The identification of ‘Isicakathi’ and its medicinal use in Transkei

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ABSTRACT
A study was undertaken in six districts of Transkei. The object of this research was to identify and review the state of knowledge of plants used in the medicine known as ‘Isicakathi’. Present utilization of the plants is considered.

INTRODUCTION
Transkei has a variety of plants which people use for food, medicine, magic, ritual and customs, building material, household utensils and implements, musical instruments, firewood and firesticks. The use of this raw material is traditional to the people and, moreover, offers a cheaper way of life. Seeing that much of this folk culture is vanishing before the advancing tide of westernization, we set ourselves the task of recording some information on the traditional uses of plants.

Transkei is populated mainly by Xhosas (with a minority of Sothos) and has been divided into 28 magisterial districts. These districts are occupied by people belonging to a number of ethnic groups, each with its own tradition and customs. In order to determine the plant taxa known as ‘Isicakathi’ and to gather ethnic traditions, six study areas were selected, which are inhabited by different ethnic groups (see Research Procedure).

‘Isicakathi’ is one of the most important medicines used in the Transkei. It is the first medicine that is given to the Xhosa baby immediately after birth or used by the expectant mother from about three months before the baby is born. The use of this medicine poses a number of questions that are of interdisciplinary interest.

NOMENCLATURE
The name ‘Isicakathi’ is a general and collective name and the Sotho equivalent is ‘Pitsa ya tshila’. Some of the species used in ‘Isicakathi’ are listed in Table 1. More than one name may be used in the same area, for example Helichrysum pedunculatum ‘Indlebe zebhokwhe’ or ‘Isicwe’. On the other hand, different names may be used for the same species. For instance Ledebouria is known as ‘uMasixabane’ in Engcobo, ‘Ishlambezo’ in Umtata, and ‘Letywetlane’ or ‘Bokhoe’ in Maluti. The problem becomes more complicated and further increases as the same name is used for different species. Both the Pondos and Tembus use the name ‘Ishlambezo’, referring to Ledebouria sp. and Agapanthus sp. respectively.

PREVIOUS RECORDS
The medicinal use of ‘Isicakathi’ has been reported by a number of researchers such as Watt & Breyer-Brandwijk (1932, 1962), Batten & Bokelmann (1966) and Lamla (1981). They, however, only mention the use of this medicine very briefly. Smith, quoted in Watt & Breyer-Brandwijk (1962), states that a paste of ‘Isicakathi’/uSikiki, identified as Salvia scabra, made with mother’s milk, is given as the first medicine to Xhosa infants. Walter (Watt & Breyer-Brandwijk 1962), mentions that the root of this plant is soaked in water, and that some of the water is given daily to the new-born for about two months. Hewat (Watt & Breyer-Brandwijk 1962) states that the leaf paste is given as a purgative.

An infusion of the tuber of Chlorophytum sp. (Watt & Breyer-Brandwijk 1932, 1962) is administered to the suckling infant to stimulate growth. Batten & Bokelmann (1966) state that an infusion of the tuber of Chlorophytum comosum is given to the infant on the day of birth as a purgative, and that it is used as an aperient with infants generally. Lamla (1981), in his study of the traditional healers and their medicines in Transkei, recorded that ‘Isicakathi’, also called ‘Umkhondo’, is used to in-
duce vomiting. The roots are ground and then mixed with warm water and the patient drinks the medicine. Lamla was not able to identify the plants in question.

**RESEARCH PROCEDURE**

Six districts were chosen as the study area (Figure 1). They were the following: Engcobo, Umtata and Mqanduli, which are all occupied by Tembus; Libode and Bizana which are Pondo areas; and Maluti, occupied by Sothos and Hlubis.

In addition to house interviews, conducted in the study area, interviews were carried out at clinics in the districts of Bizana and Maluti. To assist us in our interviews, herbarium specimens were kept at hand for identification purposes. The voucher specimens were compared with specimens housed in the herbarium of the University of Natal (NU), Pietermaritzburg. In order to establish the localities and distribution of the species in question, a number of herbaria were visited.

‘**ISICAKATHI**’ PLANTS

Eleven species, namely *Commelina africana* L.; *Agapanthus* sp., *Chlorophytum comosum* (Harv.) Jacq., *Ledebouria* sp., *Ranunculus multifidus* Forssk., *Thunbergia atriplicifolia* E. Mey. ex Nees, *Kohautia amatymbica* Eckl. & Zeyh., *Plantago major* L., *Gazania linearis* (Thunb.) Druce, *Helichrysum pedunculatum* Hilliard & Burtt and *Senecio coronatus* Harv., belonging to 11 genera of seven families, were collected. Four of the species are monocots and seven are dicots.

These species, known and used as ‘Isicakathi’, may be used for other purposes either by the same or by different people. These purposes are given below.

**Commelinaceae**

*Commelina africana* L. ‘Isicakath sehagu’

Vouchers: TRANSKEI.—3128 Engcobo (-CB): Bolofo S16 (KEI); Umtata (-DB): Bolofo S6 (KEI). 3129 Libode (-CA): Bolofo S15 (KEI). Figure 2.

**Liliaceae**

*Agapanthus* sp. ‘Isihlambezo, umGwebeleni’.

Voucher: TRANSKEI.—3129 Lupatana (-BB): Cave S41 (KEI).

The vegetative material collected was impossible to identify to species level. The genus, which is widely distributed in Transkei, is represented here by *A. campanulatus* Leighton, *A. minor* Lodd., *A. praecox* subsp. *orientalis* (Leighton) Leighton and *A. umbellatus* L’Hérit.

Of all the ‘Isicakath’ identified, *Agapanthus* is the only one that is used by the expectant mother. The expectant mother starts using the medication when she is about six months pregnant until she delivers. The plant is grown in a large beaker of water and she drinks half a cup of this water every morning and evening. It is believed that the health of the unborn baby can be judged by the manner in which the plant grows. Vigorous growth of the plant is an indication of a healthy unborn baby. If the plant dies it is accepted that the baby will also die. Watt & Breyer-Brandwijk (1962) state that Pondo women grow *A. africanus*. A decoction of the roots of *A. africanus* and *Typha* sp. is used in the same manner (Watt & Breyer-Brandwijk 1962).

*Chlorophytum comosum* (Thunb.) Jacq. ‘uJejane, uJiyane’.

Voucher: TRANSKEI.—3128 Mqanduli, Wilo (-AD): Bolofo S14 (KEI); Umtata (-DB): Bolofo S9 (KEI). Figure 2.

*Ledebouria* sp. ‘Letywetlane’ (Sotho), ‘Isihlambezo, uMasixabane, Bokhoe’.

Voucher: TRANSKEI.—3128 Engcobo (-CB): Bolofo S3 (KEI).

The vegetative material collected could not be identified to species level. This genus is widely distributed and the species found in Transkei are *L. apertiflora* (Bak.) Jessop, *L. cooperi* (Hook. f.) Jessop, *L. floribunda* (Bak.) Jessop, *L. ovatifolia* (Bak.) Jessop and *L. revoluta* (L. f.) Jessop.
Ranunculaceae

*Ranunculus multifidus* Forssk. 'Thlapi' (Sotho).

Vouchers: TRANSKEI.—3028 Maluti, Queen's Mercy (BA): Bolofo S13 (KEI); 3128 Engcobo, Buswayo Forest (CB): Johnson 266 (KEI); Mayolo: Johnson 1618 (KEI). Figure 3.

In Maluti the plant has a variety of uses, these are: a cure for epileptic fits in adults; to treat lung problems; for the relief of toothache; as a cosmetic.

Acanthaceae

*Thunbergia atriplicifolia* E. Mey. ex Nees

Vouchers: TRANSKEI.—3128 Umtata, Unitra campus (DB): Bolofo S17 (KEI); Tsolo, Gxididi: Bolofo S7 (KEI). Figure 4.

Plantaginaceae

*Plantago major* L.


Rubiaceae

*Kohautia amatymbica* Eckl. & Zeyh. 'Dirosare' (Sotho), 'Mohlatsisa iKhubalo elimnyama labaNtwana'.

Vouchers: TRANSKEI.—3028 Maluti, Queen's Mercy (BA): Bolofo S11 (KEI). Figure 3.

*Senecio coronatus* Harv. 'Iyeza lamasi'.

Voucher: TRANSKEI.—3128 Umtata (DB): Bolofo S8 (KEI). Figure 4.

A teaspoonful of the powdered dry roots mixed with half a tin of blue butter and a teaspoon of 'Umvutuza' (not determined) serves as a cream to get rid of pubic lice. Sothos used it as an emetic or sometimes mixed it with their tobacco (Watt & Breyer-Brandwijk 1932).

*Asteraceae*

*Helichrysum pedunculatum* Hilliard & Burtt 'Indlebe zebhokwe, isiCwe, uNdleleni, isiGqutsi'.

Vouchers: TRANSKEI.—3128 Engcobo, Ndungunyeni (CB): Bolofo S2 (KEI); Umtata (DB): Johnson 156, Bolofo S16 (KEI): 3129 Libode, Moyeni (CA): Bolofo S19 (KEI). Figure 2.

'Indlebe zebhokwe, isiCwe' is applied as a dressing on the wound after circumcision. This is done to prevent inflammation and to prevent the wound from becoming septic.

*Gazania linearis* (Thunb.) Druce 'Tsikitlane' (Sotho), 'uBendle, uHlubi'.

Voucher: TRANSKEI.—3028 Maluti, Nchodu (BA): Bolofo S12 (KEI). Figure 3.

The Sotho grind the roots and mix them with those of other plants (not determined) and the paste is applied to small cuts that are made on the body in the vicinity of the joints. This is to protect the person against evil spirits. The abaxial epidermis of the leaves which is very tough is peeled and twisted, and coloured beads are threaded on it to make a small skirt for young Sotho girls. Batten & Bokelmann (1966) made a similar report for Xhosas.

**DISTRICTS AND PLANT USE**

The eleven species used as 'Isicakathi' occur throughout Transkei (Figures 2, 3 & 4). From the interviews it became evident that each district is characterized by its own 'Isicakathi' (Table 1). This implies that each tribe has its own traditions.
Engcobo

The greatest number of plant species used as 'Isicakathi' has been collected from Engcobo. Each family uses its particular plant and sometimes totally disagrees about the use of any other plant. In most families even the children could identify the plant used by their family. As the knowledge of the plant and the use of the medicine is quite extensive the medicine is not usually purchased. The plants used are *Chlorophytum comosum*, 'uJejane' or 'uJiyane'; *Commelina africana*; *Helichrysum pedunculatum*, Xhosa: 'uNdlele'; *Agapanthus* sp.; *Ledebouria* sp., Xhosa: 'uMasixabane' and *Plantago major*. For the additional use of *Tulbaghia dieterlenii* see under Maluti.

Umtata

There is still a fair knowledge of this medicine in the rural areas. People staying in the urban areas have lost track of the identity and use of this medicine even if they happen to remember its existence. 'Isicakathi' is dispensed as one of the herbal medicines in various herbalist shops in Umtata. In addition, dried plant material of *Senecio coronatus* is also sold as 'Isicakathi'. However, there is much controversy about the use of this plant. As denoted by its other Xhosa name 'Iyeza lamasi', it is claimed that it is given to an older child when breastfeeding is stopped. In this case it is supposed to 'clean and remove' all the sour milk from the baby's bowel. This is regarded as being different from the general use of 'Isicakathi'. There is, however, still a large proportion of people who buy it from the herbalist and use it as 'Isicakathi'. Rose (1972) stated that this plant is also called 'Iyeza lo moyo' and is used as a purgative for weaning babies or as an enema. For the other 'Isicakathi' plants collected in this district see Table 1. The use of *Tulbaghia dieterlenii* is discussed under Maluti.

Mqanduli

In this district, inhabited mainly by Tembu, the following plant species were found to be used as 'Isicakathi': *Commelina africana* and *Chlorophytum comosum*.

Libode

Three species, *Commelina africana*, *Chlorophytum comosum* and *Agapanthus* sp. are in use in this district but only one, *Commelina africana*, is sometimes called 'Isicakathi sehagu' because it is eaten by pigs.

Bizana

Seeing that in this district interviews were held only in clinics, very little information could be obtained on the plant species used. This can be ascribed to the presence of nurses in front of whom people were afraid to admit that they even know this medicine, let alone use it. The name 'Isicakathi' is not known, instead 'Isihlambefo' is used. Though some of the people interviewed here do use this medicine, they could not identify the plants. The most common way of obtaining the medicine is from the herbalist. The only plant that was collected is *Ledebouria* sp.

Maluti

The people of this district have strong faith in this medicine. Here the collective name 'Pitsa ya tsihla' or 'Sethlare sa tshila' are used to describe all medicinal plants that are used to get rid of impurities. Each species, however, still has its specific name. The plants that are commonly in use are: *Gazania linearis*, Sotho: 'Tsiki­tlane'; *Kohautia amatymbica*, Sotho: 'Dirosare'; *Ledebouria* sp., Sotho: 'Leitjwetane, Bokhoe' and *Ranunculus multifidus*, Sotho: 'Thlap'. The herbs are either used individually or, when it is necessary to prepare a stronger mixture, are mixed in various combinations. *Kohautia amatymbica* is either mixed with *Ranunculus multifidus* or with *Gazania linearis*. *Ledebouria* is considered strong enough and is never mixed with any other plant.

The bulb of *Tulbaghia dieterlenii*, Sotho: 'Sefothatsha'; Xhosa: 'Isivumampunzi', is commonly added to any of these mixtures to drive away evil spirits from the baby. In the districts of Umtata and Engcobo the entire plant is ground, put on a clean cloth, water is added and the solution is administered to the ears, nose and anus of the baby. The plant, when used for this purpose, is called 'Umkhamekelo'.

**Conclusion**

Although the species in question are widely distributed (Figures 2, 3 & 4) in Transkei, the people are very specific in what they use or regard as 'Isicakathi'. The question therefore arises as to what contributes to the peculiar assemblage of plants that are in use (Table 1). *Gazania linearis, Kohautia amatymbica* and *Ranunculus multifidus* are only used by the Sothos of Maluti. The Tembus of Engcobo and Umtata do know *Gazania linearis* but do not attach any medicinal value to it. Batten & Bokelmann (1966) state that *Kohautia amatymbica* is used by the Xhosas for protection against evil spirits. In Engcobo *Ranunculus* is used for making tea. The three herbs are therefore only recognized as 'Isicakathi' by the Sothos.

*Agapanthus, Commelina africana* and *Chlorophytum comosum* are used in the districts of Engcobo, Mqanduli, Umtata and Libode. The first three are Tembu areas, the fourth a Pondo area. Considering the fact that Libode is situated very close to the Tembu areas, it can be assumed that the use of these plants in Libode is due to an influence from this close association with the Tembus. On the other hand, it should be noted that *Ledebouria* is used in Bizana, Engcobo and Maluti, which are very far apart and occupied by Ponds, Tembus and Sothos respectively. The use of a common plant by these people cannot be easily explained but is probably related to migration of people from one place to another who introduce new medicinal herb remedies to the area. Herbalists, in particular, travel extensively for training and during their collecting trips introduce these remedies.

**CURRENT KNOWLEDGE AND USE**

**Knowledge of the plants**

From the interviews conducted it soon emerged that it is mainly the married women with children who are familiar with the use of 'Isicakathi'. They are much more forthcoming in passing on their herbal knowledge than men. The few men that were able to identify the plants, were all herbalists and they were reluctant to divulge information on collecting, preparation and dispensing of the drug.

From a total of 120 families (households) interviewed, 89% are familiar with the medicine, and 58% have used it. A small percentage (10%) of the users do not know
why they have to use the medicine, but use it on instruction from their mothers or mothers-in-law. Of the users only 33% could identify the plants in question, and are therefore able to collect and prepare the medicine themselves. The users are young mothers between the ages 18—27, while it is the older women, usually mothers-in-law, who collect the herb.

**Preparation and dosage**

A handful of the roots is thoroughly cleaned and prepared by one or two procedures. The plant material is boiled for about five minutes or soaked in boiled water. The decoction is strained and kept in a closed bottle. Administering of the medicine varies considerably, but usually the infant is given either one or two tablespoons three times a day; or the medicine is alternated with breast-feeding, and is therefore administered as a supplementary meal.

No other nourishment, except breast-feeding, is normally given to the infant. Depending on the effect of the medicine, the concentration is either decreased or increased. The time at which the medicine is administered also varies considerably; it is either given immediately after birth or at any time thereafter. Treatment lasts from between two weeks to five months.

**Reasons for administering 'Isicakathi'**

Nine reasons for administering 'Isicakathi' were determined:

1. to serve as an aperient that facilitates the discharge of meconium stools, Xhosa: 'Ijengezi/Ijekезi'. Though this does happen naturally, it is believed that the system is not efficient enough and needs to be assisted;
2. every newborn baby is believed to have a rash inside its body. This medicine is also used to promote the appearance of that rash on the surface of the body (referred to as 'Ishimnca') so that the rash does not 'block' the baby's ears and eyes;
3. to prevent the blocking of the respiratory system;
4. to stimulate appetite and to make the baby strong;
5. to serve as a meal that is alternated with breast-feeding;
6. to counteract constipation and wind;
7. it is believed that when breast-feeding, the mother's milk sometimes turns sour in the child's bowel. This medicine is used to counteract that;
8. the medicine is taken to ensure easy childbirth, a healthy child and/or that the child does not develop bowel trouble;
9. the medicine is given with the strong belief that it is the first medicine that must be given to the child.

**Illnesses attributed to failure to administer 'Isicakathi'**

In contrast to the above, certain illnesses are attributed to failure to administer 'Isicakathi' to the baby:

1. the baby may lose its appetite and become very thin and weak. 'This results in a baby that looks much older than its actual age'. According to a herbalist in Umtata 'people may interpret such symptoms as 'Kwashiorkor' or tuberculosis but these symptoms are actually effects of impure blood';
2. meconium and/or sour milk from the mother is stored in the baby's bowel resulting in ongoing stomach disturbances. The baby's stomach becomes distended and the baby suffers from colic cramps and sharp pains. 'If these are not stored in the stomach, they may be transferred to the back and that results in the development of a hunchback';
3. green veins develop on the baby's distended stomach as a result of impurities in its system. At that time the baby may have black or green thread-like stools and these may be accompanied by vomiting. The result is a very restless and fretful baby, with yellow eyes and sometimes a yellow colouration of the skin. This condition is referred to as 'Plate';
4. failure of after-birth-rash to appear may result in a condition referred to as 'Ihashe'. The baby's ears and eyes are blocked by the internal rash and these may become septic. Alternatively, the baby may develop sores on the face especially at the backs of the ears. If this condition is not treated immediately, this may result in deafness and blindness.

Of the households interviewed 35% are of the opinion that treatment with 'Isicakathi' is the only cure for the above illnesses. Three percent of the users were instructed by the herbalist to use this treatment to prevent evil spirits from inflicting harm to the infant. Of the users 25% continued with the administering of the herbal medicine while having the child under the care of a doctor or visiting a clinic.

**ECONOMIC IMPORTANCE**

'Isicakathi' is undoubtedly one of the most important medicines used in Transkei. Though it is mostly freely available, 66% of the users are unable to identify and collect the herbs themselves. The main suppliers are therefore the traditional practitioners. A handful of roots, or one bottle (750 ml) of medicine, is sold for about R1.00—R2.00. *Chlorophytum comosum*, only occurs in indigenous forests which are not easily accessible for the ordinary man. This fact makes the herb very expensive and it is therefore sold at a price range of between R5.00 to R6.00. Great value is attached to these medicinal plants, especially by the herbalists to whom they are a source of wealth. A herbalist in Engcobo was prepared to divulge information about the locality of the plant only if she was paid R14.00. In Maluti a herbalist demanded a live herd of cattle if one is to be shown the plant. According to the latter the fee is a way of appeasing the ancestors who will obviously be against their divulging this information.

**CONCLUSIONS**

It is evident from the interviews that the knowledge and use of 'Isicakathi' is gradually diminishing. In the rural areas, it is the older women who are familiar with the use of the medicine. The younger ones do not show much interest and they do not seem to attach as much importance to the medicine as do the older ones. Even if they do use it, it is usually prepared by their elders.

The tribes and inhabitants of the districts are very distinct and each ethnic group tends to stick to its tradition. However, some overlapping does exist as a result of side influences such as marriages and migration of people and herbalists.
Looking at the number of species collected from less than a quarter of the districts of Transkei, one is inclined to suspect that there should be many more species that are used as ‘Isicakathi’ in Transkei.

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