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Medical Anthropology

Cross-Cultural Studies in Health and Illness

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/gmea20

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To cite this article: Anna Waldstein, Jason Irving & Dennis Francis (27 Feb 2025): Cleansing and Building in Raſtafari Healing in London: Health Sovereignty for a Hoſtile Environment, Medical Anthropology, DOI: [10.1080/01459740.2025.2471092](https://doi.org/10.1080/01459740.2025.2471092)

To link to this article: <https://doi.org/10.1080/01459740.2025.2471092>



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Published online: 27 Feb 2025.



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Cleansing and Building in Rastafari Healing in London: Health Sovereignty for a Hostile Environment

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ABSTRACT



Health sovereignty – the assertion of rights to culturally and ecologically appropriate medicines and the ability of communities to structure their own healthcare – is a biopolitical goal of the Rastafari movement. We examine how health sovereignty is enacted by Rastafari herbalists in south London and the contributions these healers make to health in the UK, particularly for migrants disenfranchised by “hostile environment” immigration policies. Using ethnographic data on “bitters” and “roots tonics” we show how herbal medicines are used by healers and their clientele to achieve key political and spiritual aims of the movement, as well as personal healing.

KEYWORDS

African Caribbean diaspora; alternative healing traditions; biopolitics; United Kingdom; urban ethnobotany

“Juice! Juice! Naaturaal Naatural! Alkaline juice, whole and cleanse!” comes a cry from behind the metal stall adorned in Rastafari flags of red, gold and green with images of Haile Selassie I and the lion of Judah. On the table are an assortment of dried medicinal plants, packaged teas, and bottles of “bitters” and “roots tonics.” Next to the stall is a Jamaican food van, and nearby someone is playing a recording of a live dancehall set from their car. It is summer 2018 and the street, near the covered Brixton market, in London, UK, has a row of stalls, some selling Jamaican and African herbal medicines, others selling handmade soaps and beauty products, clothing and Ethiopian food. Advertising his wares is Yagga, who prepares his own juices and sells them occasionally on the stall (see Figure 1), which was set up by his *breddah* (brother or brethren) Ras Addisa, a Rastafari herbalist who makes his own brand of Jamaican herbal products. Down the road is a larger stall run by Ras Dida and his mother who sell produce and medicinal plants imported from Jamaica. This small oasis of Rastafari healing contrasts with the more recently arrived, security guarded, Pop Brixton at the end of the road, self-described as an area of “trendy bars and cosmopolitan eateries,” which have been criticized as sites of middle-class consumption and agents of gentrification (see Satariano 2020). In fact, while the south London district is well known as a center of Caribbean culture and Black activism and has had a relatively large Jamaican population and visible Rastafari presence for half a century, all of Brixton is gentrifying.

Alongside the gentrification of places like Brixton, life is made more difficult for people from the Caribbean by the UK’s “hostile environment” for immigrants (see Wardle and Obermuller 2019). The adoption of the “hostile environment” made an explicit policy aim out of the prior reality of racist borders in the UK, which in turn are a legacy of slavery and colonialism. The racialized nature of changes to Commonwealth migration and the deliberate intensification of racist border regimes over the past half-century coalesced in 2018 during the “Windrush deportation scandal.” The scandal involved the detention and, in some cases, unlawful deportation of

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Ras Addisa's stall in Brixton Market.

elders from Caribbean (and other Commonwealth) countries, who were entitled to permanent settlement, or citizenship but did not have the proper documentation. A notable feature of the hostile environment is the restriction of access to the National Health Service (NHS), employment and housing. The health implications of the hostile environment and the strategies that migrants use to mitigate them are not fully known. In this article, we examine the role of Rastafari healers like Yagga, Addisa and Dida as a healthcare resource for the African Caribbean diaspora in London.

Use of medicinal plants and other alternative healing techniques have been theorized as part of a community's "health sovereignty;" a concept that captures the political salience of continuing and developing traditional health practices. As Werkhseiser (2014) explains, health sovereignty is a model of public health based on the aims of the food sovereignty movement. Whereas food sovereignty is an assertion of rights and abilities to access food that sustains individuals and communities (Claeys 2012), health sovereignty involves rights to ecologically appropriate medicines (Kassam et al. 2010) and the ability of communities to structure their own health care (Haring et al. 2015). Such sovereignty

emerges through the ability to determine what sorts of therapies are available and what they are composed of, as well as how they are produced and distributed (Langwick 2018).

In this article we take a closer look at the biopolitical implications of health sovereignty, particularly when it manifests as the right to use traditional medicines. When professional healthcare is made inaccessible to migrants by hostile immigration policies the distinction between choosing to use traditional medicine as an expression of health sovereignty and resorting to traditional medicine because it is the only healthcare available is blurred. Noting that healthcare barriers disenfranchise migrants from the right to live a healthy life, Bendixsen (2019) interprets migrants' reliance on traditional remedies as acceptance of powers that are working to deport them. In contrast, we will show how the production, trade and consumption of bitters and roots tonics by Rastafari healers and their African Caribbean clientele helps them to reclaim the right to a healthy life in the UK.

We begin with a more detailed discussion of health sovereignty as a theoretical framework for understanding how the political dimensions of traditional healing practices articulate with immigration policies, with a focus on Britain and the development of the "hostile environment." Then, after situating Rastafari healing in relevant anthropological and ethnobotanical literature and describing our methods, we focus on two types of herbal products: bitters and roots tonics. By organizing our ethnographic material around themes of personal sovereignty, "unity through diversity" and the Black commons, we argue that Rastafari healing is an example of the important contributions that migrants make to healthcare in the UK. We conclude that health sovereignty needs more attention in medical anthropology and that the case of Rastafari bitters and roots tonics in London shows how herbal medicines are used to achieve political and ecological aims, as well as personal healing.

Health sovereignty and the hostile environment: Biopolitics of migration in the UK

Food and health sovereignty – understood as claims to a set of rights – are decolonizing because they emphasize (informed) choices in matters of sustenance and healing, made by members of marginalized communities. As Hoover (2021) points out, food sovereignty includes the right to choose culturally significant foods, even if they are unhealthy from a nutritional standpoint. Likewise, the right to choose traditional healing practices and to resist biomedical hegemony are central elements of health sovereignty (Waldstein 2017). In addition to the potential risks to individual bodies of avoiding medical professionals and choosing alternative medicines, preferences for culturally appropriate care could also be misinterpreted as a justification for allowing inequalities in access to biomedicine to persist.

Nevertheless, health sovereignty is a valuable framework for understanding how healthcare choices can be a political statement and a decolonial practice. For example, Ecks (2004) argues that Ayurveda in India is a popular alternative to biomedicine because the latter is perceived as a technology of colonial power, while Farquhar and Zhang (2005) describe the practice of "life cultivation arts" in Beijing as a political practice that helps people avoid dependence on increasingly privatized (and costly) healthcare. In both cases, biomedicine is recognized as limited (due to its associations with colonialism and capitalism, respectively) and traditional systems of managing health are used to reclaim bodily sovereignty. Similarly, resistance to biomedicine is prevalent in the Rastafari movement and Aston Philander (2012) presents Rastafari "bush doctors" (an emic term for herbal medicine practitioners widely used in both the Caribbean and parts of the African continent) in South Africa as an example of how national politics are articulated through medical practice. More specifically, she describes how the use of herbal medicines is seen to physically separate Rastafari people from the enslaved mind-set that is submissive to European (including biomedical) thought.

In this article, we use health sovereignty as a frame for our ethnographic examination of Rastafari herbal medicines among racialized migrants in a society that has grown increasingly hostile toward migration (at least as reflected in immigration and refugee/asylum policy). The active creation of a hostile environment for immigrants has been UK policy since 2012 (Wardle and Obermuller 2019). However, its roots go much deeper, particularly for African Caribbean migrants who in 1971 were

stripped of their status as imperial subjects able to live freely in the UK. The change in law introduced deportation powers, which made Commonwealth peoples into non-citizens (Anderson et al. 2011).

A full history of British immigration policy is beyond the scope of this article, but the general trend over the past half century has been toward making it more difficult and expensive for migrants to settle in the UK. Increasingly hostile policies have had disproportionate effects on African Caribbean migrants. For example, since 2006 changes to law and policy to expedite the removal of “foreign criminals” from the UK have meant that a growing number of African Caribbean men have been subject to deportation (de Noronha 2019), due to their vulnerability to institutionally racist policing (Elliott-Cooper 2019). While the British government apologized for the Windrush scandal it continued deportation flights to Jamaica throughout the COVID-19 pandemic. The threat of deportation has had serious impacts on London-based Rastafari migrants and their British families (Waldstein 2021).

It has been noted that the boundaries between the state and medical practitioners in determining rights of citizenship are becoming increasingly blurred (Harper and Raman 2008) and that medical documentation is dependent on and helps to determine citizenship status (Waldstein 2019). In other words, international borders become enacted outside of official checkpoints, as they are extended internally into banks, schools, estate agent offices and especially medical institutions. In turn, migrants may be put in the position of enacting the border (i.e. avoiding healthcare professionals due to fear of humiliation and/or deportation) themselves (Bendixsen 2019; Waldstein 2019).

One way that internal bordering has been enacted by hostile environment policies is by requiring healthcare professionals to check the immigration status of their patients (Wemyss et al. 2023). This has been characterized as a “weaponization of the NHS against UK society’s most vulnerable groups” (Uthayakumar-Cumarasamy 2020:133), which compounds the existing structural racism that Black and minority ethnic patients face in the NHS (Razai et al. 2021), the disproportionate effects of COVID-19 on these communities (Sikka 2022), and their wider vulnerability to health inequalities (Mullard 2021). In the UK all citizens and lawful foreign residents are entitled to healthcare, which is free at the point of access, from the NHS. While the NHS is primarily funded through a National Insurance tax that all working people pay, foreign residents pay an additional annual NHS surcharge of several hundred pounds.

Implicit in the surcharge is an anxiety that migrants come to the UK to take advantage of the NHS. However, migrants from the Caribbean contribute to as much as take from healthcare in the UK. Historically Britain encouraged the immigration of Caribbean nationals to fill jobs in many sectors, including the NHS. It is no coincidence that the NHS was created in 1948, the same year the Empire Windrush brought the first wave of migrants from Jamaica. While many members of the African Caribbean diaspora contribute to healthcare by working in the NHS, others such as Rastafari healers have made equally important, if less visible, contributions. In the next section we provide a brief introduction to the Rastafari movement, and particularly to its promotion of herbal healing.

Anthropological and ethnobotanical contexts of Rastafari healing

While health sovereignty is a recently defined concept in the anthropological literature, Rastafari has its own concept of sovereignty and set of reasons why autonomous healing practices should be maintained. Rastafari began as an anti-racist and decolonial movement in Jamaica after Ras Tafari Makonnen became Emperor Haile Selassie I of Ethiopia in 1930. Selassie I is recognized as a divine African king, in no small part for his success in keeping Ethiopia free from European colonization. Following the example of Selassie I, the Rastafari concept of sovereignty emphasizes not only self-sufficiency (in both agriculture and medicine) but also a variety of spiritual practices (including the consumption of herbal products) to manifest the divine sovereign that dwells in each of us.

The emphasis on self-sufficiency in Rastafari relates to a desire to break free from colonial rule and the legacy of slavery. The early political aims of the movement were focused on reparations for slavery, especially repatriation of Black people in the Caribbean back to the African continent. From its roots

in colonial Jamaica, Rastafari has grown into a cosmopolitan socio-political, spiritual, and ecological critique of *Babylon* (the global system of consumer capitalism that grew from the trans-Atlantic slave trade). Rastafari has become globalized through the spread of reggae music (a vehicle for Rastafari teachings) and the migration of Jamaicans to the United States, Great Britain and various African nations. While the movement continues to focus on righting the wrongs of slavery by de-centering whiteness and promoting African ways of life and thought (Williams et al. 2022), today there are Rastafari people of all phenotypes, ethnicities and nationalities.

There is a strong, Afro-centric, ecological ethic in the global Rastafari movement that is both spiritual and biopolitical. Most Rastafari people aspire to *ital livity*, a spiritual way of life that centers on a plant-based diet and small-scale, organic food production (Powell 2021). Rastafari healing is also plant-based, reflecting a preference for healing agents that can be cultivated or harvested from the wild, over medicines that are produced by international corporations. Patrick and Payne-Jackson (1996) argue there is no discrete Rastafari collection of healing practices apart from eschewing sorcery, maintaining distinct dietary practices, and using any herbal knowledge encountered. However, a more ecological focus reveals cross cultural similarities in production and consumption of herbal products that are embedded in a characteristically Rastafari pattern of relations between humans and plants.

While Rastafari bush doctors are distinct from other African healers who use animal parts in their medicines (see for example Aston Philander 2012; Chevannes 2011) they do share an animistic perspective on plants. For example, Rastafari herbalists in South Africa unite their spirits with the spirits of medicinal plants through altered states of consciousness (Nathen 2018), while some Rastafari smokers in England communicate with and through cannabis, which may be perceived as a female spirit (Waldstein 2020). In addition to the recognition of plant spirits, spirit is also conceptualized as energy. For example, in South Africa Rastafari herbalists attribute the increased potency of herbs from mountaintops because they are closer to *Jah* (the Creator) and less disturbed by human energies (Aston Philander 2012, Nathen 2018).

Medicinal plants are used throughout Jamaica where the Rastafari movement originated. Healing practices and plants used have developed from a combination of Amerindian, West African and European influences (Payne-Jackson and Alleyne 2004; Sobo 1993). In Jamaica the most common way to prepare medicinal plants is water infusion, known as “bush tea” (Picking et al. 2015). However, while they may recommend bush teas for certain conditions, Rastafari herbalists specialize in “building” (i.e. brewing) complex, multi-ingredient botanical beverages. Unlike teas, which are consumed within a day or two, herbal concoctions such as bitters and roots tonics are made to be stored for long periods of time, and the latter are said to increase in potency the longer they are stored.

While the role of herbs in healing has been noted in academic research on Rastafari, it has not been explored in detail in Jamaica. Medicinal plant research has mostly been on cannabis because of its central spiritual and healing role in Rastafari, and because of the use of drug laws to persecute members of the movement in both Jamaica and abroad (Klein et al. 2022; Thomas 2017). Nevertheless, Chevannes (1994) details several herbal treatments he observed being administered during his fieldwork, noting the use of roots tonics in the story of a former gunman whose interest in Rastafari began after being treated for gunshot wounds with herbs and roots by a Rastafari herbalist. A more recent study of producers and consumers of roots tonics in Jamaica showed a strong connection between Rastafari and roots tonics, while interviewees also recognized them as part of rural self-sufficiency and connection with nature (Vandebroek et al. 2021). Meanwhile, a survey of seven Rastafari healers in Belize noted the regular use of herbal bitters, made by infusion of barks and branches of locally growing trees in water or alcohol for “detoxifying and gall bladder flushes” (Arzu and Thiagarajan 2016:16).

According to a review by van Andel et al. (2012), throughout the Black Atlantic men drink bitter tonics to enhance sexual performance. Their comparison of ingredients in aphrodisiac tonics in Africa, the Caribbean and South America revealed that bitter tonics in the Caribbean have an African heritage but include American plants and both Amerindian and European influences. In Jamaica bitters are distinct from roots tonics, and while commercial roots tonics have been

marketed as aphrodisiacs or bitter medicines, traditional, artisanal root tonics do not have a bitter taste profile and are consumed for other reasons (Vandebroek et al. 2021). Mitchell (2011) hypothesizes that roots tonics in Jamaica were the result of African origin peoples incorporating indigenous Taino ethnobotanical knowledge into their traditional recipes during the colonial era. As the Rastafari movement developed, its healers specialized in keeping the herbal traditions of their African ancestors alive and became known as experts in the production of complex herbal mixtures. While contemporary production of Jamaican roots tonics is not exclusive to Rastafari herbalists (Vandebroek et al. 2021), the movement has been instrumental in their promotion beyond Jamaica, and in the development of new recipes.

While the Rastafari movement is indigenous to Jamaica the healers in our study are migrants, as are most of their clientele. Ethnobotanical work in migrant/diaspora communities emphasizes the dynamism of medicinal plant knowledge that accompanies migration (see for example Ceuterik et al. 2011). People who come from places with strong medicinal plant traditions may travel with botanical materials and traditional medical knowledge that enables them to adopt new plants into their pharmacopoeias (Pieroni et al. 2005). For example, while the roots tonics produced in the UK are made mainly with plants imported from Jamaica some include well-known global herbal commodities, such as ginseng, echinacea or astragalus. Before discussing our findings on these complex herbal mixtures (and their contributions to health sovereignty) further, the next section outlines the places and people involved in our ethnographic research.

People and places of Rastafari healing in London

Our research on bitters and roots tonics in London has included participant observation in Rastafari healing spaces, interviews and *reasonings* (Rastafari ritual discourse) with nine herbalists/healers, and market surveys (in which inventories of Jamaican herbal products sold in 25 shops in south London were recorded). While most of the data discussed in this article were collected between 2016 and 2018, Waldstein conducted some follow-up fieldwork in summer 2021, and Francis is still in regular contact with key informants.

Waldstein is an experienced academic who has conducted ethnographic research with the Rastafari movement in England for more than 10 years. She is the postgraduate supervisor of Irving and trained Francis (a member of south London's Rastafari community who does not have an academic background) in ethnographic research methods and associated ethical issues. Small grants enabled Francis to be formally employed as a research assistant during Waldstein's fieldwork on Rastafari healing and Irving's data collection for his MSc research on the trade of herbal products from Jamaica in the UK. While Francis took a leading role in recruiting research participants and provided valuable linguistic assistance during interviews and their analysis, he also possesses his own body of ethnobotanical knowledge about Rastafari healing, which has helped us to build and support our arguments in this article.

Having Francis as part of the research team also had several advantages related to the ethical issues inherent in ethnographic research. All phases of the research underwent ethical review in the School of Anthropology and Conservation at the University of Kent. Based on Francis's advice and with his assistance, the process of establishing prior, informed consent involved discussions about how interviewees wished to be identified (or not) in research outputs, with all participants preferring that we use their Rastafari names. All participants were given project information sheets that explained the purposes, methods, potential risks and benefits of the research and verbal consent was recorded at the start of the interviews. While using Rastafari names (rather than legal names) respected the agency of our research participants and provided a degree of confidentiality, Rastafari healers are well known in their communities (by their Rastafari names). This meant that we needed to meet the publisher's requirement that identifiable research participants provide written consent for the manuscript to be published. Again, Francis's position as a member of south London's Rastafari community made the

process of sharing the manuscript with identifiable participants and collecting their written consent much easier.

In London, Rastafari healing takes place in a variety of forms and locations. Nyabinghi ceremonies (*binghis*) combine drumming, dancing, and singing, along with cannabis smoke, to achieve “*InI* consciousness,” a state in which consciousness is shared among humans and with other living (and etheric) beings (Congo-Nyah et al. 2013, Nathen 2018). While *binghis* are not healing rituals per se and are more oriented toward celebrating Haile Selassie and increasing spiritual power to achieve political goals, people comment on how good they feel after participating in them. London *binghis* last until dawn and dancing, singing, and drumming are punctuated by sermons, naps in the chairs, and breaks in the kitchen to re-fuel on *ital* (natural, whole) food, or to *reason* around the fire outside the building.

While *binghis* can be invigorating and may also be a good place to sample and discuss bushes, roots, and *ital* foods, much Rastafari healing is more personal and takes place in less public venues. One such space is the BaRaKa Tabernacle (see Waldstein 2020), where Ras Binghi Congo-Nyah performs divination and offers spiritual guidance, including instruction on meditation and energetic healing. At the time Waldstein was visiting the Tabernacle these spiritual activities generally took place in a small room that doubled as an office. The space was decorated with Rastafari images and was typically fumigated with incense (e.g. frankincense, cannabis smoke) to create a sacred and spiritually clean environment. Additionally, guests at the Tabernacle would often congregate in and around the kitchen where Congo-Nyah not only cooked and served *ital* foods, roots tonics and fresh juices fortified with medicinal plants and superfoods (i.e., foods with health benefits due to exceptional nutrient density) but also led *reasonings* about the relationship between the consumption of plants and human spirituality (among other topics). Additionally, there are more secular Jamaican kitchens all over south London, which are nevertheless places where Rastafari roots drinks may be traded, consumed, and discussed.

Kitchens have been identified as important sites of “culinary care,” in which health is redefined as collective and relational through processes of cooking and feeding (Yates-Doerr and Carney 2016). While the Latin-American kitchens described by Yates-Doerr and Carney are female centered, Waldstein has eaten from kitchens in 10 Jamaican homes around south London and found only two to be female-dominated spaces. One of these was the kitchen of a single woman and her grown children and the other was the kitchen of a woman who expressed frustration that while her partner had cooked for her on a regular basis when they were dating, he expected her to do all the culinary care as soon as they moved in together. Three kitchens are male spaces because there are no women in the households. The other five are male-dominated kitchens (including the one at BaRaKa Tabernacle) in households run by women (i.e. houses/flats are rented under women’s names, who also pay the rent). While women do some of the cooking in these households, men do an equal (if not greater) share. After food has been cooked women usually retire to the lounge (or a bedroom) while men stay in the kitchen to entertain visitors, making kitchens in the Jamaican diaspora even more male-dominated spaces. As described by Waldstein (2020), these kitchens are places where brethren of the Jamaican diaspora can gather to eat, socialize, *reason* and trade herbs and herbal preparations, especially roots tonics. Their gendered nature helps explain why all the Rastafari healers involved in our study are men.

Rastafari healers who brew roots tonics and bitters in their London kitchens and/or import them from Jamaica also take their healing knowledge and products to the city’s streets. Some, such as Congo-Nyah produce roots tonics and bitters primarily for their families but might also sell any excess at community events or through word of mouth. Other herbalists such as Ras Addisa and Ras Dida sell roots tonics, bitters, and other Jamaican herbal products in the healing spaces (i.e. stalls) they have established in Brixton market. There are also transnational companies that make Jamaican roots tonics and employ Rastafari sales representatives to help distribute their products on the streets (and in the kitchens) of London. All these actors in the production and distribution of bitters and roots tonics offer advice about health and nutrition, along with the plants and medicinal products they sell. There are also many shops in greater London that sell medicinal plants and herbal medicines from Jamaica. In a market survey of 24 shops in Brixton, Irving identified 15 that sold Jamaican herbal products

(including 10 that sold roots tonics and one that carried Jamaican bitters) but found that shop keepers who sold only commercially prepared products were not very knowledgeable about these medicines (or about health in general). In contrast, there is a shop in nearby Norwood, run by a Rastafari herbalist who routinely engages his customers in *reasonings* about health and herbal products. In the following sections we present information collected in kitchens, markets, and shops about bitters, roots tonics and Rastafari health sovereignty in the hostile environment.

Cleansing and building with bitters and roots: Practices for personal sovereignty

“Well the bitters is . . . basically like a detox, like cleaning. And the roots drink on the contrary is like something like stimulation. Like a tonic. Is like building block. So on one hand wha’ I would say is you cleanse the system, on the other hand you build the system.” (Addisa)

As the above quote from Addisa suggests, bitters and roots tonics are complementary to one another in Rastafari herbal healing. Regular consumption of bitters and roots drinks minimizes the need for healthcare, helping people to avoid disease and dependence on the state to treat it. What follows is a more detailed ethnobotanical introduction to bitters and roots tonics, from the perspectives of Rastafari healers.

Three of the Rastafari herbalists involved in our research (Addisa, Father Val, Spice) were selling bitters that are unfermented. According to Congo-Nyah this style of bitters may be made with aloe, wormwood, bitterwood (quassia), hyssop, and/or a variety of other medicinal plants. We also found some bitter roots drinks (available from Congo-Nyah, Father Val and Fari), which were dark brown in color and heavily carbonated. They are similar to roots tonics, made with many of the same plants but are unsweetened and include purgative ingredients. All the herbalists who participated in our research concurred with Addisa that bitters and bitter roots drinks cleanse, detoxify and purify (i.e., “purge”) the blood by supporting liver and kidney function. As Dida explained “well bitters is normally for the liver, the kidney, they clean the blood or the skin or the *ting* (thing).” According to Congo-Nyah bitters are also consumed to rid the body of mucous and support the immune system. Moreover, aloe (*Aloe spp.*) and quassia (*Quassia spp./Picrasma spp.*) have well-known purgative activities and are used for gastrointestinal issues in many herbal traditions, which make bitters and bitter roots drinks that contain them helpful in purging the digestive tract, as well as the blood.

Bitters are also important for counteracting or balancing the negative effects of too much sugar. As Addisa explained:

There are three things that balance a person, there is sour, there is sweet and there is bitter. And if all the time you is just taking sweet, sweet, sweet, sweet and no bitter, in which, most of the children here I would say that they like crisp very much and they like sweets very much. So, in that respect it’s only natural that they have some bitters too, to balance.

The importance of balancing bitter and sweet substances is also reflected in a common proverb that Francis recalls from his childhood in Jamaica; “what is sweet to your mouth is bitter to your belly, and what’s bitter to your mouth is sweet to your belly.” Bitters are also associated with the Jamaican folk medical practice of “washout” (i.e., consumption of purgative medicinal plants to wash/cleanse various body systems). Bush teas with washout herbs are taken monthly by women to cleanse the blood during menstruation (Sobo 1993), while washouts with bitters are given to children at the end of the school holidays (Higginbottom and Mathers 2006). As Addisa elaborated during an interview with Irving:

as a child when we grew up in Jamaica . . . it’s a. I would say it’s a must for us to take bitters, because if we weren’t voluntarily taking it we were even to the point offorced, which was used by our grandmothers, most likely, not even our mothers, like our grandmothers and uncles and stuff, people like those that enforced that . . . it’s amust that we take bitters.

In Rastafari good nutritional habits are the foundation of spiritual cleanliness (Morgan 2013). Ensuring that the body is cleansed regularly allows energy to flow properly, which aids purity (and health) of the mind. In an ethnographic study of *ital* dietary practices in Jamaica and the UK, Powell’s

(2021) informants reported that consuming processed food places a block in the way of connection with *Jah* (the Creator). While such spiritual blockages can be addressed through periodic fasting, our informants recommended regular use of bitters and bitter roots to cleanse the body of impurities that are introduced through the consumption of processed and animal-based foods. The following excerpt from Waldstein's field notebook describes the experience of consuming a bitter roots drink:

It took two men to slowly pull (open) the bottle of this dark, carbonated, bitter roots drink over the course of about 20 minutes. The rootsman gave me a shot and asked for a thoughtful and critical opinion. This drink was much less sweet than the roots tonics I had tried, but I didn't find the bitterness overpowering (maybe I am getting used to it). I noticed the carbonation right away and enjoyed the sensation of the bubbles going down my throat and into my stomach. It felt like the drink was scrubbing out my stomach and helping to digest my food (this was just after I had finished eating sea bass, dumplings and okra). After a while I noticed a peppery taste in my mouth and wasn't sure if it was the roots itself or if it just enhanced the lingering pepperiness from the meal. The next day it seemed like my sinuses were draining and I had a lot of energy, especially mental energy, even though I hadn't had much sleep.

The removal of spiritual blockages is also essential for manifesting Rastafari sovereignty in an individual and spiritual sense. From a Rastafari perspective, Selassie I is the human manifestation of the Divine King on earth and the embodiment of *Jah*. Meditation practices help Rastafari people to live by Selassie I's example and embody his divine sovereignty (see Congo-Nyah et al. 2013). The purification of the body that is enhanced by the consumption of bitters helps to focus the mind for such meditation (Waldstein [In review](#)).

Despite the physical and spiritual benefits, Rastafari healers reported that Jamaicans in London are reluctant to take bitters, which sell in much lower volumes than do roots tonics. The increasing popularity of roots tonics within and beyond the diaspora, in part, relates to the different flavors of these herbal concoctions. While bitters and bitter roots drinks can be unpalatable, roots tonics are often quite sweet. In fact, Congo-Nyah builds his own roots tonics because most of the brands available in London are too sweet, explaining that: "most roots are weak because they don't have enough chainy root and too much sugar. It's the parasites in you that like the sweeter roots, make you want the sugar." But above and beyond their pleasant taste, the popularity of roots tonics relates to their energizing and aphrodisiac effects. According to Congo-Nyah roots drinks are essential for life as a divine male, but some knowledgeable roots builders make formulas especially for women. Dida and Addisa both recommend roots tonics for men and women:

is good for woman as well, both sex. Cos both a yuh have hormone, so both a yuh use it. And is good for every person, especially as a man, because when you get older as a man you need to keep your testosterone up, because when you get older your testosterone drop, so you will get a bit weakish in all aspect. (Dida)

In Jamaica most men take roots tonic because they think it's for the stimulation, it's very potent, it make the body very strong and for stimulation, so most men would say they take the roots maybe for sex. 'Cos they take it maybe for sex, they think maybe it's not good for the woman, but I would say if it's good for the goose, it's good for the gander too. So if it's good for the male its good for the female too. (Addisa)

However, while roots drinks are recommended for men to boost their fertility, when asked specifically for something that would boost female fertility, Addisa recommended *noni* juice and Dida prescribed a bush tea made with guinea hen weed, vervain and shama macka. This suggests that the fertility benefits associated with roots tonics may be restricted to men, though anyone can benefit from their energizing and strengthening effects.

Another difference between bitters and roots tonics that could explain the greater popularity of the latter is that while bitters is a distinctly medicinal product, which would never be consumed as a beverage, roots wines and tonics are closer to the other end of the continuum between medicines and foods. In fact, along with water, oil and punch, roots drinks comprise their own level of the Rastafari Food Pyramid (Afari 2007). While roots wines and tonics are fermented their alcohol content is minimal (like that of kombucha). For this reason, they are promoted by Rastafari healers and other community leaders as a healthy and culturally appropriate substitute for alcoholic beverages, which

supports both the personal manifestation of the divine sovereign and community health sovereignty. In the next section we take a closer look at the production and trade of roots tonics, showing how the concept of “unity through diversity,” reflected in recipes and marketing strategies, is another integral component of Rastafari health sovereignty.

Building roots tonics: Unity through diversity

Roots tonics are made with a wide variety of medicinal plant species and each roots builder has his own recipe. A variety of different herbs are combined together and heated in a pot of water, often for a day or more, before they are bottled with sugar and/or molasses and allowed to ferment. According to Dida, through the boiling process the herbs combine for synergistic effects. He likens it to making soup, as the ingredients combine in the same water in the same pan to become one, and to the construction of rope:

Yuh have one – it can be broken. But when you have three together entwine them together, become one rope, *nah* (now) true? But when yuh loose it out, it *cyaan* (can't) come back three, so the same thing ... everything individually in the water is just combine and become one, is not individual anymore, it just become one formula.
[of roots tonic]

A study of roots tonics in Jamaica found at least 94 different species were used in the 38 different products surveyed (Mitchell 2011), while we found 59 different plants in 14 roots tonics available for sale in Brixton. However, these counts are based on the common names listed on the bottle, which can often refer to several species, and were not corroborated with voucher specimens of plant sources of ingredients that went into the drinks.

Chainy root and sarsaparilla (both species of *Smilax*) appear to be definitive of Jamaican roots tonics, but apart from these two species, ingredient lists vary, and roots builders may even experiment with adding new species to their formulas from time to time. Although recipes for roots tonics vary widely, Rastafari herbalists agreed that the best quality medicinal plants come from Jamaica. Ras Dida attributed this to the richness of the island's soil, while Congo-Nyah explained that chainy root is so abundant in Jamaica that “it's like the land wants people to take and build the roots.” The fact that so many diverse ingredients can be used, and the final product still be known as “roots tonic,” reflects the acceptance of a diversity of approaches to healing within Rastafari and Jamaican herbal practices. Awareness of the strength of unity through diversity (e.g., Dida's examples of the rope and making soup), fits within the wider thought of Rastafari that emphasizes both individual freedom and collectivism, which are realized in relation to, or through one another, in what Barnett (2002) refers to as “Rastafari dialectism.”

Unity through diversity is also expressed in the marketing of roots tonics in London. For example, Father Val is known as the “elder rootsman” in Brixton, where his kitchen serves as both tabernacle and roots drink distribution center. While Waldstein and Francis once participated in a *reasoning* about roots drinks, in which someone suggested there were too many “copycat roots” out there, Father Val himself felt it is important to “announce” (i.e., promote) all roots makers. This is because the more of them there are, the more widely they can spread their healthful products, which draws positive attention to Jamaican medicinal plants and the Rastafari movement. While many brands are imported from Jamaica, there is also a growing cottage industry of roots tonic production in London, made possible by the importation of Jamaican medicinal plants.

Ras Dida's stall is crammed with packets of medicinal plants, with the most popular out front, including several plants that are labeled “for roots tonics.” In the spirit of unity through diversity he advises roots builders on what to buy and supplies (and supports) other Rastafari herbalists who are marketing their London-made products (see Figure 2). For example, Ras Alkaline is one of Dida's regular customers. He produces an alkaline tonic made with leaf of life, neem, lemongrass, ginger and soursop leaf, in addition to a more traditional roots tonic with chainy root, sarsaparilla and manback. He buys most of his ingredients from Ras Dida, who helps him market his products in return.



Ras Dida's stall in Brixton Market.

Ras Dida also builds and sells his own roots tonics in Brixton and aspires to be able to distribute them more widely one day. However, to do so he must meet certain standards related to labeling and bottling. In a reasoning with Irving, Dida reflected on the differences between his roots tonics, which he sold directly to the consumers, and others that producers label for distribution by retailers. He went on to explain that in addition to labels with standardized ingredient lists and nutritional information, “official” brands are distinguished from home-brewed roots tonics by the bottling process “cos, normally we would make it like this, self-seal, we break it and re-seal, mine no inna the self-seal bottle at the moment.” We also found that printed (as opposed to handwritten) labels and vacuum seals were generally seen as markers of professionalism (see Figure 3). Use-by dates were similarly seen as a sign of professionalism, although Spice pointed out that roots tonics increase in potency the longer they sit in the bottle, which necessitates sell-by dates of at least two years.

A lack of financial resources is one reason why Ras Dida and other small-scale roots tonics producers have not invested in professional labels and bottling, which would enable their products to be marketed more widely. However, there is also an ideological difference between



Roots tonics with professionally printed and hand-written labels.

roots tonics made by herbalists and those that are produced commercially, the former contributing to a diverse and united market, and the latter increasing the risk of cultural appropriation by *Babylon*. While a discussion of how Rastafari healers navigate the commercialization of their knowledge and herbal products is beyond the scope of this article, in the next section we take a closer look at other biopolitical dimensions of Rastafari health sovereignty. We return to the question of whether traditional medicine is an expression of sovereignty when it is the only healthcare available and show how Rastafari healers are carrying on a tradition of resisting oppression through self-sufficiency. Though they are threatened by gentrification, Rastafari healers have transformed south London from a hostile environment to a knowledge commons and site of healing that provides resources for self-sufficiency in matters of health.

Biopolitics of Rastafari health sovereignty: The Black commons in Brixton

Returning to the question of whether bitters, roots tonics and other bush medicines are an expression of personal sovereignty or the only healthcare accessible to migrants in a hostile environment, our findings are a bit ambiguous. On one hand, Addisa described how the popularity of herbal medicines in Jamaica and its diaspora is in part explained by poverty:

From a very tender age we have been planting and experimenting with the herbs, beca' most of the time we were not rich and wealthy to go to the doctors, it's only the rich people that go to the doctors. So, we were forced to go and seek the herbs to find the right benefits for the right herbs for the right health benefit.

Meanwhile, Yagga stressed the importance of *livity* as a means for taking responsibility of one's health and elaborated "you have to tek responsibility for yourself, the minute you cannot take responsibility for your health somebody will take, and if somebody take it they do what they wanna do." Chevannes (1994) also discusses the self-reliance of Rastafari farmers and their emphasis on natural, *ital* food, while Barrett (1997) connects Rastafari healing practices to the wider self-sufficiency of the Jamaican peasantry, which arose as much from necessity, as from the role of ritual in healing. At the same time, the work of Rastafari healers in London is an urban manifestation of a long tradition of resisting slavery and its post-colonial legacy through the creation of spiritual ecosystems that support sovereignty.

Rastafari developed as a way to overcome the master/slave dialectic of plantation slavery, which resonates with other communities of the African diaspora (Chevannes 1994). For example, Roane (2018) describes the "Black commons" that evolved in Chesapeake Bay as a sense of place outside mastery. The provision grounds of the enslaved and their descendants (including urban gardens) "reimagined the divine outside of mastery, and articulated the basis for a different mode of human-earth connection" (Roane 2018:244). Likewise, Maroon communities in Jamaica continue to defy the legacy of slavery and the plantation system through wild food harvesting. The forest they live in is a spiritual ecosystem rooted in their African ancestry. Like the Black commons of lower – Chesapeake Bay, the Maroon forest is symbolically and materially important to their sovereignty (Campbell et al. 2021).

Although Congo-Nyah describes London as a spiritual battlefield, rather than a spiritual ecosystem, Rastafari healers who import herbal products from Jamaica and make their healing properties known throughout the diaspora help to create a Black commons in *Babylon*. The Black commons of south London includes community gardens, allotments and other green spaces. Rastafari healers encourage their clientele to get involved in gardening and to find other ways to connect with these spaces. For example, Yagga explained that "if you don't connect with mother nature we are all doomed to failure . . . how can you connect in London? Yu see the space that you got, make use of the space that you have, make the best of it." However, given the urban nature of south London the Black commons in Brixton includes more marketplaces, shops and kitchens than fields and forests.

Apart from supplying clientele with herbal products, the marketplaces, shops and kitchens of Brixton are places where Rastafari healers share their knowledge. As noted by Aston Philander (2012) the Rastafari lifestyle promotes disease prevention through a plant-based diet, abstinence from alcohol, meditation, etc. The promotion of Rastafari *livity* is as much a part of the work done by healers in London as the importation, production, and sale of herbal products. Healers consult with clientele about specific health problems (including those diagnosed by biomedical professionals) but they also offer general dietary and cooking advice, always stressing the importance of consuming sustainably produced, natural foods and medicines. They also provide other kinds of spiritual guidance to accompany the consumption of herbal products and *ital* foods. Such advice includes instruction on the use of cannabis in meditation (see Waldstein 2020), spiritual cleansing, and prayer, as well as moral counseling and the mediation of disputes. Congo-Nyah is also skilled in various forms of divination and draws on the law degree he is studying for to advise clientele on immigration issues.

However, increasing gentrification means that many Caribbean traders have been priced out, closing their businesses in Brixton. Hubbard (2018) argues that such forms of displacement and (self) exclusion among merchants can in turn encourage subsequent residential gentrification. And while the residential gentrification of Brixton means that Jamaican people must travel from further away to shop there, people also travel out of the area to Loughborough Junction and Peckham to purchase items no longer available in Brixton (Allwood 2020). The hostile nature of British immigration policy has contributed to the gentrification of Brixton (and other historical centers of African Caribbean culture in London) through limitations on employment, institutionally racist policing (see Elliott-Cooper 2019; Jackson 2015) and other forms of structural violence that keep many migrants and their families in the lower socio-economic classes.

Nevertheless, community resistance to gentrification has been instrumental in preserving space for Rastafari healing in Brixton Market. After American hedge fund backed developers tried to evict a shop that stocks a range of groceries from around the world (including Jamaican roots tonics and bitters), the “Save Nour” campaign successfully opposed Lambeth Council’s approval of a 20-story office block by the same developer, delaying the project (Satariano 2020). The development would have likely disrupted Ras Dida’s stall which is set up right next to the proposed site (Haynes 2023), after he moved it from in front of the railway arches in 2018. In 2019, Dida hoped to have a permanent shop to avoid packing and unpacking the herbs each day; as of the start of 2025, he is still selling herbs on a street stall. The persistence of Rastafari healing in places like Brixton is both a symbolic rejection of capitalist development and a testament to the important role that herbalists play in providing healthcare to those who are disenfranchised from mainstream medicine.

Conclusion

Summer 2021, despite (or perhaps because of) the COVID-19 pandemic Brixton market still has an obvious Rastafari presence. A Rastaman in a red, gold, and green turban sings as he sweeps an area on the side of the road with a Boboshanti broom. When the spot is clear he sets up his stall, which sells *ital* soups to take away. Despite the early morning hour (Dida and Addisa would not arrive until midday) there are roots tonics, noni juice and various dried herbs available from Tata further down the road. He explains that during the first lockdown he was not able to operate, mainly due to difficulties getting products from Jamaica. But when things began to open up again business picked up. He attributes this to increased awareness of the need to protect health (especially from coronavirus) through “natural diet and medicine.” Back in 2018, Addisa noted increasing interest in Rastafari healing:

when the Rastaman tell them that them health is them wealth a lot of people ignore it and don’t look on it, and right now I see everybody is chasing and running back towards the herbs for the healing of the nation, so it’s all about Jah it’s all about Jah, knowing Jah Rastafari.

Though the lockdowns of 2020 made it difficult for Rastafari herbalists to do business, demand for their products and services increased even further during the COVID-19 pandemic.

According to the Rastafari herbalists who we interviewed in London, bitters cleanse the blood and gut, while roots tonics strengthen, energize and build the body. These complex herbal mixtures, which are produced and distributed by Rastafari healers in London, are a fundamental component of health sovereignty for the African Caribbean diaspora. They help the people who consume them to achieve the purity and health needed to aid meditation and the manifestation of the divine sovereign, and to avoid dependence on medical authorities. In south London herbal products such as bitters and roots tonics, and the holistic health advice that accompanies them, constitute a sovereignty that shapes the “conditions of habitability” (cf, Langwick 2018) to transform the hostile environment of London to a knowledge commons and site of Rastafari healing.

While all migrants in the UK deserve better access to the NHS, it is also important to recognize the contributions that are made to public health by practitioners of alternative healing traditions who have migrated to Britain. Locally made and imported herbal products are sold in an

increasing number of shops, which are more likely to follow regulations on labeling and/or quality control than vendors may be able to in less formal markets and kitchens. The presence of bitters and roots tonics in shops also attracts attention to Jamaican herbal medicines and to the Rastafari movement, but much of the accompanying knowledge may be lost in these contexts. By embedding complex herbal mixtures in a holistic approach to healing that includes spiritual (and in some cases legal) advice, Rastafari healers make unique contributions to health in the UK and remind us that communities have their own philosophies, practices and strategies of health sovereignty. With roots in ethnobotany, the concept of health sovereignty is ripe for further theoretical development in medical anthropology.

Media teaser

How do Rastafari healers contribute to health in London? How are herbal medicines used to achieve political and spiritual aims, as well as personal healing?

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The work was supported by the Faculty of Social Sciences, University of Kent and the Southeastern Network of Social Sciences.

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