

CHAPTER TEN

MEDICINE AND HEALTH

Mwaniki, H.S.K.

INDIGENOUS HEALTH CARE

From the advent of colonisation of Embu District in 1906 and especially the penetration of missionary Western type of education in 1910, traditional health care practices were condemned. The practices were preached against and labelled as witchcraft, hence the name "witchdoctors" given to the practitioners has survived to the present. The practitioners were accused of playing on the fears of the people who were supposed to be so primitive that they could not understand the science of life and especially, health. The people were regarded as superstitious, the practitioners were publicised as liars and evil and the whole was condemned indiscriminately. It is, therefore, not surprising that the modern generation in the greatly missionary affected areas of the district see traditional medical practices as portrayed in brief as witchcraft and tries to shirk away from it without even attempting to understand it. The credit here goes to the colonial indoctrination that traditional medical practices were, (and are) evil.

The truth is that there were strongly scientific and effective traditional medical works and practitioners and also evil minded persons who practised witchcraft. These were, however, not accepted by the society as medical workers, the *ago* (plural of *mugo*), were seen as enemies of the society or *arogi* (plural of *murogi*) and were hated. When caught or properly identified, they were punished and even killed in public, with the permission to kill and first action given by a close relative as symbol that everybody, even God, hated

that person and wished him or her death.¹ Dumping the witches, wizards (*arogi*) and medical practitioners (*ago*) in one bag and calling them witchdoctors was (and is) both wrong and misleading, it hides the truth or reality of the traditional medical profession, a picture this chapter will endeavour to correct and illuminate for better understanding. The picture will be corrected especially in the Embu part of the district where the practice is almost dead and the indoctrination was most perfect and the understanding will be useful in the greater section of the Mbeere zone where the profession is either still in operation or can easily be revived and strengthened.²

Traditional medical practices are as old as the societies in both Mbeere and Embu zones. The Mbeere recall the establishment of the *Uvariri* special family of medical practitioners as early as the society was formed. The Embu relate that Igamuturi clan, the one accepted as the "original", started medical practices and helped in spreading the art in both Embu and Mbeere. Some informants add that the same clan spread the art to Gikuyuland also. For instance, William Muriria related that:

Igamuturi clan is the clam of Agwe or the medicineman.... A group left here (Kyeni, in Embu) for Kathera in Mbeere (eventually to settle at *Uvariri*), another for Ugweri in Embu and the rest for Kawaharura in Gikuyuland³.

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- 1 Neither in Embu nor Mbeere were these evil people tolerated. The punishments included ostracizing, administering terrible oaths and ordeals to the suspects or killing if identified beyond doubt. When killing was the only alternative, the methods, used included burning, stoning, rolling him down a steep gradient in a beehive and throwing him down a high waterfall.
 - 2 The 'Embu district' described in this chapter does not include the Mwea section of the current political district. Mwea includes peoples of Kamba and Kikuyu (especially Kirinyaga) origin in addition to the Embu and Mbeere. The rest of the district, containing the peoples who are historically the same but call themselves Embu and Mbeere, is the one which is the subject of this chapter.
 - 3 Murilia, William "Traditional Medical Work" in Mwaniki, H.S.K. *Embu Historical Texts*, EALB, 1974, P. 3.

The Mbeere and the Embu hold strongly that their medical practices were commenced for the good of public health, basically to prevent individuals from ailments and cure those sick. At a societal level, the medical practices were supposed to bring peace between the people and their creator who would then bless them with rain and prosperity. The same medical practices were supposed to keep off catastrophes, be they diseases of epidemic nature or enemies for the good of both people and livestock. Fertility, again for both people and livestock, was also maintained by the medical works, especially the specialists of Uvariri.

Traditionally the concept of health was the wholesomeness that harmonised the individual, society and environment. One had to be physically healthy, strong and of a sound mind. One was expected to be moral in general and sexually. One was not allowed to cut trees without sound reasons as this was destroying the environment or kill wild animals in discriminately. If one did not heed these moral codes of behaviour, misfortunes were said to follow. Such were illnesses, abortions for women, invasion by wild animals or enemies, lack of rains and a general moral degeneration in the family society. The society would then be on the look out to check on the people who might make these misfortunes affect them and prevent the problems in time. This resulted in societies which were responsible for their own type of health that was guarded zealously. To achieve and maintain the above concept of health, it was necessary to encourage types of people who were capable of aspects of the health who developed into a class of professionals.

TYPES OF MEDICAL PRACTITIONERS

Medical practice was not a monopoly of any one individual in Embu and Mbeere. Many individuals were experts in certain aspects of medical health and concentrated on those only. The patients were at liberty to consult whoever they felt more confidence in to deal with their types of ailments. There were those who only diagnosed and those who also only treated. At times, a patient consulted two or more professionals before the final curative action. These experts included the following:

i) Diviners who diagnosed either the causes of some illnesses or even the illnesses themselves

They used their "magic" gourds called *miano* (singular, *mwano*) which contained an assortment of seeds called *mbugu* from the *mubugu* tree. Some of these experts added other "magic" things like beads and small bones. The practice of divining was termed *kuringa mbugu*. The *mwano* would be 'treated' and the contents shaken, poured on a piece of skin or other material spread on the ground and then counted and arranged in heaps and patterns enabling the expert to deliver his verdict. It would be upon the patient to accept and go to look for the one who treats. Normally the diviner did not treat. If the patient wanted to get further confirmation or advice, he was free to consult others.

ii) Medicinemen and women or the *ago* who did the physical treatment

These administered actual chemicals, *mitheega* or psychological treatment in form of 'sacred' or 'magical' words depending on the nature of the problem.

iii) *Athuki* (sing. *Muthuki*)

Were those who claimed to be capable of removing bad things in the patients' bodies without using chemicals or any surgery. Hence pieces of sugarcane were removed from the body of one who would have eaten 'bewitched' sugarcanes. Remains of foreign bodies were removed from the body of the patient even when these were solids like beads. Apparently, this was working on a patient's psychology and removing the guilt, after which actually, the patient healed.

iv) Healers of bewitchment

It is said, and was or is, observed that there were some societies which were capable of harming someone if they did not like him/her or if the person contravened their codes of conduct. Such were the *wathi* or hunter fraternity which included bee-keepers. The other dangerous one was the *Uthigani* or spying (of foreign or enemy lands) society. This was also called *njama ita*. If a person contravened their codes like by eating portions of meat that was meant for them or harming the society in some way; these societies were capable of bewitching. The bewitchment always resulted in the person becoming sick and untreatable by the normal medicinemen. However,

there were a few medical personnel who understood, and concentrated in this field of curing.

v) Some setters who treated broken limbs such as hands and feet

Placing the fractured bones in their right places and positions, they would immobilise the limb by tying sticks appropriately till healing. Other bone setters dealt with intricate ones like the **hips**. The specialists here were mostly women who used their delicate palms well-softened with castor-oil to bring the bones back into the original positions.

vi) Avungi miti or collectors of herbs and consequently makers of medicines, were another cadre of experts.

These knew the geographical locationing of medicinal herbs and when to find them. They also would know the herbs combined for the production of various types of medicines. These experts helped the sick by 'prescribing' what herbs were to be taken and how they were to be processed. The healers also made use of these people at times for replenishing the farmers' stocks.

vii) Surgeons

Were also among the important medical professionals. These were of many types for different medical purposes. Some simply dealt with the piercing of ear lobes for ritual and decorative purposes. Others cut body veins and sucked blood to kill pain in their patients through the method termed *kuviva*, to draw blood through creating a vacuum. The instrument used was called *nvivi* or *mbivi*. Others still specialised in the cutting open and removing boils in intricate parts of their patients' bodies such as armpits and near the private parts. They would remove and treat the resultant wound successfully. These boils were termed *nyimba*, the 'swelling' that was not normal. The most reknown and both feared and respected **surgeons were those men who circumcised boys and the women who performed clitoridectomy to girls.** Both these surgeons were called *aruithia* (singular, *muruithia*). The men used special knives while the women utilized traditional razor blades called *cienji* (sing. *kienji*). The two tools of this trade were famous for their sharpness and were treated almost as sacred. Besides the ritual purposes of circumcision and the social stigma attached, the ritual was also considered hygienic especially for boys and, therefore,

a health issue. The ritual, to both males and females, was also supposed to improve on the morals of the victims, another public health purpose.

THE TRAINING OF MEDICAL EXPERTS

The medical practitioners found were trained by qualified personnel or learnt that art under the professionals before being allowed, and accepted, to practise. The initiative of the training came from the individuals themselves but at times, very rarely, the society would request someone to undergo the training so as to serve the community. Three types of initiatives to the training are the most frequently recalled namely, being "*born with*" the art, heredity and burning interest.

Some people are said to have been born with clenched fists or one fist. When opened, the fists were found to contain one or two *mbugu* seeds for divination. These were symbols for a potential *mugo*. The *mbugu* would be preserved by an honest person until the child matured when they would be given back. The person would, without further ado, be apprenticed to a professional to learn till qualification. The second type of professionals are said to have inherited the art from their parents. This was possible for some children gained interest right from youth as they observed their parents at work. Some would be used by the parents as some types of junior assistants. It took this cadre of people much shorter in the final training.

The third type of candidates for the profession would have interested themselves in the art independent of either the "birth gift" or the heredity right. This interest developed in life is at times, referred to as a "calling". The "called" would graft himself to a qualified person and be fully trained. When qualified, each of the three interest origins was inaugurated in a publicised public ceremony. The annointed person became a professional from then on but was free to go back to the trainer for further consultations in the future. If this was necessary, further relevations on the making of medicines, treatment performances and at time, the ex-student would open up some secrets to the teacher from his or her own findings since beginning the practice.

GENERAL DIAGNOSIS AND TREATMENT OF AILMENTS

About five major types of ailments were found in the Embu and Mbeere societies. These are grouped according to their causes and treatments. Some of the ailments do not have a single cause but have more than one. The following can be singled out:

i) Bewitchment, *Kurogwa* or *Kuringwa na Ciama*

The *kurogwa* types of ailments were greatly feared for they often resulted to death. This was performed by the evil-minded and could give the victim fatal chemicals. That is why the witches and wizards were hated and feared. However, many medicinemen or healers were able to undo the evils of these enemies of the society if diagnosed in time.

Those ailments caused by the *ciama* (sing. *kiama*) were tricky and difficult to the normal medicinemen. These were known because they would look rather peculiar from the normal sicknesses. They included such oddities like an eye "leaving" its normal socket and resting on the chick, a tongue "leaving" the mouth and swelling so much that it could not be accommodated in the mouth any more or a limb, so swollen that it would look like a small log. These could only be treated by the specially trained or the senior members of the *ciama* themselves. The *ciama* healers would do the healing openly and dramatically to bring the results as people watched. Hence their being feared also. In addition to the *wathi* and *uthigani njama* mentioned earlier, were others like *gatang'a*, *kigoci* and *nviti* or *mbiti*. Ailments caused by these included paralysis of the victims limb or one side of the body and abnormal wounds which even when treated would not heal.

ii) Unlike the above ailments which could be diagnosed by 'naked' eyes were tricky sicknesses like persistent pains which would also have neither apparent cause nor respond to treatments. Barrenness was included here. These are bothering people even currently and, it is said, even modern medical treatments have failed to cure. It is a well known fact in Embu that these problems are easily cured when taken to traditional healers. The diagnosis here is that they are *Kirumi*, curse and are caused by contravening curses or other rituals like *gichiaro*, blood brotherhood. If a *gichiaro* couple marry against

the ritual, they turn barren at times or keep on aborting or even contract an incurable sexual disease. To diagnose this cadre of sicknesses, *mbugu* are mostly the best tool.

iii) The next is illnesses that are known but did not need actual medicine. These need psychological therapy like *kuthuka*, removal of evil materials in one's body magically with "doctored" water, white chalk or *ira* and special instruments like *mbuthu* gourd. Such words like "It is to cleanse, I am cleansing this person, he is bewitched..." were used.

iv) There were also biological illnesses such as diarrhoea wounds from injuries, fevers like malaria and general body problems. Medical practitioners could diagnose these through their symptoms and prescribe treatments. In this category, herbal medicines or surgical treatments were administered.

v) Public health was of great concern, especially to the leaders of the communities. If rain failed, the community was supposed to have disappointed God and measures were taken to rectify this, plus great precautions for the future. Hence the vigilance of the leaders, the *nthuke*, in keeping the environment intact and punishing individuals who tampered with it. The punishment, which took the form of fines, had ritual sacrifices performed with the livestock paid. Precautions should also be taken at planting time as well as during the harvesting season. Epidemics were warded off, quarantine declared for both humans and livestock when need arose and great pains taken over public property like watering places and salt-licks to avoid possible contamination. The climax of these preventive and curative measures for the public would be found at the Uvariri centre.

A BRIEF PROFILE OF A PERSON'S HEALTH CARE

When a woman conceived, she took great care of her health for the sake of the unborn. For instance, she took precautions (in her eating habits) in using only those foods which would give her health and not endanger the unborn child. She would continue doing manageable exercises in form of work until she delivered. Just before the time of delivery and, also, soon after, she was supposed to keep as clean and ritualpure as possible, not even quarrelling with those that she

normally disliked - harmony and love were to prevail which were regarded as assets to the child's birth and after life. The midwives who would attend the delivery were also supposed to be ritually pure people and of clean habits as well as being knowledgeable and professional. This was terribly important because males do not attend births and so the lives of both the child and the mother depended on the expertise of the midwives. Men greatly cooperated, although from a distance. For instance if a delay at the delivery was judged to be a result of 'no family harmony', the family would be summoned by the midwives, men included, to quickly reconcile and bless the delivering mother. If delay persisted, the men would pay a goat which would be sacrificed, with the goat's blood spilling on the head of the delivering mother.

The midwives made sure that the birth was normal, that is, the child was not born feet first, covered with birth membrane or *rugiki*, with grown teeth or even let to fall on the bare ground. After a successful delivery, the mother was put to complete bed-rest. She remained under bed-rest for a long period when she was fed as well as possible with such nutritive foods as gruel useful for the manufacture of the child's milk - soup, meat and herbal medicinal foods either singly or mixed with the other foods and drink. The child was not supposed to be taken out of the birth hut until after four or five days. Even when this getting out of the hut *kumagarua* took place, it was ritual. This protective practice for the child's health continued with what was considered proper feeding and medical care, including washing, hair cutting, dancing and playing and dressing until circumcision or clitoridectomy when the child was considered an adult who could look after himself or herself. Health exercises were much encouraged through dancing at this stage.

During the warrior and marriageable girl stage through marriage and mature husband and wife period, one was supposed to look after one's health first by feeding properly, living morally and having appropriate medical care when necessary. At old age, when even the teeth were gone, feeding was still considered the best method of health care and specially nutritive foods for the elders were prepared and administered. When the elders got generally sick, many knew which herbs could help them cure and often would send other people to go collecting these and preparing the medication. They invited

professional practitioners only when very necessary.

THE MAKING OF TRADITIONAL MEDICINES

Traditional medicines were made mostly from trees and herbs, animal products and geological materials like soils and rocks. There were shrubs which were used first as "appetizers" for the chemicals and second as ingredients for several types of medicine. We are calling them "appetizers" here because when they played that role, they were not eaten or taken in any way. They were tied in bundles and simply dipped in 'medicated' or even plain water. The medicineman would then chant magical words while dipping and removing them, in and out, of the water; sometimes throwing the little water they might hold away, sometimes simply using them as pointers. If pointed at the patient they were supposed to be medicine themselves and could smooth or 'cure'. These shrubs were normally *mikeria* (name connotes making happy, raising spirits) *mitaa*, *mikengeria* - cameline sp. (known for softness, tenderness ability to survive anywhere), *mithiga* and *miunjuga Iria* (also soft, non-aggressive shrubs that connote peace). All of them have really soothing and likeable scent. Medicinemen were fond of these shrubs and usually uttered psychologically assuring or soothing words as they began treating someone, like:

Let me make you vomit out an evil taboo....

That one which you went to collect...

And that one which was brought to you....

Let me make you vomit an evil taboo....

I came with a paralysar to paralyse your evil taboo....

Let me meet on the way evils, those in your body....

I came with that which makes happy, and make happy your good things....

I'll make blunt your evils with....⁴

For chemicals to be used either for protective or curative purposes, varieties of plants were used either as singles or compounded mixtures. The medical practitioners used different paints of different

4 Muyathitha Njau (A traditional medicinemen till his death) in Mwaniki, H.S.K. *Embu Historical Texts*, Ibid. P. 12.

plants; for instance, in roots, leaves, bark, stem or even fruits. These could be boiled, ground and powder, sap extracted, burnt into ashes or merely chewed. When the medicines were made, they could be stored in gourds as simple entities or compounds in which preservatives like honey are added. Some of the medicines were taken by patients simply as they were made, others needed to be taken in water, there were those which needed soup, milk or honey as they were taken.

Examples of these medicines are the *muvuti* tree whose charcoal was used for injuries, and *mukawa* shrub whose boiled roots cured malaria and was taken in soup. To strengthen this medicine even more, *kii* weed could be added during boiling. Animal products used to include the fur of hares to cover burns or open wounds as bandages elephant fat, that of pigs and chickens. The most demanding was the concoction made for protecting a home, *kuumira mucii* whose ingredients included various types of thorny plant-parts like those of *mugaa*, *murangare*, *mutura* and *mukunya nthegere*, euphorbia like *mathuuri* mixed with animal and bird products and nest building materials. To enrich the *mutheega*, assorted types of seeds and soils would be added.

TYPES OF HEALTH PROBLEMS AND TREATMENTS

The medical experts used their knowledge of manufacturing chemicals from vegetable and animal products to combat the health problems of the communities. Below are a few examples:-

i) *Children's killer disease called kithuku or measles*

Paste of soil from a mole-hill smeared on the body to cover all the skin pores. Also, sugar-cane beer was/is used to wash the child's body with a little for drinking.

ii) *Pneumonia, mostly having caught a child*

Massaging by women with oiled hands.

iii) *Snake-bites*

Mucaritha roots' juice put on the bite. Also roots of *ndonga*, from cold areas, ground and rubbed to form a powder which is mixed with water and applied on the bite; can also be drunk. (There is also some special snake-bite medicine from

uvariri which people are not quite sure as to how it is made).

iv) *Wounds*

A fresh injury was treated with, among other, juice of *mitundu* leaves. Old and so septic wounds that were termed *ndwire*, connoting permanence and untreatable, the bark of *muthangura* and that of *mucemeri* were dried and ground into powder that was applied on the open sore. Ashes of the euphorbia *ithuri* could also be applied. In all cases, leaves like those of yams were used as the bandages.

v) *Coughs*

Chewing *mukinyi* whose juice is swallowed. Also *makandu*, *mathuriti* and *kararakia ita* were used. *Nyongo*, that caused vomiting and malaria or *numa* symptoms was treated with *kii mubaumanji* and *karayakia ita*.

vi) *Stomach troubles*

Were treated with *ngeta* seeds which only grew in highlands. The dry seeds were ground and mixed with sorghum flour and honey before being drunk. The paste made with water could also be drunk alone. It killed stomach worms. Constipation as a stomach trouble was cleared with a dose of castor-oil which the patient drank so as to diarrhoea.

vii) *Skin troubles*

These could be scabbies, *muthanduku* or *ithathimu* (ring worms). One way of treating skin problems is by using *mucatha* leaves which are beaten, mixed with water and applied. Also *mubarwa* fibres are beaten, strongly stirred to produce a milky sap that is applied on the unhealthy skin.

viii) *Eye problems*

Had many types of treatment beginning with a mother's breast milk for a baby's eye, through the cleaning, with *mivooru* leaves and the *miceege* weeds juice after boiling to the *gakira nthongo* herb. *Gakira nthongo* literally means 'the filler of mono-eye' - to remove that which would bring about the mono-eye. The leaves of the plant were beaten, mixed with little water and the contents squeezed to put the sap in the eye over the developing sports in drops. These would 'file' away that which would have caused the 'mono-eye' and bring back health to the eye.

ix) *Ear diseases*

Could be a wound or internal infection that brings out oozing puss called *vuura*. Lamb fat or that of a chicken was applied to sooth the irritation and heal the wound. However, the best cure was the juice of a roasted tuber of *kiero-kia-nduru* plant that was applied in drops in the ear. The plant is very rare and is only available near rivers during the wet seasons.

x) *Teeth*

When only aching, sap from *migumo* leaves or bark was applied. In *mbeere*, *mukergeta's* bark of roots were mashed and a paste made which was applied. The plant is widely scattered in Mbeereland. When the teeth could not be treated any longer, they were extracted by specially trained surgeons who also filed and shaped teeth for decoration purposes.

xi) *Aching bones and joints*

Were treated with a medicine made from boiling *muthata* branches, *mibingo* stem and *mitoo* together. The resultant filtrate is drunk in doses and should heal the troubled areas.

xii) *Diarrhoea* or *kuvarwa*

Was of different degrees of severity. Mere diarrhoea could be stopped or controlled by eating roasted bananas with the charcoal, unboiled milk soon after milking - "While still hot" - or roasted banana bunch spine, *mugati*. A severer stage was termed *kuvarwa nthakame*, to 'diarrhoea blood'! *Kiuria* tree, found generally any where in Mbeere, had its bark boiled in water and the filtrate drunk. Also *kigucu* shrub fibres were boiled with *gitakwe* and eaten. The worst degree of the diarrhoea was termed *kuvarwa kanyuku*, this implied that parts of the patient's intestines and the like were coming out as broken pieces, further implying that the patient's inside was already rotten. Was it an acute type of typhoid? To treat this, *muvindavindi* and *mugwatang'ondu* roots were boiled and mixed with soup, then taken.

xiii) *Mutigiri* or *Leprosy*

Was greatly feared because it cut off the patient's toes and fingers painlessly and soon the victim was left with stumps of feet and arms! It was attributed to contravening *kirumi* or *gichiaro* obligations. *Mubuthi* roots were boiled and the resultant filtrate drunk. Powder from the same tree could be made and poured on the wound.

SOME OTHER SHRUBS/HERBS AND THEIR MEDICINES

1. *Kanari*, found in Mbeere mainly during wet seasons. It is one of the rare plants all parts of which are useful as medicine. Stirred in water and the foam that forms removed, it is stored over night to "cool". It is used as medicine for *kwirangoro*, the feeling that one is about to vomit and has lost appetite. Also for tape-worm.
2. *Murura* is another Mbeere plant of wet seasons. Its tubers are beaten to a paste and applied on a boil, *nyimba*. *Mutandambogo* roots are also beaten to paste and applied to *nyimba*. This is very poisonous and should be handled with caution.

3. *Mirenge*, roots of pumpkins are boiled and taken for poisonous things eaten, including meat infection with anthrax, *thita*.
4. *Mutura* roots are first dried in the sun, ground into powder, mixed with soup and drank as medicine for pneumonia and venereal diseases. The plant is available in many areas in Embu and Mbeere.
5. Nine different plants all found in the semi arid areas, were mixed to make a multi-purpose medicine. These were:-
 - a) *Murjuugu* whose part used was roots.
 - b) *Mukenanga* whose part used was the bark.
 - c) *Munjuga iria* whose part used was roots.
 - d) *Muthinia* " " " "
 - e) *Mukumuti* " " " "
 - f) *Mucigara* " " " "
 - g) *Mukayagu* " " " "
 - h) *Muthigira* whose part used was the fibre.
 - i) *Munyua* tree whose part used was the fibre.

These were boiled and taken in soup. They could be stored for a long time and used as a cure for many ailments including malaria, headaches, joints and bone problems.

CONCLUSION

In view of the above, it should be accepted that witchcraft and medical works existed in the Embu and Mbeere societies. Witchcraft played a much smaller part than medical practice. Therefore, the prominence given to witchdoctors and sorcery is totally unproportional and the overshadowing of the medical practitioners of all cadres is unfair. It should also be clear and convincing that the people exploited their environment for their health successfully.

It should also be emphasized here that in many parts of Mbeerland traditional medical practice is still in use, for, in those areas where modern medicine is non-existent, communication to the only government and even mission health centres is at times very difficult if not non-

existent. Modern medical centres are only at Siakago, Ishiara which cater for Embu only and Kiambeere. Other poorly equipped dispensaries are trying to improve services at Rwika, Nganduuri and Kirii. This justifies the dependence, on traditional medical practices. The hope is, rather than be scorned as it is currently, traditional medical works should be encouraged and aided to make them more widespread better managed and more hygienic. The youth should also be encouraged to study this art from the practitioners for continuity. The maintenance of this medical health's rich environment should be encouraged also as opposed to the busy destruction it is undergoing under the land consolidation and demarcation with the consequent destructive farming and the charcoal burning habit. Some of the medical trees and shrubs should be preserved and others grown in the conducive areas where climate, geology and seedlings allow. These precautions should be undertaken now, for leaving them to the future is risky.

In contrast, the Embu zone has had the environment so destroyed that traditional medical works cannot be practised; neither shrubs, trees nor knowledgeable practising persons exist. Modern medical health centres are, however, numerous beginning with the Embu general hospital which has turned provincial, Health Centres such as Karurumo, Kianjokana, Kairuri and Kibugu are supplemented by dispensaries like Kanja and mission run hospitals and medical centres like Kyeni, Kevote and Nguviu. Private clinics and even hospitals like Kangaru also exist. Even though, it is this writer's observation that many people still prefer traditional medical care and actually seek it in secret. It is advisable to recognise the traditional medical practices at the same level with the already existing modern medical ones in the zone. This will strengthen medical care rather than the other way round as is feared implicitly. This is because both modern and traditional medical practices have much in common with each other and each can learn from the other. The final result would be better health for the community which is the aim of each one of them.