagation

The majority of the respondents (68%) knew how to grow wild ginger, while about 32% had no idea about propagating the plant. It is quite interesting because one of the outcomes of the survey was to find out if the community was willing to be taught on how best to grow wild ginger. For those who did not have an idea about growing the plant, 83% were interested in growing it, while about 17% were not interested in propagating the plant. Of those who were interested, about 93% had land available to grow the plant.

Surprisingly, 66% of the respondents were willing to see traditional medicines replacing western medicines in clinics and hospitals, while 34% did not. The respondents (93%) maintained to say that traditional medicines should be encouraged in public clinics and hospitals because western people were using these plants for making their medicines. Seven percent of the respondents did not comment on the statement.

3.3.4 Harvesting and post-harvest handling

The most amazing part is that the plant is so scarce but most of the respondents did not have any difficulties (89%) in obtaining the materials, while 11% encountered some problems. All the respondents indicated that the procedure for harvesting wild ginger was the same for all people, where they are supposed to dig on the sides to avoid damage to the mother tuber. Interestingly, all the respondents indicated that they did not encounter any problems when harvesting wild ginger.

The majority of respondents (58%) harvested wild ginger from home. The respondents received planting material elsewhere in order to establish their own plants at home.

A slight majority of respondents (57%) indicated that the plant parts mostly harvested were rhizomes and tubers, while about 23% of the respondents harvested rhizomes, tubers and leaves and about 21% harvested only rhizomes.

The majority of respondents (45%) indicated that they could use the plant in both wet and dry states. Twenty-eight percent of the remaining respondents indicated that they kept the plant materials for 7 days if the weather was hot enough, while 13% used it when still wet and the rest (8%) kept the plant materials for 5 days if the weather was hot enough to dry the materials.

Most of the respondents (60%) did process the plant materials before selling them, while the rest indicated that they were selling the plant materials without processing them. All the respondents indicated that the medicine was prepared by grinding the rhizomes and tubers and sometimes mixed with other medicines to give power to the other medicines.

When asked whether they added anything else when processing the medicine, most respondents (56%) indicated that they added something, while the rest indicated that they did not add anything. Eighteen percent add *mphurampuli*, *water* and *mulanga* as their main ingredient in the medicine, while about 9% of the respondents added *mutavhatsindi* (*Brackenridgea zanguebarica*), *mususu* (*Terminalia sericea*), *tsemo*, *tshigombo* and

mutshutshungwane. Most of the respondents (98%) indicated that local wild ginger could become extinct in South Africa, while 2% disagreed with the statement.

3.3.5 Marketing

Nineteen percent of the respondents travel less than 10km from their homes, whereas 10% of them travel about 20km to collect the plant materials. The majority of respondents (33%) travel from 70km to 75km in order to collect the materials, while 5% of them travel about 55km. Twenty-nine percent of the respondents travel about 100km from where they reside in order to collect the medicines, while 5% of respondents travel as far as 180km to collect the plant materials.

Seventeen percent of the respondents pay less than R10 for their travelling costs. The other 17% of the respondents pay R25 to R30 for travelling. The majority of the respondents (39%) were paying R50 up to R65 for their travelling costs when collecting the plant materials. Twenty-two percent of respondents pay from R80 up to R85, while 6% of respondents pay as much as R370 for travelling costs to collect material from Zimbabwe during out of season periods.

Fifteen percent of the respondents sell single rhizomes/tubers at a price of R5 to R15, whereas 24% of the respondents charge R16 to R20 per single rhizome/tuber. Fifteen percent were charging at least R21 to R35 per single rhizome/tuber. The majority of the respondents (47%) were charging from R36 to R50 per single rhizome/tuber.

More surprisingly, 92% of the respondents indicated that they sold wild ginger to adults most of the time, while 8% of the respondents were selling to all age groups. This shows that traditional medicines are not normally used by young people, but mainly by elder people. Most respondents (92%) who bought wild ginger were women; this is true because people who know the health situation in a family are women.

A number of respondents indicated that they also sell five other important medicinal plants rather than wild ginger, namely, *mpeta* (*Osyris lanceolata*), *mpesu* (*Securidaca longepedunculata*), *muobadani*, *musalamarubini* and *mutavhatsindi* (*Brackenridgea*

zanguebarica). The other respondents were selling other medicinal plants but, in small quantities such as *mukundulela*, *mungulawa*, *mulanga*, *tshigombo*, *mphurampuli*, *mutshutshungwane*, *murenzhe*, *vhulivhadza* (*Lannea schweinfurthii*), *mulomo-munandi*, *mugwiti*, *munie*, *mufula* (*Sclerocarya birrea*), *pfure*, *murumelelwa*, *mususu*, *muthathavhanna*, *mupharatsheni*, *mutshilikhomu*, *thidigwane*, *munungu*, *tshikhopha*, *phila*, *phathatshimima*, *nndilele* and *gumululo*. Most of the respondents (97%) indicated that wild ginger was an excellent medicine when compared to other medicinal plants.

3.4 SUMMARY

A survey was conducted in nine different villages around Venda in Limpopo Province. There were 76 respondents that were interviewed. The objective of this survey was to find out indigenous knowledge about wild ginger. People interviewed were traditional healers (30%), sellers (29%) and indigenous knowledge bearers (41%). Most of the respondents were female (59%). Also, most of the respondents indicated that they had gone through formal education, so they were able to read and write. All of the respondents knew wild ginger as *tshirungulu*.

Results from the survey indicated that wild ginger is used mainly for stomach pains. It was encouraging to learn that people who use this plant feel that even home-grown wild ginger is as effective as the wild one for medicine. The plant is currently so scarce that some of the respondents were travelling as far as Zimbabwe to obtain it.

If continual use of this important medicinal plant is to be realized, users will need to be taught on how best to grow the plant and how to harvest the plant without destroying the mother tuber or rhizome. This will ensure sustainable use of wild ginger.