

Marketing Herbal Medicine in Urban Zambia: A Critical Analysis

Sylvester Mutunda^{1*}

1. Dept. of Literature and Languages, The University of Zambia, Lusaka, Zambia

* Corresponding Author's Email: musvester@yahoo.com

Abstract - This paper critically examines the rhetorical discourse that traditional healers in urban societies of Zambia use to advertise their products and services. The focus is on consumer advertising which is directed to the promotion of product and services – particularly by traditional healers – to the general public. The study further sets out some of the issues and controversies that surround traditional healing practitioners which include the reliability of linguistic advertising strategies that are employed by herbal practitioners and how beneficial and credible their services are to the consumers. The study is sketched as follows: after the introduction, an attempt to define traditional medicine is given, followed by an overview of the concept of advertising. Thereafter, I provide information on the data sampled for the study. Next, I highlight the theoretical principles that underpin the study. It is on this note that I go ahead to discussing the rhetorical gymnastics of therapeutic discourse of marketing herbal medicine. Finally, I give the concluding remarks of the study.

Keywords: Advertising, marketing herbal medicine, persuasion techniques, traditional healer.

1. INTRODUCTION

Traditional healing in Africa is as old as history itself, as the knowledge in herbal healing has been passed down from one generation to the next (Adegoyu, 2008). Following the World Health Organization (WHO, 1978) conference held in Almaty, all African countries officially recognized traditional medicine as partner of biomedical practitioners (Cited in Wamba & Groleau, 2012). Since then herbal therapy has been used alongside western medicine to treat a range of ailments. In many African countries, a large portion of the population relies on traditional practitioners and their various medical plants in order to meet health care needs. Although modern medicine may exist side-by-side with such traditional practices, traditional medicines have often maintained their popularity for cultural and traditional reasons. According to the International Development Research Centre (IDRC), the number of Africans who routinely use the services of traditional medicine for primary care is as high as 85% in Sub-Saharan Africa (Cited in Antwi-Baffour, Bello, Adjei, Mahmood, & Ayeh-Kuni, 2014). This percentage may increase if one takes into account that many people use both western and traditional treatments depending on what is wrong with them at a point in time. However, as Antwi-Baffour, et al. (2014) further observe, given the high cost of medicine manufactured by Western pharmaceutical companies, treatments are not made available widely enough for most rural Africans. Even when these medicines are available, many communities cannot afford them due to exorbitant and prohibitive prices, this is the case with both rural and urban communities. Therefore, herbal therapy remains the only means for medical help for most of these communities. The high demand for herbal medicine from traditional medical practitioners

in Africa and particularly in Zambia, is a clear indication of the attitudes and beliefs of people about the medicines.

The aim of this paper therefore is to examine the rhetorical discourse that traditional healers in urban societies of Zambia use to advertise their products and services. The study further sets out some of the issues and controversies that surround traditional healing practitioners such as the reliability of linguistic advertising strategies employed by traditional medicine practitioners and how beneficial and credible their services are to the consumers.

2. TRADITIONAL MEDICINE DEFINED

The World Health Organisation (WHO) observes that it is difficult to assigned one specific definition to the broad range of characteristics and elements of traditional medicine but that one working definition is essential. It thus concludes that traditional medicines:

[Include] diverse health practices, approaches, knowledge and beliefs incorporating plant, animal and /or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness. (Cited in Richter, 2003: 6)

As for ‘African Traditional Medicine’, one of the definitions provided by the WHO Centre for Health Development is as follows:

The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or societal imbalance, and relying exclusively on beliefs and practical experience and observation handed down from generation to generation, whether verbally or in writing.

‘Western’ medicine or biomedicine is often contrasted with the approach taken by traditional medicine practitioners. As described above, the former is usually associated with diseases of physical body only, and are based on the principal of science, technology, knowledge and clinical analysis developed in Northern America and Western Europe. On the other hand, traditional medicine rely exclusively on practical experience and observation that have been handed down from generation to generation, whether orally or in writing.

Traditional medical practitioners are generally divided into two categories: those who serve the roles of *diviners – diagnostician* (or diviner-medium) and those who are *healers* (or herbalists). The diviner provides a diagnosis usually through spiritual means, while the herbalist chooses and applies relevant remedies. Commenting on the importance of diviners among the Lunda of North-western Zambia, Pritchett (2001: 291) contains that diviners occupy a pivotal position in social and ritual life. They are the ones who are called upon to identify the spiritual agents that are affecting the world of the living. It is their duty to indicate the specific ritual performance required to placate an angry ancestor, drive away spirits, alleviate a case of infertility, or re-establish social order. Diviners sometimes have religious functions. For example, as Mbiti (1970) observes, the Jie of Uganda believe that their diviners receive revelations from God. Among the Lugbara of Uganda as well, it is held that God calls a would-be diviner in her adolescence (manly women). She wanders about in the woods and after several days, runs with power to divine. The community then erects a shrine for her, which is referred to as the “hut of God”; and diviners are called “children of God.” These are thus regarded as

the link between men and God. As for the Turkana of Kenya, they believe that the diviner is the chief representative of God whose functions include that of a doctor, purifier of age-sets, predicting raids and soliciting rain. And among the Luo of Kenya still, in time of war, it is the diviner who makes sacrifices and prayers (Mbiti, 1970: 88-89).

3. CONCEPT OF ADVERTISING

Promotion of business activities is an age-old practice. In the early days of civilisation, human economic activities were given publicity through various means including directional signs and display of names and symbols among others. These traditional methods have been improved upon in such a way that they now include modern forms of advertising such as print media (newspapers, magazines) and electronic media (television, radio, the internet and mobile phones, etc.). According to Frank (1994), as a result of the multiplicity of sources of promotion, an advertiser has to make choices based on the ability of the medium of promotion to attract the targeted audience (Cited in Ayimeyi, Awunyo-Victor & Gadawusu 2013). In Zambia, just like other countries of the world, promotion of goods and services is becoming the norm. Promotions are done not only to attract customers but also to inform, educate and increase overall market share and sales (Eiriz & Wilson, 2006). Unlike in the past, when traditional medicine advertising was done orally, that is by word of mouth by the practitioners themselves or by clients and neighbours, modern traditional healers in Lusaka and other Zambian cities now communicate with potential clients using print or electronic media.

Before looking at the persuasive discourse used by traditional healers in greater detail, it is useful to give an overview of the concept of advertising. The term “advertising” derives from the Medieval Latin verb ‘advertere’ meaning to direct one’s attention to. In this regard, advertising is “any type or form of public announcement intended to direct people’s attention to the availability, qualities, and/or cost of specific commodities or services” (El-daly, 2011: 25). In the same breath, Olaiya and Taiwo (2016) view advertising as a form of marketing used to encourage, persuade or manipulate an audience (viewers, readers, or listeners, sometimes specific group) to take or continue to take actions of buying the product being advertised. Similarly, according to Kangira (2009), advertisement is a public notice “designed to spread information with the view of promoting marketable goods and services” (2009: 39). The goods and services being advertised are promoted by creating the belief in the mind of the targeted audience that the goods or service will have a positive benefits for them. In the same vein, Akinbode (2012: 26) cites Sandage, Fruberger and Rotzol (1977) who claim that advertising is the market instrument which advertisers use to influence the behaviour of consumers at the point of purchase. Advertising is therefore a form of persuasive communication through which someone tries to communicate something to a group of people and whose aim is to persuade them to act in a certain way” (Duran, 1982, Cited in Diaz, 2011: 25).

It should be noted that advertisers use many techniques to get people to notice their adverts. However, no matter the strategies employed in advertising, the overall goal of adverts is to sell or at least, to make the public aware of the advertised product and the elements they are made up of. In other words, advertising has a clear goal that is to promote a product or service by appealing to the audience and to promote economic venture. The person advertising draws the attention of the audience to specific goods in order to increase consumption thereof

for economic gains. Advertisement tells the consumer how to pick the best out of the many materials around by manipulating his sense of choice.

At this juncture, it should be mentioned that advertising can be seen to fall into three categories namely: (1) consumer advertising, which is directed towards the promotion of some products or services to the general public; (2) trade advertising, which is directed to dealers and professionals through appropriate trade publication and media; and lastly (3) public relation advertising, which is directed towards society by citizens or community groups, or by politicians, in order to promote some issues of social concern or political agenda. However, for the purpose of this study, the focus is on the first category; notably, consumer advertising.

4. THE DATA

The data sampled for this study span from print media. I use selected paid adverts in independent newspapers namely – *The Post* and *The Mast* Newspapers – where traditional medicine advertisers seem to have preference for advertising their products and services. In addition, I specify the range of ailments which the herbal medical practitioners claim to have cure for. These include high blood pressure, diabetes, tuberculosis, HIV/AIDS, low sperm count, infertility. Others are marital and love-related problems, sexual problems, general health issues, work-related problems, financial troubles, business-related problems, problems of spiritual nature, and legal matters, among others. Having made these basic clarifications, I will now highlight the basic tenets of the rhetorical theory that underpin my analysis.

5. THEORITICAL FOUNDATION

Any study in persuasive speaking basically requires an exploration of the rhetoric art. With reference to advertising industry, it is worth to note that the principles of rhetoric in persuading the audience to act or think in the desired manner is necessary (Adegoju, 2008). Thus, in the lines that follow, I explicate Aristotle work on rhetoric which this paper employs as its main theoretical base.

Aristotle defines a rhetorician as someone who is always able to see what persuasive (Rapp, 2002) is. Correspondingly, he defines rhetoric as the ability to see what is possibly persuasive in every given case (Rapp, 2002). Elsewhere, Aristotle defines rhetoric as “the faculty of discerning the possible means of persuasion” (Cited in Adegoju, 2008: 4). Persuasion, according to Aristotle, can be attained through three technical means which are: either (a) in the character of the speaker (*ethos*) or (b) in the emotional influence of the listener (*pathos*), or (c) in the argument (*logos*) itself. Rapp (2002) explains that the persuasion is accomplished by character when the speech is held in such a way as to render the speaker worthy of credence. He goes on to state that if the speaker appears to be credible, the audience will form the second-order judgment that propositions put forward by the credible speaker are true or acceptable. Rapp further explains that the success of the persuasive efforts depends on the emotional dispositions of the audience; for we do not judge in the same way when we grieve and rejoice or when we are friendly and hostile. Thus, the orator has to arouse emotions exactly because emotions have the power to modify our judgements. Finally, the rhetor persuades by the argument itself when s/he demonstrates or seems to demonstrate that something is the case.

Table 1. Means of persuasion

1. Ethos	Concerned with Personal Character of the Speaker.
2. Pathos	Concerned with the Emotional Influence of the Speaker on the Audience or Listener.
3. Logos	Concerned with the Reasonableness of the Arguments in the Speech.

Besides the three means of persuasion, there are three kinds of rhetorical speeches namely, deliberative, forensic and epideictic. According to Rapp (2002), in the deliberative kind of speech, the speaker either advises the audience to do something or warns against doing something. Rapp (2002) further explains that accordingly, the audience has to judge things that are going to happen in the future and decide whether they will be advantageous or harmful. The forensic speech either accuses somebody or defends self or someone. Naturally, this kind of speech treat things that happened in the past. In the final analysis, Rapp (2002) posits that while deliberative and forensic species have their context in a controversial situation in which the listener has to decide in favour of one or two opposing parties, the third species does not aim at such a decision. The epideictic speech praises or blames somebody, as it tries to describe things or deeds of the respective person as honourable or shameful.

Table 2. Kinds of speech

1. Deliberative	Speaker either advises the audience to do something or warns against doing something.
2. Forensic	Speaker either accuses somebody or defends self or someone.
3. Epideictic	Speaker praises or blames somebody.

It should also be emphasized that a persuasive speech always occurs in a situation where two or more points of view exist. According to Lucas (1992), “there must be disagreement, or else there would be no need for persuasion” (1992: 309). Given this point of view, persuasive speech centres on four type of arguments or propositions notably propositions of fact, value, policy and concern about a problem. O’Hairr, Friedrich, & Wiemann (1997: 581-582) suggest that propositions of fact assert that something is true or false; propositions of value allege that something is or is not worthwhile; propositions of policy recommend a course of action or policy as necessary and desirable (or unnecessary and undesirable); and the speech designed to create concern about the problem asks an audience to agree that specific conditions should be perceived as a problem requiring solution. It should, however, be mentioned that the classification into these categories is often eclectic as a topic in one category could fit into another.

6. ANALYSIS AND DISCUSSION OF THE COLLECTED DATA

One of the rhetorical strategies employed by traditional medicine practitioners in advertising their healing ability is source credibility. The advertisers appear to be credible by

displaying practical intelligence and knowledge of herbal healing. While attempting to propagate their credibility, they mention the symptoms of diseases in such a clinical manner that the targeted audience is impressed by the depth of their erudition, as can be seen in the following examples: “Prof. Joshua. The great seer, herbalist, who can tell and show your symptoms and causes of diseases like HIV, Infertility, etc.” or “Dr. Mathew, strong and experienced healer with powers to tell your problems before telling him, using powers from Indian mountains, expert in diseases like syphilis, cancer and others”. It is worth to note the way the herbalist physicians pontificate, giving the impression that they are well versed in pathology and could, therefore, diagnose the patients’ diseases even before interacting with them on one-on-one. This is a rhetorical strategy aimed not only at convincing the audience of their competence but also at refuting the perceived opponents or critics of herbal medicine who negatively label herbal medical practitioners as local, shallow and illiterate.

In order to further make themselves credible, the advertisers employ such titles as “Dr.”, “Chief”, “King”, “Queen”, as revealed in the following excerpts: “Professor Mamble Mamble can show your problems”; “Dr. Zake, specialist in African, Arabic and Chinese herbs”; “Chief Sharif, The chief of all traditional healers in Africa is in Zambia with Mukwabula Stick that heals all your problems”; “King Mwoto Mwoto, The great 2 hours, same day permanent results”; “Queen Mama is here with spiritual powers to solve men and women problem”. As regards to the use of “Dr.”, the advertisers try to strike a parallel between themselves and trained practitioners of biomedicine, who are identified with the title “Dr”. The use of this title generally suggests that the bearer is medically competent in the diagnosis and treatment of ailments. Therefore, the title confer legitimacy on the herbal medicine practitioners as specialists that have undergone training in the art of herbal healing and can, therefore, be entrusted with human life. Conversely, the use of “Chief”, “King”, and “Queen” in a traditional society have some implications. Chiefs, Kings and Queens are men and women of honour and integrity who can be entrusted with great responsibilities in societies. The rhetorical factors that is brought to bear here is ‘character’, which Lucas (1996) cited in Adegaju (2008) described as “how an audience regards a speaker’s sincerity, trustworthiness, and concern for well-being of the audience” (Adegaju, 2008: 7). In some instances, the use of titles is closely linked to the advertisers’ pride in their pedigree in the art of herbal healing. The advertisers usually claim to have years of experience in the healing artistry to prove that their herbal healing profession is more enduring than which is learnt. In doing so, they assure the audience that their herbal medicines are safe and effective.

Beside the aforementioned strategies, advertisers attempt to launch herbal medicine as an antidote in restoring normal health, especially where biomedical medicine has supposedly failed. Consider the following excerpt:

“You are suffering in the hands of fake doctors [and hospitals]. Come to Chief Solomon and you will not remain the same.”

(*The Mast*, November 3, 2017: 6)

In the above extract, the advertiser uses “Come to Chief Solomon and you will not remain the same [because Chief Solomon is different, he is not fake]” claim which, according to Schrank, “states that there is nothing like the product being advertised” (Cited in Adegaju, 2008: 8). This claim could be interpreted as a claim of superiority. Here, the advertiser juxtaposes both

orthodox healing and herbal healing methods and ascribes the claim of superiority to efficacy of herbal therapy. This attempt gives credibility to the spirited touting of herbal products as alternative therapy to orthodox medicine. This claim brings to bear a dominant propaganda technique in advertisement known as ‘compare and contrast’ where the audience is led to believe that one product is better than the other although no real proof is given.

One would expect that the claims made by traditional health practitioners would be supported by competent and reliable scientific evidence that has been evaluated by certain personnel or bodies qualified to review it to prove where, how and why orthodox medicine has failed, on the one hand, and where, how and why herbal therapy makes up for the inadequacies, on the other hand.

In some instances, the herbal medical practitioners put up a messianic expressions like: “Instant Neo cream for same day permanent result”; “Original and natural herbal therapy effective and without side effects.” These utterances are another propaganda technique called ‘euphoria’, which is used to generate happiness or euphoria or to boost morale. In this way, the advertisers employ the advertising gimmick called the black/white fallacy. According to Taflinger (1996) a common way in which this trick is used in advertising is by presenting two situations, one with the product and the other without. The one with the product shows circumstances that the advertiser presumes the target audience would like to be in, and vice versa for the situation without the product. For instance, in the above extracts the situation with products promises relief from worries and pains of perceived incurable disease and gives hope of cure. In particular, the claim that the advertised herbal products are effective and have no side effects is not medically convincing. Evoking pride in one’s origin is one of the many motivational strategies used by herbal medicine practitioners in their advertising discourse. The advertised products are usually identified as indigenous African products and they need to be so patronised to affirm the consumer’s sense of pride in locally made products. This is a solidarity-engineering technique to bolster up the feeling ‘One of Us’ in the African group while trying to steer up feelings of disenchantment with ‘Them (Western)’ group. Let us consider the following advert:

“Mama Mukunde, the mother of all African traditional healers from the Rwenzori Mountain is here to solve your problems. She has natural power and herbs for diseases and problems like HIV/AIDS symptoms, Manhood booster, Infertility, etc.”

(*The Post*, June 11, 2015: 8)

Here, there is the use of propaganda technique of appeal to prejudice, as emotive terms used to attack value or moral goodness to believing the proposition. The sense of pride evoked here is tied to the origins of the products. In fact, in the extract above, the herbal practitioner has to coalesce his own identity (personal) with that of a larger cultural (African) identity for acceptability. The advertising strategy used here is called genetic fallacy. It makes a prediction about something based on where it comes from or its origins.

Other strategy found in advertising discourse is the use of statistics. One example is the following excerpt: “New Shark Powder Cream special for men of 18-30 years works instantly and permanently, 299 size”. The use of statistics in the discourse create a definite rhetorical effect. No doubt, we live in the age of statistics but we must be wary of its use for there is

usually more to statistics than meets the eye. Darrel Huff cited by Lucas (1992: 128) argues that although numbers do not lie, they can easily be manipulated and distorted. In the extract above, the advertiser's reference to "299 penis enlargement size" sounds rather dubious more so that there is no way the audience could test and confirm the figure. Moreover it is not clear as to whether the mentioned size is in centimetres or inches.

Other examples of the abuse of statistics in the advertising discourse include "Get results not excuses, 100% guarantee herbal solution for male adults 17-90 years", "New 100% sure fix herbal formula for men 19-95 years old. It works or your money back", and "Your herbal medicine expert in solving 99% of all your problems". By projecting such staggering figures, the advertiser is trying to give an impression of scientific precision that the audience cannot judge for themselves. It should be pointed out here that, the advertisers of herbal medicine seem to borrow the style characteristic of orthodox medical discourse that strive on scientific proofs based on tests and studies that are statistically driven. But where it can be said in orthodox medical discourse that adequate survey and tests must have been carried out not just by an individual but in most cases by a team of researchers before arriving at statistical data, this cannot be said of herbal medical practice which strives mainly on idiosyncratic strides, the processes of which are not readily available to empirical verification.

As indicated earlier, like any other business, traditional health practitioners advertise their products and services with the sole goal of appealing to or winning the heart of their potential customers, hence making their business profitable. But for any business to be lucrative and successful, there are some precepts that business people, traditional health practitioners included, are obliged to observe. According to Fieser (1996), businesses have moral obligations beyond what the law sometimes requires. This simply means that "business is supposed to be unscrupulous and driven by the sole need for personal success. But should consider the customer values, interests and needs" (Fisher, 1996: 457). Surprisingly, this is not what is transpiring in the advertisement of traditional herbal medicine in Zambian cities discussed above. The aforementioned adverts are characterised by several moral wrongs which include psychological cohesion, misinformation, exaggerated competence, false guarantee, and false claim of source of herbs to name just a few. Such practices of exaggerated claims are morally impermissible as they "flout and compromise the basic principles of both business and medical ethics and traditional healers' reputation in the society" (Mawere, 2011: 5). Having said this, I will now try to give detailed account of advertising moral wrongs present in the advert samples that have been analysed.

From the foregoing analysis, it was revealed that the advertisement of traditional medicine in Zambian urban societies has been characterised by exaggerated competence. This is seen where the healer claims to cure disease or heal problems of all sorts when in reality s/he cannot. This exaggerated competence is coercive in nature; it is used as a persuasive strategy to raise the healer's profile and credibility. In such immoral advertising strategies, the advertiser create the impression of being credible by displaying practical intelligence and in-depth knowledge of medicine and/or spiritual powers. As Mawere (2011) observed, the advertisers normally propagate this credibility in the eyes of prospective customers by outlining the clinical symptoms of diseases, with the intention of showing the public that they have

thorough knowledge of pathology and could diagnose the patient's ailments even before interacting with them. Below are extracts samples:

1. "Due to public complaints we are here with Chinese remedies gel and pills which can help you instantly and permanently in your sexual problems like men problems of all sorts. Come try it, you will never be disappointed."
2. "Are you totally helpless, heartbroken and financially miserable? Mama Viola is here to wipe out your tears. For instant marriage, business booster and Men's clinic."
3. "King Mwoto Mwoto. Original Chinese cream and pills. 2 hours same day permanent results. For man of 18-85 years enlargement cream, Extra-large penis pills, Sperm increase & libido, Be the strongest man in bed."
4. "Do you want to become a millionaire or billionaire in same day with no sacrifice? Join Chief Adam club and become rich instantly. Magic Wallet, business boosting."
5. "STOP SUFFERING. Come for different class of money. 1st class, 2nd class, 3rd class and become a millionaire same day with no bad condition. Get clean money from the spirit and become the happiest person instantly and permanently."
6. "PROFESSOR MUNA. SPECIAL ONE, 9 in 1 super power same day instant and permanent remedies for men aged 18-85 years, be a bedroom king and more powerful."
7. "Have you tried all? Now try the best. Satisfy your partner to the climax with the new fast action herbal Chinese mixture. It improves on size, stamina, infertility, etc., for men 18 and above. Free delivery, Pay after work."
8. "Dr. Ndong & Mama Sofia 20 years' experience. Purely natural and approved Chinese products. Can recover lost lover in 30 minutes, prolonged and massive release of sperm, libido accelerator. Also instant enlargement of hips and bums, breast firming, etc."

The thematic content of some of these adverts undermine the strength of biomedicine by emphasizing exaggerated competence of the Chinese herbs over Western medicine. By providing a false detailed background information about oneself as is in the case of "Professor Muna", the practitioner obviously intend to magnify his credibility. One would think that the healer is well educated, medically knowledgeable, thorough and highly experienced person when in fact he has never attained any doctoral degree, let alone professorship. Additionally, making reference to the countries from which the mixtures, creams, gel and pills are sourced such as China, the advertisers make a gaze towards convincing would be customers that their medicines are genuine as they come from countries which are well-known for producing effective herbal medicines. All these claims tend to underscore the herbal practitioners' insatiable quest for acceptability and credibility directed towards convincing or wining the minds of prospective customers. As such, advert of this nature result in psychological coercion on the part of would be customers who sometimes will have exhausted the use of scientific medicine.

The truth of the matter is that, no evidence can be made available to support such claims as made above. Simply put, no empirical or scientific evidence to prove that the advertised medicine will result in permanent healing without side effects or allergies is made available to prospective customers. Worse still, there is no evidence for the audience to prove that the healer can cure multiple ailments and conditions. It is in the face of this uneasiness that one can

critically questions the moral acceptability of such claims. I therefore argue that by making exaggerated competence, the healer does not only go against the moral precept of advertisements which stresses truth, but compromises his/her moral legitimacy in the society. Additionally, the adverts violate Gricean's (1975) conversational maxim of quality, which states that in conversation (and by extension in advertising) one should not lie or make unsupported claims. Hence, affected people are encouraged to denounce such adverts. This will deter advertisers of traditional medicine from engaging in such immoral advertising strategies as exaggerated competence.

From the sampled data, it was also revealed that another advertising strategy employed by advertisers of traditional herbal medicine is false guarantee. This advertising wrong is a persuasive technique meant to induce confidence in the potential clients most of whom are likely to have experienced the technique in the orthodox commercial world. It was observed that the false guarantees come in form of false promise to prospective customers. Some of these promises obtained from the sampled data were:

1. "Bring back lost lover in 1 day, lost property same day, pay after work."
2. "The greatest experienced spiritual psychologist who treat long time sicknesses like stroke using holy spells, herbal mixture and the secret power. Also those problems failed by other healers."
3. "New 100% sure fix for men 19-95 years, it either work or your money back."
4. "Meet me once and see the difference. I solve all your problems by doing God's prayers. Quick solutions to: love, job, relationship, money, bad luck, marriage, jealousy etc. 100% guarantee."
5. "The great seer who can tell and show your enemies, witchcraft, misfortune, etc.
DR. MLANGAFITI, expert in herbs to heal different diseases like manhood enlargement, magic wallet, business booster, seeing your problems on mirror, come you will not be disappointed."
6. "ORIGINAL BOCHO CREAM & YODI PILLS effective & with no side effects: lost/gain weight, flat tummy, pregnancy problems men's clinic."
7. "The African Herbalist with Same Day Results using Spectacular Powers. Mama KIBONDO can tell you all your problems using cultural stick base powers."
8. "FREE HELP FOR THE FIRST 100 LUCKY CUSTOMERS. Mama Topi Experienced, Strong Herbalist for 27 years, can tell problems before telling her and solve."

The above guarantees raises several questions, especially to critical thinkers though they are likely to convince customers haunted by some of the problem outlined. The short time frame of 1 day/same day guarantee, 100% guarantee, promise to pay the money back or customer pay after successful result, effective cream and pills with no side effect, meet distinguished miracle teller and recovery of lost property are all false guarantees that have the potential to compel prospective customers to flock in their numbers. However, on subjecting all these claims to hyperbole literary analysis one may realise that they lack any authenticity; they are just hyperbole exaggerations used in the name of advertising to lure prospective customers by appealing to their feelings. Hyperbole refers to a case where the speaker's description is

stronger than is warranted by the state of affairs described (Leech, 1993). It is from this understanding that I posit that adverts by healers can only be morally justifiable in as long as they uphold the truth and abandon the use of false guarantees and other such advertising gimmicks. In this regard, I can identify with Mawere (2011) who quotes Harris and Seldom (1962) as saying that advertising is “a form of communication designed to spread accurate information to the public with the view of promoting marketable goods and services” (In Mawere, 2011: 6).

This study also reveals that most Zambian advertisers in traditional medicine employ misinformation as a strategy to win the hearts of their prospective customers. A well-known adage says: “lies well documented resemble truth”. Having realised the impact of ‘well cooked’ and documented lies, most Zambian advertisers in traditional medicine document eye catching inscriptions such as capital or bold letters, catchy rhetorical titles and exaggerated experiences achievements to entice their targeted audience. Most of the titles sampled in this study were: Dr. Mama; Dr. Papa; PAPA & MAMA FORTUNE; Chief; King; Queen Mama; The Lady of all Ladies; Dr. Expert; Attention: Dr. with Spells is here; Professor Bal is here to help you; The Greatest African traditional Healer, Strong, Experienced Herbalist is here to solve your problems; Chef the Illuminate expert; World’s Best Indian Astrologer & Spiritualist; Experienced Herbalist for Years in Telling and Solving Problems; Attention! Attention! Same day Same time Professor from Togo; Mama, 20 years of experience, same day results; Dr. from Malawi, expert in herbs; A distinguished miracle teller; Chief of the Jungle who can build your future in short time.

Such rhetorical titles are used to create credibility and acceptance by the targeted audience, that is, prospective customers. By using such titles as mentioned above, the traditional medicine practitioners attempt to draw parallels between themselves and competent practitioners in conventional medicine who can be entrusted with human life. This confers legitimacy on the healers as the titles suggest that the bearer is competent, rigorous, educated and with formal training in the diagnosis and treatment of health-related ailments, usually in medical school. However, what makes their claim dubious, especially to critics is the fact that unlike mainstream medical doctors who indicate their educational qualifications and the institution from which they acquire them, practitioners under study don’t do the same. This makes people understand that they are being deliberately misinformed. Yet, in advertising pursuit, misinformation is a moral transgression against the public. Denouncing the immorality of misinformation, Mawere (2011) quotes Norris (1980) as saying that “the advertiser should always tell the whole truth about the product he wants to sell and should judge the message not by what it says but by what the reader is most likely to think it says” (Mawere, 2011: 6). The advertiser thus, should not manipulate, misinform or influence the prospective customer deliberately or otherwise. The consumer should be given the liberty to decide on his/her own without any physical or psychological coercion.

The last advertising gimmick sampled in this study was the use of false claims of sources of herbs. The motivation behind mentioning of far reaching sources of herbs is to create legitimacy, credibility and to instil confidence in prospective customers. The source of the herbs and healing powers were mainly ocean water, famous mountains and sacred places. The strategy here is twofold: to make prospective customers believe that their problems can really

be solved and that their lives can be improved. Below are examples of source of herbs and that of healing power from the sampled data:

1. "Have hope. PROF. Mondo the herbal specialist with spiritual powers, who can solve your problems using black stone. Try me and see the difference."
2. "PROF. BALI. The most powerful traditional healer who can show your problems using ocean water from the horn of Africa."
3. "The Chairperson of all herbalists, Mama Kimbobo who can tell you all your problems using black stones and milk."
4. "Are you ready for miracle? Try Mama Banda's power from Kilimanjaro to solve men and women problems."
5. "MAMA Grace & PROF. Walayi from Kilimanjaro Mountain."
6. "Dr. Eric Expert in money blasting from pangolin animals."
7. "Come and join the greatest temple of billionaires in the world with Doctor Umeh from the mountains of India and Egypt. It's your time to unlock life from diseases and financial problems."
8. "Are you suffering in the hands of fake Doctors? Come to Chief Solomon. Get rich quick, have babies, pass exams, unfinished problems from doctors."
9. "I am Professor Kaddu, a traditional healer using magic stones on different issues including protection of wealth, business attraction, wining court cases."
10. "Chief Sharif - The chief of all traditional healers in Africa is now in Zambia with the **MUKWABULA STICK** that heals all your problems. How long will you keep moving? I CHIEF SHARIF I am your last choice now."
11. "DR MAMMA NASURA and PROF SHARIF the most powerful herbalists from Zanzibar 100% specialists in bringing back lovers (2 days), quick marriage, and financial problems, magic stick, etc."
12. "Have you heard about BINGWA WA DAWHA [meaning *master of medicine*- in Kiswahili]? He is the greatest Experienced Spiritual Psychologist who treats long time sickness like stroke using Holy Spells, Herbal Mixtures and Secret Powers."
13. "Dr. Zake, specialist in African, Arabic and Chinese Herbs to solve all your problems."
14. "Life is short. Seek help from Professor NJE from the Drunkensburgs Mountains for quick help."

It should be noted that the claim of sources of herbs that are sacred and the place where healers hail from, are just but false. These sources haven't been scientifically proven and place of where healers hail from is not real, here advertisers are just playing on the mind of customers. In Zambia, there is a belief that any medicinal herbs coming from countries such as India, China, East Africa (Tanzania, Malawi, and Kenya) or West Africa particularly Nigeria, is authentic and credible. As a result, herbal practitioners take advantage of this belief to advertise their products and services. By so doing, healers hope to raise their social prestige and increase their income. This advertising technique is a gimmick and empty diplomacy deployed to engender confidence in prospective customers by raising their hopes.

The claim of supremacy over other healers or herbalists by practitioners under study is a type of false testimony with the potential to make prospective customers believe that the healer in question is better than the rest. In philosophy circles, particularly in logic, this technique is known as *fallacy-argumentum ad hominem*. This is a situation whereby people try to win arguments by saying derogatory and negative things about the opponents – like what most African politicians often do – as demonstrated in the adverts 3), 8).10) and 12) above. In advertising, this technique is normally used to out compete one’s counterparts, in this case, other herbal practitioners. It is in this light that I argue against false claims of sources of herbs used by most of the practitioners in traditional medicine in Zambian urban societies.

7. CONCLUDING REMARKS

Informed by the Aristotle’s rhetoric of persuasion, this study has examined the discourse strategies that Zambian herbal medicine practitioners employ in advertising their products and services. The discussion focuses on the deployment propaganda techniques such as source credibility, assertions, testimonials and claims of sources of herbs, use of statistics, euphoria and narrations among others. The study has revealed that the different rhetorical strategies use are all meant to make the characters – in this case the herbal medicine practitioners – worth of confidence, and also appeal to the emotions of the targeted audience. It is interesting to note that herbal medical practitioners never presented their product as those that can control, manage or suppress (symptoms of) diseases. It is permanent cure throughout. Besides, their product are never presented to consumers as having side effects. There is, therefore, the overriding effect of rhetorical strategy of ‘absolute certainty’ that pervade the discourse.

On the other hand, the study has revealed that, like any other business, advertising in traditional medicine in contemporary Zambian societies has raised a lot of questions. These have been largely a result of unethical techniques employed by traditional medical practitioners to advertise their products and services that include exaggerated competence, false guarantees, misinformation, false testimonials and claims of source of herbs. These unethical and morally unacceptable practices have proven beyond any reasonable doubt that most traditional healers lack both business and medical ethics, hence the need for government to work in consonance with independent organisations to empower and provide civic education to both traditional healers and the general public.

REFERENCES

Primary Sources

The post, May 2, 2016.

The post, June 11, 2015.

The post, July 8, 2015.

The post, August 9, 2016.

The post, October 13, 2016.

The post, October 19, 2016.

The Mast, October 29, 2017.

The Mast, November 3, 2017.

Secondary Sources

- Adegoju, A. (2008). A Rhetorical of the Discourse of Advertising Herbal Medicine in Southern Nigeria. *Linguistik online*, 33 (1), 1-22.
- Akinbode, O. (2012). A Sociolinguistic Analysis of Advertising Language in Selected Nigerian Mass Media Commercials. *Research on Humanities and Social Sciences*, 2 (8), 26-32.
- Antwi-Baffour, S.S. Bello, A.I. Adjei, D.N. Mahmood, S.A. & Ayeh-Kuni, P.F. (2014). *American Journal of Health Research*, 2 (2), 49-54.
- Ayimeyi, E. K. Awunyo-Victor, D. & Gadawusu, J.K. (2013). Does Advertisement Influence Sale of Herbal Products in Ghana? Evidence from Municipality. *Modern Economy*, (4), 652-658.
- Diaz, M.A. (2011). Manipulation of Teenagers through Advertising: A Critical Discourse Approach. *Revista de Linguística y Lenguas Aplicadas*, (6), 25-37.
- Eiriz, V. & Wilson, D. (2006). RRM: A, T and I. *European Journal of Marketing*, 4 (4), 275-291.
- El-daly, H. M. (2011). Towards an Understanding of the Discourse of Advertising: Review of Research with Special Reference to the Egyptian Media. *African Nebula*, (3), 25-47.
- Fieser, J. (1996). Do business have moral obligations beyond what the law requires? *Journal of Business Ethics*, 15 (4), 457-468
- Grice, H. P. (1975). Logic and Conversation. In (eds.) P. Cole & J. Morgan, *Syntax and Semantics 3: Speech Acts*. New York: Academic Press.
- Kangira, J. (2009). Product-oriented communication: A linguistic Analysis of Selected Advertisements. *NAWA Journal of Language and Communication*, 3 (1), 39-45.
- Leech, G. (1993). *Principles of Pragmatics*. London: Longman.
- Lucas, S.E. (1992). *The Art of Public Speaking*. New York: Random House.
- Mawere, M. (2011). Ethical Quanderies in Spiritual and Herbal Medicine: A Critical Analysis of the Morality of Traditional Medicine Advertising in Southern African Urban Societies. *Pan African Medical Journal* 10 (4), 1-8.
- Mbiti, J.S. (1970). *African Religions and Philosophy*. Garden City, New York: Anchor Books.
- O'Hairr, D. Friedrich, G. W. & Wiemann, J.M. (1997). *Competent Communication*. New York: St. Martin Press.
- Olaiya, O. & Taiwo, A. (2016). Radio Advertisement and Yoruba Oral Genres. *Nordic Journal of African Studies* 25 (3&4), 263-280.

- Pritchett, J. A. (2001). *The Lunda-Ndembu: Style, Change, and Social Transformation in South Central Africa*. Madison, Wisconsin: The University of Wisconsin Press.
- Rapp, C. (2002). Aristotle's Rhetoric. *Stanford Encyclopedia of Philosophy*. Retrieved October 26, 2015, from <http://plato.stanford.edu/entries/aristotle-rhetoric/>.
- Richter, M. (2003). Traditional Medicines and Traditional Healers in South Africa. *Discussion Paper prepared for the Treatment Action Campaign and AIDS Law Project*.
- Taflinger, R. F. (1996). *The Power of Words. Advertising Tricks of the Trade. Part One of the Two Parts Series*. Retrieved January 10, 2018, from <http://www.wsu.edu:8080/~taflinge/words.html>
- Wamba, A. & Groleau, D. (2012). Constructing Collaborative Processes between Traditional, Religious, and Biomedical Health Practitioners in Cameroon. *Nordic Journal of African Studies* 21 (2), 49-74.
- WHO Centre for Health Development. (2007, September). *African Traditional Healer: Cultural and Religious Beliefs Intertwined in a Holistic Way*. Retrieved December 18, 2017, from <http://www.who.or.jp/tm/research/bkg/3>