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5 “IS THERE NO BALM IN GILEAD?” (JER 8:22) (IS THERE NO ZUMBANI IN ZIMBABWE?)

CHRISTIANITY AND AFRICAN TRADITIONAL RELIGION
AND COVID-19 VACCINES IN ZIMBABWE

Abstract

Prophet Jeremiah regrets the lack of the healing balm of Gilead in Judah where his people were perishing from incurable ailments. The balm of Gilead (*commiphora opobalsamum*), like the *zumbani* (*lippia javanica*) of Zimbabwe, was used by traditional herbalists for healing several illnesses and diseases. Zimbabwe’s traditional and natural herb, *zumbani*, has been described as ‘the wonder herb’ (BHEBHE 2021) due to its antioxidant characteristics which are essential for mopping out COVID-19 related toxins in the human body. This article discusses how Christianity and African Traditional Religion (ATR), have espoused use of traditional herbal medicines alongside WHO attested vaccines.

Keywords: COVID-19; African Christianity; vaccination; African Traditional Religion; Jeremiah 8:22; *zumbani*

(1) Introduction

Christianity, African Traditional Religion, and scientific public health institutions in Zimbabwe converged to mitigate the effects of COVID-19 like neighbours joining to put out fire that is about to destroy a village. Epistemological and ideological differences that simmered at the onset of the campaign against the insidious effects of the pandemic started to melt away and diminish as people of faith joined forces with government institutions and traditional leaders to rally behind the country’s coronavirus vaccination programme (MAMBONDIYANI 2021; NYATHI, 2021). The conundrum and desperation associated with COVID-19 engendered a dire need for strategic synergies between natural sciences, indigenous knowledge systems and faith healing belief. MAVAZA (2021) argues that

Zimbabwe's traditional medicine, *zumbani*, assumed the status of a national vaccine for COVID-19. The adoption of *zumbani* as an officially prescribed medicine against the coronavirus fits within the syncretized medicinal trajectory adopted by the World Health Organization in which traditional medicine must be given a chance alongside scientific medicine. The WHO (2013) perceived traditional medicine as 'the sum total of the knowledge, skill and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses.' It is against the backdrop of such a philosophical orientation by the WHO that Zimbabwe's *zumbani* traditional medicine, like the biblical balm of Gilead, won national endorsement as a coronavirus vaccine. Christians and traditional religionists accepted that *zumbani* is endowed with anti-covid oxidants. This chapter takes a keen inquest into how people of faith gave an ear and due credence to indigenous knowledge systems on health in the battle of mitigating the effects of COVID-19. The chapter brings into scrutiny the marriage between traditional epistemologies, scientific knowledge, and Christianity on vaccination with the view to project how future health policies should encapsulate an interfaith and trans-religious response to pandemics.

(2) Problem Statement

The rolling out of COVID-19 vaccines was adversely affected by vaccine hesitancy. The study interrogates the role played by religious groups in Zimbabwe in advancing or derailing the vaccination programme introduced by the Government of Zimbabwe.

(3) Research Aim

The aim of the research is to propose a sustainable, multi-sectoral crises response mechanism that cuts across religious and epistemological diversities.

(4) Research Objectives

To fulfil the above aim, the following objectives were pursued:

- To discourse on the hermeneutical symbiosis between the balm of Gilead and the *zumbani* herb of Zimbabwe as pandemic medicine.
- To investigate how the convergence of indigenous knowledge systems, faith healing and natural scientific knowledge on COVID-19 vaccines portends a culture of epistemological collaboration and toleration in future.
- To design a multi-sectoral response framework for future pandemics and disasters.

(5) Research Questions

The following research questions shall guide this research:

- Why did Prophet Jeremiah refer to the balm of Gilead in Jeremiah 8:22 in the context of the God-fearing people of Israel?
- What is the correlation between the balm of Gilead and the *zumbani* traditional herb in Zimbabwe?
- Was the collaboration and networking among Christians, ATR practitioners and scientific experts on vaccines just a marriage of convenience?
- What cosmological prognosis for future responses to pandemics can be drawn from this study?

(6) Rationale/Justification of Study

This study is justified for the following reasons:

- There has always been a palpable polarization around the subject of healing between the Christian faith and ATR. It is necessary to glean through research, the possibility that ATR and Christianity can collaborate in mitigating the effects of pandemics.
- The study seeks to critically discuss whether the use of natural remedies for pandemics really leads to secularization.
- The findings of this study will be useful to various stakeholders as follows:

- It seeks to vindicate the clarion call by the WHO for the need to blend traditional medicines and scientifically approved vaccines in the quest for preserving soundness of health.
- Health planners and practitioners in government health departments will appreciate the need for inter-epistemological co-operation and synergies in times of crises and disasters.
- The academics will benefit from an enhanced understanding and theology praxis on matters of health and healing.

Methodological Praxis

This study assumes a qualitative analysis that combines Socio-Historical Criticism and Social Scientific Criticism.

Socio-Historical Criticism

EHRMAN (1997:145) defines Socio-Historical Criticism as an exegetical method that focuses on the social context of the world behind the text regardless of whether it is the world referred in the text or the world in which the text was written. Bart avers that biblical texts can precast a futuristic context or the present context in which the text was written. In this chapter, it is assumed that Jeremiah 8:22 has a polyvalent significance beyond prophet Jeremiah's 627–586 BC context. This scholar posits that the world behind Jer 8:22 bears semblance to the *Sitz im Leben* (situation in the life) of the Zimbabwe COVID-19 vaccines milieu. In that regard, *zumbani* herb of Zimbabwe replicates 'the balm of Gilead' of Jeremiah 8:22. CHAMBURUKA (2020:1) argues that Socio-Historical Criticism is a useful tool in studying specific historical and social events, social changes that unfold over time, class conflicts in communities and marginalized groups. The method is pertinent to this study as it allows us to permeate the cultural, cosmological, and historical backgrounds of relations between Christianity and ATR about healing and vaccines. Through Socio-Historical Criticism, we are also able to trace Christianity and ATR changes in inclination and attitudes towards traditional medicine and vaccines.

Social Scientific Criticism

ELLIOT (1993:7) states that Social Scientific Criticism is that phase of the exegetical task which analyses the social and cultural dimensions of the

text and of its environmental context through the utilization of the perspectives, theory, models, and research of the social sciences. Discourses on COVID-19 healing, and vaccines inevitably attract anthropological, sociological, psychological, and religious issues which can only be gleaned through the social scientific lens. BRAY (1996:512) argues that social scientific method impulsively allows modern phenomena to be read back into the ancient world on the assumption that all societies function in one or less similar ways. As we draw parallels between contexts of prophet Jeremiah's balm of Gilead and Zimbabwe's *zumbani* traditional medicines, Social Scientific Criticism enables us to facilitate dialogue between Jeremiah 8:22 and the COVID-19 vaccines *sitz-im-leben* of Zimbabwe.

COVID-19 Vaccines, Balm of Gilead and *zumbani*

The use of natural herbs such as balm and *zumbani* in faith communities as anti-pandemic vaccines raises a polemic on whether certain religious sects are justified in forbidding their followers from taking such herbs. DAFNI & BOCK (2019:2) argue that the use of herbal medicine in faith communities in contemporary times should be discussed in the context of the use of medicinal plants in the world of the Old Testament. Such an approach compels us to interrogate the basis upon which Christianity, itself an offshoot from Judaism, has ambivalence towards use of herbal medicines. Ethnobotanical studies on use of herbs for healing in Bible times and in the Holy Land reveal that balm was used to treat severe sores (Jeremiah 8:22; 46:11; 51:8). DAFNI & BOCK (2019:3) contend that at least one hundred and seventy-six Biblical Medicinal Plants have been discovered of which about one hundred are traceable to the Middle East and the Holy Land. From an Old Testament context, the uptake of herbal medicine assumed some controversies when herbalists or physicians conducted cures which were accompanied by incantations and magic (KRYMOW 2002). Balm was applied on the sick by traditional physicians but the herb features in the list of biblical medical plants. In instances where the herbal medicines were used without invocation of pagan deities, no fears of apostasy and profanity were raised. Balm would even be imported from the Mesopotamian region to cure Israelites when plagues, pestilences or pandemics afflicted them (Genesis 37:25; Genesis 43:11; Ezekiel 27:17). According to evidence from the Old Testament the herb of Balm had na-

tional significance since the time of Israel, the father of the nation of Israel. When Israel and Joseph died, balm was used to embalm their bodies by physicians (Genesis 50:2, 26). In the same vein that balm assumed national importance in Israel, *zumbani* assumed a national significance as a coronavirus vaccine alongside the WHO approved vaccines in Zimbabwe. MOYO (2021) posited that as the world was bracing for vaccination drives to combat COVID-19, Zimbabweans irrespective of religious affiliation latched their hopes on *zumbani*, a woody shrub, to keep the pandemic at bay. Scholars have marvelled at how disparate religions such as Christians and ATR ended up collaborating and accepting both conventional and herbal vaccines (MATIASHE 2021).

GELFAND, MAVI, DRUMMOND & NDEMERA (1985) state that both South Africa and Zimbabwe *zumbani* is used to cleanse demonic spirits by washing the body of the afflicted person by leaf infusion. The *zumbani* herb is traditionally associated with exorcism of evil spirits and witchcraft spells (SHOKO 2007). In Southern Africa generally and in Zimbabwe particularly, African Traditional healers practice herbal healing by combining magical, mythical, spiritual, and scientific activities (ADODO 2010:71). MAROYI (2017) states that in Zimbabwe *zumbani* leaves are used as an infusion to treat people experiencing nightmares, to ward off evil spirits, to protect people from lightning strikes and to safeguard homes from evil apparitions. MAROYI (2017) further points out that in East, Central and Southern Africa, *zumbani* leaf infusions have been very instrumental in treating skin disorders which include rashes, boils, chicken pox, measles, scabies, scratches, and stings.

During the plagues that befell the Holy Land during prophet Jeremiah's time, God's people were so desperate to a point where the prophet asked, 'is there no balm in Gilead? Where is the physician?'. The critical question is YHWH's stance on herbs. Was the God of the Jews, who later also became the God of Christians opposed to medical herbs or rather, he only abhorred the incantations that physicians of Israel muttered as they applied the herbs on their patients? NEMU (2019) contends that the burning of herbal incense and ointment in the Jewish tabernacle to facilitate a direct experience of the Israelite God demonstrates that the God of the Bible loves herbs and is not opposed to their use by his worshippers. ADAMO (2021) argues that the God of the Jews often revealed to his prophets, plants that had medicinal powers as he did in the case of the healing

of King Hezekiah's boil with fig poultice (Isaiah 38:21) as well as the use of a tree to heal the bitter waters at Marah by Moses (Exodus 15:25). BROIDA (2022) argues that although initially there was fear that medical treatments would usurp God's honour as the ultimate healer, in the end, with the influence of Greek philosophy and natural science, physicians were viewed as God's instruments where their skills helped in restoring health.

Is there no balm in Gilead? Is there no physician there? Is there no *zumbani* in Zimbabwe?

Prophet Jeremiah's question in Jeremiah 8:22 brings together three entities to the table of discussion on how the plagued nation of Israel was going to be healed during a devastating pestilence. The three entities were the prophet himself representing the faith community, the physician representing the herbalists/home traditional doctors and the political administration responsible for ensuring availability of balm from Gilead. God's Church represented by the prophet is going through a stand-off with the State. The traditional healers/ herbalists are custodians of the balm. Informed by BRAY'S (1996:512) view that modern phenomena can be read back into the ancient world on the assumption that all societies function in more or less similar ways, we argue that Zimbabwean *Sitz im Leben* during COVID-19 vaccination process strikingly replicates the situation in Jeremiah's time. Christian leaders, traditional religious leaders and the government of the day had to put heads together to collectively combat coronavirus. According to GELFAND (1985:3), SHOKO & CHIWARA (2013:217), and CHABATA (2021), the prophetic figure and the traditional seer or spirit medium in Zimbabwe occupy seats of authority and influence in society's interpretation of social and spiritual phenomena. Jeremiah's calls for balm and the physician presents him as a pragmatic prophet who does not claim that only him and his God have answers to pandemic crises.

In a sharp contrast to prophet Jeremiah, Zimbabwe's Prophet Makandiwa reacted to the coronavirus vaccination programme with ambivalence and revulsion. CHABATA (2021) states that Prophet Makandiwa described the WHO as "killer vaccines" which the devil intended to use to wipe out the black race through Bill Gates and Western Scientists. Makandiwa

swore that he was going to defy the government of Zimbabwe's stance to enforce vaccination of the population against the effects of COVID-19. Prophet Makandiwa admonished thousands of his followers at United Family International Church not to be vaccinated as their protection from the deadly pandemic was guaranteed due to his prayers and counsel with God with whom he held direct and physical meetings in heaven. Undoubtedly, Prophet Makandiwa's anti-vaccines pronouncements instilled vaccine hesitancy in his many followers in Zimbabwe and beyond. 'Vaccine hesitancy' refers to the reluctance to accept available vaccines (Mugari & OBIOHA 2021). Later the prophet u-turned on his stance when he received an avalanche of wide criticism after several of his pastors succumbed to COVID-19. Prophet Makandiwa alleged that God had warned the Christian Churches to intensify their prayers so that the vaccine chips being planted in their bodies would not cause genocidal deaths.

This scholar argues that Prophet Makandiwa's initial position on coronavirus vaccines should be understood in the context of doubts, mistrust, scepticism, and suspicions that characterized the rolling out of the vaccines. As MATIASHE (2021) argues, the vaccination campaign could be stalled by a cocktail of problems ranging from insufficient information, misinformation to conspiracy theories around vaccines in Church, ATR, and political circles. In the initial stages of the vaccination program, even politicians were equivocal and cynical about the vaccines with the government of Zimbabwe authorizing traditional herbalists to treat COVID-19 as an alternative to WHO guidelines (MAVHUNGA 2020). Those who subscribe to ATR philosophy on health and healing have always believed in combining natural, faith and scientific remedies in the event of sicknesses. A popular adage in ATR circles has always been that "God helps those who help themselves". Through the philosophy that God comes to the aid of those that help themselves, (ostensibly drawn from the Bible), many self-professing Christian believers combined homemade traditional herbal remedies with prayers and scientific vaccines such as the Chinese Sinopharm shot. The Zimbabwe Traditional Practitioners Association posited that traditional medicine practice is acceptable to Zimbabweans since it is older than scientific remedies. According to OZIOMA & NWAMAKA-CHINWE (2019), African traditional medicine continues to be relevant in the face of Western medicine. OZIOMA & NWAMAKA-CHINWE (2019) argue that the use of African herbal medicine in primary health care systems in Africa continues to be relevant due to its proven efficacy

in curing diseases, be they physical or spiritual. The traditionalists made a point that emergency disease outbreaks such as COVID-19 demand emergency measures which involve all sectors that are into health delivery practices.

The hesitancy associated with juxtaposing traditional medicines with scientific medicines started dissipating in the face of the glaring reality that Africans in general and Zimbabweans in particular, have always mixed faith healing prayers with traditional herbs and modern medicine. The traditional herbs are usually consumed in the form of herbal tea and at times through steaming, itself an African traditional healing ritual. Medical, traditional and faith forms of healing tend to co-exist in most African societies as the afflicted grope for cheapest, fastest, and most affordable solutions to ailments (TOGARASEI, MMOLAI & KEALOTSWE 2016). With the outbreak of COVID-19 and the consequential life losses that shook the cradles of civilization and hubs of scientific knowledge, pedantry and hubris made way for inter-ideological and inter-epistemological dialogue. The question of where a possible solution for the marauding coronavirus led even the most fastidious and stringent medicine regulatory bodies to reconsider their positions on the use of African traditional medicines. Every possible source of help in mitigating the devastating effects of COVID-19 was worth considering. It was a moment of desperation like prophet Jeremiah's time when incurable ailments plagued the land of Judah to the extent that the prophet ended up calling for the involvement of physicians (traditional healers) and the use of balm. "Is there no balm in Gilead; is there no physician there? Why then is not the health of the daughter of my people restored?" (Jeremiah 8:22). It was against such a background that zumbani herb was considered as a medicine alongside scientific vaccines that were being rolled out in Zimbabwe.

Interfaith Dialogue and Endorsement of Vaccines

It has been established so far that both Christianity and African Traditional Religion adherents got to a point where they all agreed that vaccination was both inevitable and mandatory. MASIIYIWA, CHENJERAI & MUJURU (2021) noted that even Apostolic religious communities that were infamous for their vaccine hesitancy shifted from their stance and joined other Christian groups to encourage their members to be vaccinated.

UNICEF Zimbabwe (2021) attributes the breakthrough in securing the vaccines buy-in by faith organizations to an interfaith religious dialogue and conference which UNICEF convened in collaboration with Government of Zimbabwe's Ministry of Health and Child Care and in partnership with Apostolic Women Empowerment Trust. The interfaith dialogue comprised faith leaders from prominent religious groups which included Christian, Islamic and the Traditional Religions. Participants at the religious workshop included major ecumenical bodies in the country such as the Zimbabwe Council of Churches, the Evangelical Fellowship of Zimbabwe, the Zimbabwe Catholic Bishops' Conference, the Seventh Day Adventists, the Supreme Council of Islamic Affairs in Zimbabwe, the Zimbabwe National Association of Traditional Healers and *Dare reMweya ne-Vadzimu*.

The interfaith dialogue diffused and debunked the major causes of vaccine hesitancy such as misinformation, distrust; social, religious, and cultural barriers. The interfaith dialogue posted positive results as the faith leaders took upon themselves the burden to educate their followers throughout the country on the importance of taking coronavirus vaccines. UNICEF Zimbabwe continued to facilitate multi-faith dialogues in the country's major cities and countryside. Coupled with the commitment of the Zimbabwe Government to aggressively drive the vaccination programme positive results were realized as statistics of vaccinated people started rising in the country. Vaccination campaigns were scaled up in African Independent White Garment Churches which support the ZANU PF ruling party. A COVID-19 vaccine hesitancy survey preliminary report that was produced by TOZIVEPI ET AL. (2020) revealed that there is lack of targeted education, promotional materials and events that focus specifically on Apostolic faith groups. Government of Zimbabwe Mobile Vaccination Teams planned with leaders of Apostolic sects to have their members vaccinated at their shrines during mega conferences (SAUNYAMA 2021). Most of the Apostolic groupings are now affiliates of the Zimbabwe Heads of Christian Denominations where they work alongside the Evangelical Fellowship of Zimbabwe and the Zimbabwe Council of Churches. In some cases, the White Garment Churches' members had to be incentivised to accept vaccines. MUTSAKA (2021) reports that some Apostolic sects around Harare had to be promised gifts such as buckets, soap, and free masks for them to agree to be vaccinated. CHINGONO (2021) argues that old habits die hard in the case of some members of Apostolic sects

who were raised in disdain to medication. CHINGONO (2021) contends that while some Apostolic members softened up towards coronavirus vaccines there remained a large number who continue to think that the protection of their spiritual prayers is adequate in the face of COVID-19 and any other ailment. Thus, while other Apostolic sects have awakened to the need to transform the indigenous churches to conform to global standards in matters of health, there is still a remnant of those who harbour distrust and suspicion of malice from the “white man’s vaccines”.

DZINAMARIRA ET AL. (2021) argue that although some commendable progress has been made towards integrating Apostolic sects in vaccination programmes, the government of Zimbabwe still needs to work very hard to break theological rigidity on health-related issues. DZINAMARIRA et al (2021) opine that the health seeking behaviour of members of the Apostolic Faith sects in Zimbabwe remains worrisome as there is still a tendency to stigmatize those that have been vaccinated as weak in the faith. The acceptance of COVID-19 vaccines has remained precarious since some faith communities play to the gallery and pretend to accept vaccination yet in principle, they resist vaccines. There is fear that the leaders of the Charismatic/ Apostolic sects could completely derail the uptake of vaccines due to their domineering and overwhelming influence on their followers. Such a risk can be averted if the members of those congregants are adequately envisioned on the importance of the vaccines for themselves and for future generations. Researchers have therefore emphasized on the need for the circulation educational and promotional materials on the significance of the vaccines in the ugly face of misinformation, misleading theories, myths, and a general lack of understanding of COVID-19 vaccination (DZINAMARIRA 2021). Some of the misconceptions, myths and fallacies that need to be debunked through a robust educational programme in the Apostolic sects include the belief that God is anti-medicine generally and against vaccines particularly, that vaccines are linked to Satanism, that manufacturers of vaccines have an agenda to decimate African populations and that spiritual prayers are the only solution to health challenges (MUGARI & OBIOHA 2021).

Zimbabwean *zumbani* among COVID-19 vaccines

Zumbani (*lippia javanica*) falls into the category of the WHO traditional medicine definition due to its historical, cultural, and epistemological dimensions. The herb is an embodiment of indigenous knowledge, practices based on theories, native beliefs and experiences, and cultural health cosmologies in Africa generally and in Zimbabwe particularly. MAVAZA (2021) argues that *zumbani* is believed to be Africa's wonder medicine. The herb has a nomenclature that has etymological tentacles from the whole region of Southern Africa. MAVAZA (2021) lists some of the common names as: fever tea or lemon bush (English); *koorsbossie*, *beulesbossie*, *lemoenbossie* (Afrikaans); *mutswane*, *umsutane* (Swati); *inzinziniba* (Xhosa); *umsuzwane*, *umswazi* (Zulu); *musukudu*, *bokhukwane* (Tswana); *umsuzwane* (Ndebele) and *zumbani* in local Shona. Philologically, the *zumbani* herb got its scientific name *lippia javanica* from two sources. Firstly, *lippia* derives from Augustin Lippi 1678–1704, a French physician and botanist, natural historian, and traveller of Italian descent. The second part of the name, *javanica*, emanates from Java because the plant is also found in Java ecology (MAVAZA 2021).

The admission of traditional *zumbani* medicine into the category of prescriptive COVID-19 drugs speaks to the need to incorporate indigenous knowledge systems in public health policies. In African Traditional Religion, *zumbani* is also used by traditional healers to exorcise evil spirits (CHITAKURE 2020). Dried leaves of the *zumbani* herb are burnt on ambers of fire and as the smoke gets emitted the patient kneels in front of the smouldering *zumbani* covered in a blanket. The patient is encouraged to inhale the pungent smoke of the herb which evil spirits cannot withstand as they exit with a deafening scream. *Zumbani* has always been used to cure respiratory diseases among the Bantu speaking people of Southern Africa generally but most eminently among the Shona people of Zimbabwe (MOYO 2021, MATIASHE 2021, MFENGU ET AL. 2021). MAVAZA (2021) points out that the most notable traditional uses of *zumbani* in descending order of importance include treatment of colds, cough, fever or malaria, wounds, repelling mosquitoes, diarrhoea, chest pains, bronchitis, and asthma. A concoction of *zumbani* leaves, lemon, honey, guava, and eucalyptus leaves is heated to boiling point and the patient must inhale the steam while covered in a blanket (MAREVESA, MAVENGANO & NKAMTA

2021). According to ZIBENGWA, MANGIZA & MUGUTI (2022) since immemorial times, traditional herbal medicines have been used to cure ailments such as cancer, colds, malaria, nausea, depression, and insomnia. The COVID-19 traits of colds/flu and respiratory complications such as breath difficulties, dry and persistent cough are common to ailments that have been cured with the *zumbani* herb in the past. *Zumbani* leaves contain oxidants that are efficacious in dealing with COVID-19 symptoms. The leaves can be made into tea. Patients can also be treated through a process of steaming called *kunatira* in Shona.

Scientific studies carried out by BMC Complementary Medicine and Therapies to investigate the anti-inflammatory, antioxidant, and anti-asthmatic effects of *zumbani* revealed that the herb is effective in suppressing cell infiltration and their cytokines (MFENGU ET AL. 2021). *Zumbani* can also reduce inflammation-induced oxidative stress due to phenolic acid content in its leaves. The study showed that if patients take one or two cups of *zumbani* tea per day, they significantly benefit from its anti-inflammatory, antioxidant, and anti-asthmatic properties. The scientific study validated the traditional use of *zumbani* as an efficacious medicine for treatment and prophylaxis for asthma and other airway inflammatory ailments. Thus, most of the COVID-19 related respiratory complications and disorders can be treated using the traditional *zumbani* herb. The BMC Complementary Medicine Study's results corroborate medical doctor MAVAZA (2021)'s finding that the *zumbani* herb is famous in Zimbabwe for treating respiratory problems, gastrointestinal diseases, fever, malaria, insect repellent, wounds, injuries, pain, skin infections, ethnoveterinary uses, antiameobic effects, antidiabetic, antimicrobial, antiplasmodial and pesticidal effects. It is quite refreshing a refreshing and reassuring development that phytochemical and pharmacological studies have validated the efficacy of *zumbani* in treating COVID-19 symptoms. However, there is a clarion call on the need for more clinical tests on the properties of *zumbani*. Given the herb's dual medicinal and nutritional properties, it falls in the category of nutraceutical plants which are rare plant species.

It is important to note that *zumbani* has been accepted as a wonder herb in Zimbabwe and beyond. MUGWARA (2021) observes that with increased morbidity and mortality rates due to COVID-19, there has been a frenzied demand for *zumbani* in Zimbabwe. The herb is now sold in most retail shops and supermarkets in the country. People from different walks

of life and religious backgrounds use the herb to treat COVID-19 related ailments. The herb is user friendly in that one can luxuriously drink it as tea with or without milk. It combines well with sugar or honey as sweeteners. Both Christians and non-Christians take *zumbani* tea or use the herb for steaming when they contract colds and fever. Africa University in Zimbabwe embarked on cough drop manufacturing using *zumbani* (BANDE 2021). The University, itself a United Methodist Church related institution, has already produced a prototype *zumbani* lozenges with regulated dosage to make consumption safe. The University aims to develop other cough drops with a higher dosage for steaming purposes. Tea manufacturing companies in Zimbabwe have started making *zumbani* tea bags due to the business boom associated with the wonder herb. Poor people in rural communities where the plant grows naturally in forests liberally harvest it for sale in urban areas. Retailers contract poor people in rural areas to harvest and pack the dried plant in fifty-kilogram containers at a fee.

Comparison between *zumbani* and the balm of Gilead

The biblical balm and the Zimbabwean *zumbani* possess some strikingly similar properties. Just as prophet Jeremiah asked, “Is there no balm in Gilead? Is there no physician there? Why then is not the health of the daughter of my people restored?”, in this research we also ask, “is there no *zumbani* in Zimbabwe? Is there no traditional healer there? Why then, (with such amazing therapeutic and nutritious properties of *zumbani*), is the health of Zimbabweans not restored?”.

Table: Biblical Balm vs Zimbabwe's *zumbani* (Source: Own design)

BIBLICAL BALM	ZIMBABWE ZUMBANI
From the mint family of herbs with medicinal properties. (BROIDA 2022)	From Verbenaceae family of herbs. (BHEBHE 2015)
Used for making cough syrups. (DAFNI & BOCK 2019)	Treats coughs, influenza, reduces pain. (MAROYI 2017)
Combines with ingredients such as honey and licorice to treat chest congestion, coughs, and fevers. (UNDERWOOD 2010)	Treats chest related illnesses, malaria, bronchial problems, and measles cases. (MAREVESA 2021)
Treats bruises, wounds, inflammation, sunburns, and arthritis. (KENNINGTON 2021)	Treats wounds, prevents inflammation, and boosts immune system. (MATIASHE 2021)
Could be used as a preservative; embalming. (DAFNI & BOCK 2019)	Used as a preservative for meats. (MAVAZA 2021)
Used to cure life-threatening illnesses. (KRYMOW 2002)	Drastically reduces morbidity. Cures respiratory complications, opens breathing airways. Treats cancers, asthma, and diabetes. (MAVAZA 2021)
Usable in food, drinks, and tea. (AMIEL ET AL. 2012)	Used as herbal tea; is nutritious. (BANDE 2021)
Had national, spiritual significance. (BROIDA 2022)	Has become the pride and wonder herb for Zimbabwe. (MOYO 2021)

The above table has shown that both the balm of Gilead in Jeremiah 8:22 and the *zumbani* of Zimbabwe belong to traditional medicines that are characterized by cultural, historical, and cosmological characteristics. Both the Christian churches and adherents of African Traditional Religion in Zimbabwe have now reached a consensus that some natural herbs such as *zumbani* have medicinal properties that are essential for the cure of COVID-19 related ailments (BHEBHE 2021).

Research Findings

The findings of this study are:

1. COVID-19 vaccination programme has ushered an ambience of religious tolerance as interfaith groups came together to spearhead the rolling out of vaccines. Traditional religious boundaries had to be broken down as the reality of covid-19 deaths united people of diverse religious persuasions.
2. The Socio-historical study of Jeremiah 8:22 has shown that during health crises indigenous knowledge systems can combine with religious and scientific knowledge systems to proffer sustainable remedies.
3. An all-stakeholder community engagement during a pandemic is necessary in mitigating further losses of human life.
4. A pragmatic prophetic role of the Church to interpret scriptures in a way that does not leave out other members of the community in the process of change is a dire necessity during pandemic situations.
5. An ecumenical and interreligious approach should be taken in dealing with pandemics.
6. Western epistemologies can combine with African cosmologies to usher solutions to teething problems of the world such as pandemics, disasters, global warming, and climate change.
7. The participation of women organizations in organizing interfaith religious dialogue in liaison with UNICEF for vaccination drive demonstrates that women groups are essential partners with men in sustainable development and change.

Recommendations

From the study, the researcher recommends the following:

1. Zimbabwe Government should facilitate the formation of an all-stakeholders Board comprising representatives of all religious formations, medical practitioners, politicians, the youths, sport and arts bodies, women bodies, civil service organizations, parachurch organizations, educational institutions, research bodies and traditional leaders to formulate an effective strategy for driving vaccination programmes now and in the future.

2. Scientific and clinical tests should be intensified on the use and efficacy of traditional herbs.
3. In tandem with United Nations SDG 3 (Good Health and Well-being) all entities involved in health services should be consulted, engaged and workshops conducted to ensure that activities or habits that may jeopardize people's health and well-being are curtailed.
4. African Initiated Churches that are run like cults should be regulated in issues of public health and environmental management so that during pandemics such as COVID-19 they cooperate with vaccination programmes.
5. Misinformation, myths, distrust, and vaccine hesitancy can be re-addressed if the all-stakeholder health body proposed in (1) above constitutes a communication and Health Education Team that publishes correct information.

Conclusion

The study has shown that religious groups in Zimbabwe initially held beliefs and convictions that undergirded vaccine hesitancy which was very latent when vaccines were introduced. Interreligious dialogue proved very useful and is the way to go if future vaccination programmes are to be successful. A marriage of convenience is necessary between African Traditional Religion and faith-based organizations such as Christianity and Islam if health and life will be preserved.

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