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Capturing Cultural Glossaries: Case-study II *

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Abstract: This case-study attempts to present a brief glossary of Northern Sotho medical terms. It is a follow-up of a similar case-study (Madiba, Mphahlele and Kganyago 2003), which was an attempt to capture and present Northern Sotho cooking terms. Case-study I consists of the names for utensils, ingredients and the processes involved in the preparation of cultural dishes. With both these case-studies, the intention has been to use the opportunities availing themselves for the preservation and valorisation of Northern Sotho, including the extension of its corpora to support national dictionary-making processes. The case-study methodology has been very useful for the purposes of this project and the context within which it was undertaken. It aims to provide a model for the collection and presentation of authentic Northern Sotho terminology which otherwise would hardly have been accessible.

Keywords: CULTURAL GLOSSARY, INDIGENOUS KNOWLEDGE SYSTEMS, CORPUS, OUTCOMES-BASED EDUCATION, ASSESSMENT CRITERIA, TRADITIONAL MEDICAL TERMS, COMMUNICATIVE APPROACH, STRUCTURAL APPROACH, METONYMY, HANDS-ON ACTIVITIES, TASK-BASED LEARNING

Opsomming: Die totstandbrenging van kulturele woordversamelings: Gevallestudie II. Hierdie gevallestudie probeer om 'n beperkte woordelys van Noord-Sothomediese terme aan te bied. Dit is 'n voortsetting van 'n soortgelyke gevallestudie (Madiba, Mphahlele en Kganyago 2003) wat 'n poging was om Noord-Sothokookterme te versamel en aan te bied. Gevallestudie I bestaan uit die name van gereedskap, bestanddele, en die prosesse betrokke by die voorbereiding van kulturele geregte. Met altwee hierdie gevallestudies was die bedoeling om die geleenthede te gebruik wat hulleself aanbied vir die bewaring en bestendiging van Noord-Sotho, insluitende die uitbreiding van sy korpora om die nasionale woordeboeksamestellingsprosesse te ondersteun. Die gevallestudiemetodologie was baie nuttig vir die doeleindes van hierdie projek en die konteks waarin dit onderneem is. Dit beoog om 'n model te verskaf vir die versameling en aanbieding van Noord-Sothoterminologie wat andersins skaars toeganklik sou gewees het.

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Sleutelwoorde: KULTURELE WOORDVERSAMELING, INHEEMSE KENNISSTELSELS, KORPUS, UITKOMSGEBASEERDE ONDERWYS, WAARDEBEPALINGSKRITERIA, TRADISIONELE MEDIESE TERME, KOMMUNIKATIEWE BENADERING, STRUKTURELE BENADERING, METONIMIE, PRAKTIESE WERKSAAMHEDE, TAAKGEBASEERDE LEERWYSE

Background

This project is a continuation of a previous one initiated in 2002 (see Madiba, Mphahlele and Kganyago 2003). It aims at capturing cultural glossaries within the authentic context of a school setting in a rural area in the Limpopo Province. Of particular interest is that potential projects of this nature have to record cultural words that would otherwise be lost. This study, case-study II, is devoted to medical terms, gleaned from the preparation and administering of medicinal remedies in Northern Sotho culture. This is not meant to present a comprehensive glossary but to demonstrate the results of a school project, with the hope of stimulating similar ventures with a more comprehensive focus.

As suggested in the previous presentation, working on projects like these will show how these glossaries can help realise and implement innovative methodologies and concepts such as 'simultaneous feedback' (De Schryver and Prinsloo 2000), and 'hybrid dictionaries' to support major lexicographical work. As with the previous project, it must be noted that the glossary is a 'secondary' and not a 'primary' product of the project, because the project had a different aim. The main target is the teaching and learning of Northern Sotho as a first language within the Outcomes Based Education (OBE) environment. The project is also an acknowledgement that the OBE approach has stimulated an awareness of hands-on approaches for language teaching and learning that were previously not thought of. Mother-tongue teaching and learning in African languages in general and Northern Sotho in particular was far less engaging for both teachers and learners. It is this distinctive feature (of being a 'secondary' product) that has to be investigated for its further implications.

Mora (2001: 4) argues for a so-called 'lexical approach' to the teaching of vocabulary. She asserts:

> Task-based learning should help teachers to provide authentic, meaningful tasks in which students engage to achieve a concrete output, using appropriate language for the context.

In this case, as is clearly shown, the given task afforded learners a highly engaging context with, as concrete output, a collection of medical terms. Learners were sent out as 'field-workers', to interview elderly members in their community about their medical knowledge. They were to ask them what medicines they use for what ailments, and how these are prepared. It turned out to be a demanding, yet interesting learning task as students had to work in groups, preparing a presentation in class for their peers. The case-study approach is found to be more suitable to a project like this as lessons learnt in the

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process of compiling this brief glossary will be easier to spell out. It is the exploration of these lessons that is considered to be another step in the process of working towards a possible and authentic model for the collection of other glossaries of this nature.

As was the case with the first case-study, this project also has a double potential. It will hopefully provide ways to supplement the corpus-based approach in the compiling and producing of dictionaries for African languages. It also has the possibility of contributing initiatives in IKS (Indigenous Knowledge Systems). A further factor makes this particular case-study significant to the field with which it deals, the health or medical field. There are a number of nationally initiated projects aimed at all three these directions: the lexical/terminological side, the health/medical side and the IKS side.

On the lexical side, examples would include the products of the Terminology Coordination Subdirectorate of the Department of Arts and Culture such as *Aids Terminology* <http://www.dac.gov.za/about_us/cd_nat_language/terminology/terminology.htm>, as well as *A Multilingual Glossary of Health/Medical Terminology* (Mawela 2003). In the foreword, Machwene Semenya, the Member of the Executive Committee: Sport, Arts and Culture of the Limpopo Province views the glossary as 'a fundamental step towards performing the expectations of the constitution in terms of promotion and usage of indigenous languages'. What is essential for projects like these is the recognition that indigenous knowledge is closely knitted and tied to indigenous languages. Any effort to develop indigenous knowledge systems will to a large extent depend on indigenous languages. It is this same recognition that found value in the school project reported in this case-study.

On the IKS side, the Traditional Health Practitioners Bill [B 66B-2003] legally appears as an interesting factor in this regard. Some of the objectives of the Interim Traditional Health Practitioners Council of South Africa established by this bill are to:

> promote and develop interest in traditional health practice by encouraging research, education and training; and
>
> promote contact between the various fields of training within traditional health practice … and … set standards for such training.

Research, education, training and communication are all functions dependent on language. The standardization of traditional health practice will contribute much in terms of extending an understanding of indigenous knowledge systems. But then, as argued in case-study I, there should be a recognition that indigenous languages have to be valorised to an extent that they will be instrumental in the development and modernisation of the technical vocabularies; the technical definitions necessary for the standardization of traditional health practice.

Through the use of metonymy (Carstens 1999), lexical equivalents for modernised practices will be more easily provided. An example in this regard

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is the plant designated in Northern Sotho as *mošunkwane*, which, well known for its strong smell, is used as an insect repellent, especially for mosquitoes. Though originally it refers to a specific plant with specific properties, it has also come to be widely used to designate all plants with medicinal properties. The second meaning of the word *herb* given in the *Concise Oxford Dictionary* corresponds to this extended meaning of *mošunkwane* in Northern Sotho:

1. any non-woody seed-bearing plant which dies down to the ground after flowering; a herbaceous plant.
2. any plant with leaves, seeds, or flowers used for flavouring, food, medicine, scent, etc.

When it comes to medical/health terminology, the names of plants are often referred to. This is proven by the Glossary in which 31 of the 38 terms are concerned with plants. Van Wyk and Gericke (2000: 119) mention that there are 'somewhere in the region of 4 000 species of plants … used as medicines in southern Africa'. They indicate that 'indigenous African medicine coexists with Western allopathic medicine, Western herbalism, homeopathy, Ayurverdic medicine from India, and traditional Chinese medicine'. They further state that 'not all medicinal plant use can be explained from a reductionist perspective of Western science, and energetic, spiritual, ritual and symbolic aspects are fundamentally important from the perspective of other healing traditions and the world view and expectation of the patient'. African medicinal and health practices have suffered much criticism from those circles heavily influenced by this 'reductionist perspective of Western science'. Even from comments made on the school project reported here, it became evident that the influence of Western science is dominant as the learners and the teachers involved were accused by some of bringing 'demonic practices' into the school. This strong criticism was sparked by the preparations the learners were making for their class presentations about the information they managed to collect on traditional medicines. As a way to demonstrate to what measure they managed to obtain information from their elders, the learners went out of their way to bring along what could help to support their presentations. The 'energetic, spiritual, ritual and symbolic aspects' were well catered for in the class presentations.

Van Wyk and Gericke (2000: 119), accentuating that 'indigenous knowledge systems are dynamic and adaptive', say:

> Over the last few hundred years many introduced plants have been incorporated into African medicine in southern Africa, including the extensive use of liquorice (*Glycyrrhiza glabra*), rue (*Ruta graveolens*), camphor (*Cinnamomum camphora*), calamus (*Acorus calamus*), bluegum (*Eucalyptus globulus)* and ginger (*Zingiber officinalis).*

It is this dynamic and adaptive attribute that will extend the need to develop lexical equivalents, amongst others, for meaningful communication in the traditional medicinal sphere.

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Most of the work produced so far has only gone a little beyond the raising of awareness, as Van Wyk and Gericke (2000: 71) admit. They say:

> Southern Africa is exceptionally rich in plant diversity with some 30 000 species of flowering plants, accounting for almost 10% of the world's higher plants. The region also has great cultural diversity, with many people still using a wide variety of plants in their daily lives for food, water, shelter, fuel, medicine and the other necessities of life.

The richness in plant diversity makes it easy to gather encyclopaedic information and compiling an encyclopaedia of this nature should be considered. More than two-thirds of the terms related to plants and given in the Glossary are not found in the extensive study of Watt and Breyer-Brandwijk (1962[2]) about medicinal and poisonous plants. More research is needed in both the directions discussed here, the lexical and the IKS.

Oral tradition/literature as a source for indigenous knowledge

This school project is proof that there is still much cultural knowledge only preserved through oral tradition; and yet the same cultural knowledge continues to shape attitudes and the overall way of living for the communities affected. This is also true of traditional health practices. A number of striking examples are worth citing. There are some prominent ailments or diseases in Northern Sotho culture for which it is difficult to find equivalents within the Western medical frame of reference. These diseases have recognisable symptoms as well as orally preserved ways of treatment. A common problem with the oral transmission of information is its level of variation and the different versions it is likely to produce.

One such ailment is a paediatric condition where a baby shows a certain number of symptoms, some of which include a red mark at the back of the neck and diarrhoea. In trying to find an equivalent, some have related this to meningitis. Although there are a number of versions, the condition is widely known as *bolwetši bja hlogwana.* Another such ailment is a condition in male patients where the symptoms include severe pain, restlessness and deterioration of health. This is called *go khutlega*. Both these conditions, affecting babies and males, are considered fatal. What is interesting is that communities are able to 'diagnose' the patients by recognising the set of symptoms and are able to offer treatment. It is, however, not any member of the community who possesses this expertise to diagnose and treat such ailments. It is only those considered specialists who can do so.

Besides the lack of equivalents demonstrated by the given examples, another interesting phenomenon is the contradictions that are found between traditional health practices and Western medical science and information. A case in point is the beliefs and practices associated with a child with measles. In Northern Sotho culture, it is believed that the condition of a child who is kept

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in isolation because of measles may complicate further to the point of dying if the patient comes in contact with a pregnant woman. This will happen, it is believed, when the pregnancy is in its early stages and the woman is still keeping it secret. According to Western medical knowledge, a woman in the early stages of pregnancy is advised to stay away from children infected with measles because the virus can also infect the foetus.

Task-based approach to language teaching within OBE

Educators in South Africa, including those from rural communities, are faced with great changes, i.e. in the restructuring of the education system in the country including the introduction of 'outcomes-based education (OBE)'. Some view the changes as 'resource-hungry' especially in rural communities who are generally poorer, whereas others have exploited the opportunities the changes have opened for innovative teaching and learning.

Within the OBE framework, educators must, when planning assessment, identify the outcomes envisaged before approaching learners. What is really appreciable in this approach is that everyone must have clarity about the final expectations. This means that the educator must find ways and means of exposing learners to learning opportunities in order to show their full potential in terms of knowledge, skills, attitude and values. Van der Horst and Mac-Donald (1997) maintain that learners must take an active part in learning. Their critical thinking should be developed together with their reasoning and reflection. This is in line with the approach that Mora (2001) argues for in what she calls 'a lexical approach' to the teaching of vocabulary and language as such.

In this school project, a communicative approach in language teaching was adopted as it connects the learner with everyday life situations. Language as such is a means of communication; it depends on the skills of listening, observing, singing, speaking, reading and writing amongst others. Learners are expected to be proficient in responding to texts, including oral texts. This project was intended to guide the learners to respond to cultural and social values in texts, in order to contextualise learning through hands-on activities.

Learners were given the task of identifying various types of illnesses occurring in their communities. In the structural approach, learners would only name the illness, without a further description of how it affects people in everyday life. Example:

> *Bolwetši bja go ruruša marama ke*_____.
> (An illness that causes the cheeks to swell, is _____)
> The expected answer is *mauwe* (mumps).

In this project, learners were divided into groups to research types of illnesses and remedies traditionally used. Each group of learners was advised to choose one type of illness to research. They were encouraged to ask their parents, grandparents and the elderly in their communities for help with information. They

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were given a week to complete the task. Each group brought the ingredients and prepared that particular medicine in class to show how it is mixed and how the dose is 'measured'. This included making fires so that each group could heat the required ingredients as part of the preparation. Learners were asked to submit a written version for further assessment.

Glossary

As in the first case-study, supplementary work was done to expand the glossary, which involved consulting informants able to provide the information needed. Although the focus of inquiry was effectuated by the initial ideas and terms originating from the school project, extra information was necessary in some instances. The following table is a list of 38 terms gleaned from the presentations. It is evident that this kind of project has the potential to serve as a model for the collection of an authentic glossary which can be of help in the compilation of dictionaries or encyclopaedias in the African languages.

Medical terms	**Description of the term**	**Preparation of the medication**	**Symptoms or ailments that it treats**
boloko bja tonki	Donkey's dung.	Leave the dung to dry, and smoke it like a cigarette.	Relieves headache.
boya bja kome	Fur of an animal, the *kome*.	Put the dry fur onto a fire, cover the patient with a blanket and let him/her inhale the smoke.	Relieves symptoms related to cancer.
disema	Tree of which the root is used.	Put the root onto a fire, cover the patient with a blanket and let him/her inhale the smoke.	Cures severe headache.
dithokolo tša dipudi	Goat's dung.	Leave the dung to dry, grind, mix with *lengana* (see Glossary), cook, let the infusion cool and drink.	Relieves symptoms of measles.
kgaši	Tree of which the root is used.	Chew the root while still fresh and swallow the liquid only.	Reduces abnormally fast heartbeat.
kgato	Tree of which the roots are used.	Cook the roots while still fresh, massage the back with the infusion while it is still hot.	Relieves backache.

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lebake	Wild dagga.	Cook the leaves, leave the infusion to cool and drink.	Cures influenza.
lengana	Plant not growing very tall.	Cook the leaves, leave the infusion to cool and drink.	Cures influenza.
letlalo la kwena	Small piece of skin cut from a crocodile.	Cook the skin in water, leave the infusion to cool and drink.	Helps prevent (unintentional) abortion and premature delivery.
mahlare a mmilo	Wild fruit-producing tree of which the bark is used.	Dry the bark, grind, and pour it around the yard.	Protects the family from evil spirits.
modišo	Tree of which the roots are used.	Dry the roots, then grind and mix with sand from the crossroads; pour this into cold water and drink.	Administered to infants when they are generally unwell.
moditšana or *lejakolobe*	Tree of which the roots are used.	Cook the roots, leave the infusion to cool and drink.	Cleanses the blood.
mogwete	Tree of which the roots are used.	Cook the roots while still fresh, leave the infusion to cool and drink.	Helps against high blood pressure.
mogapu wa basadi	Tree not growing very tall of which the leaves are used.	Cook the leaves while still fresh, leave the infusion to cool and drink.	Cleanses the blood.
mokgoba	Tree of which the roots are used.	Cook the roots while still fresh, leave the infusion to cool and drink.	Relieves discomfort of the stomach.
molaka	Tree of which the bark is used.	Dry the bark, then grind it and pour a little in warm water and drink.	Cleanses the blood.
monee	Tree of which the bark is used.	Dry the bark, then grind and mix a little in porridge and eat.	Cures diarrhoea.
monokwana	Tree of which the roots are used.	Break the roots into small pieces, tie them together, cook, leave the infusion to cool and drink.	Cures stomach ulcers.
morola-kgomo-kgopha	Cow's skin.	Leave the skin to dry, grind, burn and lick the ashes.	Cures ulcers.

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moroto wa ditšhoši	Tree of which the roots are used.	Cook the roots, leave the infusion to cool and drink.	Administered to children to relieve discomfort of the body.
moroto wa tšhwene	Tree of which the root is used.	Soak the root in water in a special dish, the *kgopa*, and drip the infusion into the ears, eyes and nose.	Relieves symptoms of measles.
mošalašopeng	Tree of which the leaves are used.	Put the leaves underneath the sheet when going to sleep.	Massages the whole body.
moselesele	Tree of which the roots are used.	Cook the roots while still fresh, leave the infusion to cool and drink.	Relieves general discomfort of the body.
moterebe	Grape tree.	Cook the roots while still fresh, leave the infusion to cool and drink.	Cures thrush in the vagina.
motopane	Tree of which the root is used.	While the root is still fresh, squeeze its juice into the eye.	Cures sore eyes.
mphara-tšhwene	Tree of which the roots are used.	Burn the roots to ash, cut the painfully swollen area of the patient's body, and smear the ash into the cut.	Helps against painful swellings.
naka la kgomo la medu	Root of a cow's horn.	Burn the root of the horn to ash, mix with softened Sunlight soap and smear it onto the wound.	Heals a swelling that has become a wound.
nkekologe	Tree of which the roots are used.	Put the roots onto a fire, cover the patient with a blanket and let him/her inhale the smoke.	Relieves symptoms of asthma.
seahlokwana	Tree of which the roots are used.	Cook the roots, leave the infusion to cool and drink.	Cures the kidneys, and purifies the urine.
sebale	Evergreen flowering plant, not growing very tall.	Crush the leaves while still fresh, put it in cold water and drink.	Relieves bloatedness and flatulence.

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seefa-maeba	Tree of which the root is used.	Put the root onto a fire, cover the patient with a blanket and let him/her inhale the smoke.	Relieves stomach cramps.
sefala-badimo	Tree of which the roots are used.	Cook the roots while still fresh, leave the infusion to cool and drink.	Counteracts poison in the stomach.
sekanama	Tree of which the roots are used.	Cook the roots while still fresh, leave the infusion to cool and drink.	Cleanses the blood and cures dysmenorrhoea.
sekgoma	Mixture of different herbs: *sekanama, molaka* and *serokolo* (for all three see Glossary).	Grind together, put the mixture onto a fire, cover the patient with a blanket and let him/her inhale the smoke.	Relieves general discomfort of the body.
selomi	Tree of which the roots are used.	Grind the roots, mix with mealie-meal, cook and eat.	Cures stomach ulcers.
serokolo	Plant of which the root is left to dry before use.	Chew it and rub it onto the forehead. Crush it, mix it with *lengana* (see Glossary), cook it and let it cool before using.	Relieves condition following the attending of a funeral. Cures influenza.
thola-kgomo	Tooth of a certain animal.	Burn on coal and inhale the smoke through the open mouth.	Relieves toothache.
tšhikwane	Roots from the *mokgalo* tree.	Grind the roots and lick the powder.	Cures venereal diseases.

Linkages across related projects

The dictionary units sometimes use field-workers to enlarge their corpora. This case-study, together with case-study I, proves that schools and other institutions of learning can involve learners for this purpose of rapidly developing the corpora of languages through similar projects. This will minimise the use of adoptive words and increase the application of indigenous terms. Another advantage is that the elderly members of the targeted community will readily furnish information to their children, instead of to strangers visiting their homes with the aim of interviewing them, as is normally the practice.

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If well coordinated and supported, similar projects can serve as 'tributaries' feeding bigger projects. Well-funded projects such as those that lead to the compilation of *A Multilingual Glossary of Health/Medical Terminology* in the Limpopo Province could benefit from and be supported by such initiatives. The methodology and expertise in the collection of the terminology can be transferred to projects in other African languages. Encyclopaedic information can be gathered through projects of this nature.

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