THE ART OF HEALING
Australian Indigenous bush medicine

Medical History Museum, University of Melbourne
The health gap between Indigenous and non-Indigenous Australians is among our nation’s most dire social problems. To reduce the unacceptably high rates of illness and premature death suffered by many Aboriginal and Torres Strait Islander communities, we must combine the trusted ways of holistic healing that have been practised on this continent for millennia with the most recent Australian and international research, education and clinical practice.

The exhibition *The art of healing: Australian Indigenous bush medicine* explores the enduring presence and evolution of Indigenous medicine, and presents, through contemporary art, examples of specific treatments and broader approaches to healthy living from across Australia. It affirms that traditional healing is thriving—an intrinsic part of the lives of many Indigenous communities.
THE ART OF HEALING
Australian Indigenous bush medicine

Edited by
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Medical History Museum
University of Melbourne
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TRADITIONAL ABORIGINAL HEALING PRACTICE

The most pressing social problem in Australia today is the health disparity between our Indigenous and non-Indigenous people. Closing such wide gaps in mortality, morbidity and life-span in this rich, first-world nation requires greater efforts by the health workforce and policy makers. We who are not directly involved also have a role: if we were more knowledgeable of the history of Australia, of the diversity and depth of our Indigenous cultures, and more accommodating of the continuing traditions, allowing them their rightful place in our nation, I believe that we would overcome the life-threatening disadvantages faced by Indigenous Australians more quickly.

There is so much that we have yet to learn from the traditional healers and their families. This book accompanies an exhibition of bush medicine and healing, held at the University of Melbourne’s Medical History Museum. The display of artworks and objects opens a window onto the precious legacy of Aboriginal healing traditions, with their unique values, beauty and power. Images are used by healers to focus the patient’s attention on ancestral power and the proper state of balance between the spiritual and the mundane, to achieve social order. Displaying art depicting the design world and ways of seeing of traditional healers validates these ancient traditions and shows us creative ways to maintain these vulnerable and threatened bodies of knowledge and practice.

Dignity for all involved must be a part of our approach; respect for cultural and religious values also, having regard for other people’s belief systems, and allowing people entering a clinic or hospital to feel that their cultural heritage need not be hidden out of fear of discrimination or contempt. By placing the dignity of the person at the centre of our work, we start to create healing spaces and healing cultures. This is the great contribution that traditional healers bring to the institutions of health care introduced into rural and remote Australia, some as recently as 50 years ago. These extraordinary healers are called by many names: clevermen, marrnggi and ngungkari are just three. Invited by health professionals into clinics and hospitals when Aboriginal patients are afraid and resistant to health care, healers bring ancient Aboriginal values to the task. Collaboration between healers, medical professionals and scientists is a public secret in Indigenous scholarship circles and deserves to be widely understood. Healers understand that Western medical treatments should be used by Aboriginal patients, and often explain to them that they should go to the clinic or stay in hospital and not fear the doctors and nurses. Healers can be blunt about this, and have said to me, ‘I can’t help you. Go to the hospital’.

Judith Pungkarta Inakamala collecting bark from the Nyinia erkingalha (Corkwood bark). The bark is taken off, burnt, and made into a powder that is used to treat many different ailments. © Copyright Hermannsburg Potters.
Where there is no hospital, traditional cures for fever, some infections and wounds, diarrhoea and other common ailments such as mental distress are the province of the healers. Healers are also reported to help patients who are overcome by a belief that they will die, and bring them back to a state of engagement with life.

In many areas of Australia, Aboriginal men and women turn with great confidence to traditional healers to maintain their wellbeing. Parents take their children. While scientists dismiss their efficacy, few Aboriginal people doubt the need to maintain these traditions. Given the immense time-span of Aboriginal life on this continent—the latest evidence suggests 65,000 years—it is unsurprising that in the traditional Aboriginal world the aetiology of disease is understood in the terms of ancient cultural precepts that have served thousands of generations well.

Aboriginal medical traditions and pharmacopoeia are supported by encyclopaedic bodies of knowledge developed in an intimate relationship with the local environment, vegetation, climate and geography. Thus, we can understand how observations of cause and effect of particular substances, and the transformation of plant material by applying fire, water, smoke or other treatments, would accumulate into accepted medicinal knowledge: ‘Despite the unfortunate post-colonial fragmentation of Indigenous knowledge, the complex 40–60 thousand-year-old oral tradition of Aboriginal people includes a materia medica that has continued to guide ethnobotany to this day’.

The potential is well recognised: ‘Ethnopharmacology in Australia and Oceania has identified a range of natural products suitable for comprehensive clinical testing’. The study of Indigenous pharmacopoeia is a rich field, and examples of publications are included in the exhibition.

More mysterious and difficult to comprehend are Aboriginal ways of understanding human physiology and psychology. The cultural precepts and ontological basis of these traditions are complex and sometimes elusive. They involve the idea of consubstantiation of people and land, spirit world and the perceived world—a panoply of ancestral spirits and their influences on the world. I have come to understand some of the ideas and principles simply by listening and observing. I have not extensively researched these matters, but they are difficult to ignore, being such an important part of Aboriginal cultures across the continent.

There are many published sources on traditional Aboriginal healing knowledge and practices, and many sources for its historical continuity since earliest colonial times. What should not be ignored in acknowledging the persistence of these traditions is that so much has been destroyed, as I observed in my survey of colonial botany in Cape York: ‘What emerges from this study is not just the speed of this transition but the extent of the loss of traditional knowledge about the major source of indigenous food, the plant foods, their uses and ecologies’. One of the most explanatory sources is the beautiful, award-winning book Traditional healers of Central Australia: Nyangkati, whose authors have contributed to this volume. Nyangkati are the traditional healers of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Lands—350,000 square kilometres of the remote Western Desert.
As the publisher notes, "To increase understanding and encourage collaboration with mainstream health services and the wider community, the ngangkari have forged a rare partnership with health professionals and practitioners of Western medicine." Readers will be familiar with the book *Dark emu, black seeds*, by Bruce Pascoe, which powerfully refuted colonial and derogatory views of our ancient ethnobotanical traditions. Research on these traditions is growing, as are efforts to revive and maintain them, from the production of healing remedies for the market, to programs supporting the healers and their collaborations with the health workforce.

A very useful work is Janice Reid's *Sorcerers and healing spirits: Continuity and change in an Aboriginal medical system*. First published in 1983, this exploration of how the Yolngu in Arnhem Land understand human suffering is based on Reid's first-hand experience, gained while living in and visiting Yirrkala. Reid also edited the collection *Body, land and spirit: Health and healing in Aboriginal society*. Even though so much has changed in the last half-century, many of her descriptions of Yolngu medicine are easily recognisable today. She reported very little on the herbal and other remedies that are still offered at women's healing events in north-east Arnhem Land. I suspect that the influence of missionaries drove many of these practices 'underground' or out of sight. But, as my own experience proved, these traditions continue, are practised publicly, and are a source of great pride for the families who hold the knowledge.

Reid states the accepted view that has been put to me by healers, and one that supports my own observations:

The power utilised by both sorcerers and healers is ultimately from the same source. This power is morally neutral, it is not the nature of the power a marrggunji possesses which distinguishes him from a sorcerer but the choice which he makes about how he will use it ... this power is held in trust. People believe they use it to heal and to protect others. While the potential for its use to harm people exists, marrggunji and their families vigorously deny that they work sorcery, even on enemies, and they become offended and angry if anyone suggests such a possibility.

I have met a few sorcerers—encounters that were fascinating and more than a little frightening. Sorcerers make no claim to the greater good. Sorcerers exist, but so too does fear of imagined sorcerers, who almost always live beyond the social boundaries of one's own group and can never be accurately identified. When I have been told to beware because sorcerers are afoot, the instructions were vague. When sorcery-removing rituals are conducted, the consequences can be severe: affected families may be required to evacuate their homes, or hand over their worldly goods to their in-laws, while community assets such as stores and vehicles may be put out of action by the taboos that are invoked in ritual efforts to remove sorcery curses. The results of these encounters can be explained
by reference to their context. When I worked for the Royal Commission into Aboriginal Deaths in Custody in the late 1980s, attribution of deaths to sorcery was common, but the role of sorcery as an Aboriginal explanation for the rising mortality rates caused by chronic disease, contact with the criminal justice system, alcohol, vehicle accidents and violence was not well understood. Even today, suicides are sometimes attributed to sorcery. Among the young who find death difficult to understand, such an explanation conforms with older traditional beliefs, helping them accommodate some of the trauma they experience. This persistence of sorcery is reminiscent of the work of Janice Reid and her Yolngu collaborators in the 1970s, when the introduction of alcohol and store-bought food was beginning to have detrimental effects on health. Her description of galka, written almost half a century ago, remains relevant today: 'few people say they know how a person becomes a galka. Most people of the community claim that no one at Yirrkala 'knows galka' and galka are always strangers who travel long distances from communities to the south and west to seek out and kill the people of Yirrkala'.

All my personal experiences of traditional Aboriginal healings are memorable. I will describe a few, not as evidence of healers' efficacy, but of their normality in Aboriginal society. In 1993, I was working in Cape York with the traditional owners of the Princess Charlotte Bay region. We were camped near the mouth of the Stewart River. Many hours of driving and the intense heat had caused me to feel very ill and, gradually, delirious. A large abscess developed on my gum and soon I was in intense pain. We had no antibiotics. Some people discussed my situation but I was too ill to pay attention. After a while, a healer was sent over to see me. He took me to a quiet area near the Ironbark forest, asked me to sit on a log, lit a fire, placed a billy of water on it, and walked off. Soon he returned and, facing away from me, put pieces of bark into the boiling water and softly voiced an incantation. He said that the recipe was secret, but I should drink the dark-red water and wash my mouth out: I would be healed soon and not to worry. Within an hour, the abscess had disappeared completely and I felt normal. My relief and gratitude were mixed with wonderment at the speed of my recovery. I had often been treated by traditional healers, as there were no Western-trained doctors in the remote areas I worked in, yet this experience was out of the ordinary, because of the rapid effects of his barks and boiled water.

One of that healer's nieces later treated me at Stony Creek. A friend had invited me to try his preparation of raw fish, vinegar and chilli, a dish adopted from Asian visitors who had come to our shores long before the British. Some time later, I was violently ill, and passing in and out of consciousness. I was taken to the healer's tent, but scarcely remember what his niece did to me. It was late afternoon, and by dinner-time I was quite normal again.


Book from the 'Living with the Land' series, which explores the culture associated with Indigenous foods and medicines and the strong observation of seasonal cycles,
Living with the Land

Bush Tucker and Medicine of the Nyikina

Annie Nayina Milgin, John Dadakar Watson and Liz Thompson
During the 2017 Garma Festival, I was invited by an older woman, whom I address as ‘mother’, to be healed by her and her granddaughters. The women’s healing centre, on an escarpment overlooking the Gulf of Carpentaria, has in the last decade acquired well-constructed facilities, an enclosed camping area and a treatment area. When I arrived, there were large piles of herbal material in the treatment area. The women had been collecting and sorting the plants for some time. My mother and her granddaughters were very businesslike; I could feel their gazes as they assessed my situation. My mother asked me to undress. They used herbs and massage during the course of the healing session. I think they believed that I was stressed and unhappy. I could not have refused without seeming very rude and ungrateful, and I sensed that my state was a matter of discomfort to them. For their sakes, it was my duty to allow them to treat me and, to use their words, help me ‘to feel balance’. I was pleased to be invited and keen to feel the effects. The experience caused my skin to tingle very pleasantly for many hours, and I did indeed feel relaxed and calm.

But this episode reminded me of the fragility of the women’s knowledge, and the importance of preserving it. I have written about the destruction of similar traditions during the violent colonial period in Cape York:

... from an economic state of sufficiency in an environment of easily harvested, abundant natural wealth, the Aboriginal populations were reduced to a state of pauperisation during the most violent periods of the frontier and increasingly so during the ‘pacification’ phases, when food and ration stratagems were implemented by the protectorates as critical weapons in a war of attrition.¹⁰

That so many Aboriginal people maintain their ancient food and medical traditions against the odds presents us with an important opportunity. We should study the profound change in Aboriginal health since contact times through the lens of the biological repercussions of the widespread destruction of traditional knowledge and practices, and find ways to preserve and reinstate these trusted ways in health care today.

**Professor Marcia Langton, AM**

2. Ibid.
8. Ibid, p. 35.

Cat. 22 Judy Mengil, *Dimalan leaves* (detail), 2016, natural pigment on canvas, 60.0 × 60.0 cm. MIM2017.28, Medical History Museum.
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The exhibition The art of healing: Australian Indigenous bush medicine, curated by Dr Jacqueline Healy, was held at the Medical History Museum, University of Melbourne, from 23 April 2018 to 29 September 2018.

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The Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, has three museums: the Medical History Museum, the Harry Brookes Allen Museum of Anatomy and Pathology, and the Henry Forman Atkinson Dental Museum.

*The art of healing: Australian Indigenous bush medicine* features contemporary works by Aboriginal and Torres Strait Islander painters, printmakers, ceramicists, weavers and other artists from across Australia, as well as examples of bush medicines, publications and artefacts, from the collections of the Medical History Museum.

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