



Integration of indigenous medicine with the conventional health care systems in Kabiyeet, Nandi County, Kenya

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Abstract

Owing to the popularity and widespread use that indigenous therapies have gained in recent times, the integration of African indigenous medicine has emerged as a major discourse in contemporary healthcare development. This study aimed at exploring the possibilities of integration of African indigenous medicine with conventional healthcare systems by using the case of Kabiyeet, Nandi County. Grounded on the theory of Holism, the study examined how cultural values, systemic structures, and indigenous knowledge influence the feasibility of collaborative healthcare models. A qualitative research design was adopted, involving purposive sampling employed to select traditional healers, biomedical professionals, and community elders. Data collection techniques included in-depth interviews and focus group discussions. The study was limited by its geographic focus on a single community as a microcosm. The study findings indicate that Nandi indigenous medicine continues to be used, especially among the rural and underserved communities. Integration is hindered by structural disparities, including a lack of formal recognition, limited policy support, and epistemological differences between healing systems. Theoretically, the study contributes to debates on decolonising health systems by legitimising indigenous knowledge and collaborative practice. It suggests a culturally inclusive framework that values biomedical and traditional approaches and policies that support collaborative practice. Practically, the research recommends capacity-building initiatives, Integrative training for health workers, and the development of referral systems that connect traditional and modern practitioners.

Introduction

The rise in chronic illnesses and escalating healthcare costs has increased global reliance on traditional medicine. According to WHO (2019), 60% of the world's population uses herbal remedies for new and emerging diseases. The World Medicines Situation Report (WHO, 2021) estimates that 70–95% of people in developing countries rely on indigenous remedies to meet their daily healthcare needs. In sub-Saharan Africa, 80% of the population depends on traditional healing systems due to their accessibility, affordability, and cultural relevance (Ozioma & Chinwe, 2019; Chiroma, 2020). These statistics highlight the widespread use of traditional medicine in modern society, justifying the need for integration with conventional healthcare. In response, the WHO has called for stronger regulatory frameworks and scientific research to support the safe and effective integration of these technologies (WHO, 2019). However, there is still limited knowledge on how to harmonise the two systems.



African Indigenous Medicine is considered the oldest and most diverse therapeutic system, characterised by deep connections with cultural beliefs about health (Mutombo et al., 2023). Unlike Chinese Traditional Medicine, which has been formally integrated into national policies, African traditional medicine remains largely excluded (Langwick, 2020). Among the Nandi, this system is known as *kerichekab gaa*, referring to therapies sourced from nature and aligned with the community's beliefs and experiences (Herbalist, O.I., 2021, February 27th). Using the Nandi of Kabiyet as a microcosm, this study explores ethical and practical approaches to integrate African Indigenous Medicine with modern healthcare while examining context-specific models for successful integration.

Methodology

Study design

This qualitative study adopted an exploratory research design to investigate indigenous medicine and healing practices in Kabiyet, Nandi County. Data collection involved semi-structured interviews, focus group discussions, and guided field observations to gather in-depth insights into traditional medical practices. The approach facilitated the documentation of medicinal plant use and therapeutic knowledge, preserving valuable ethnobotanical information for potential integration into mainstream healthcare. The study specifically targeted traditional medicine practitioners, elders, and priests, who are repositories of this knowledge. Interviews and discussions continued until data saturation was achieved, ensuring comprehensive coverage of the subject in line with the study objectives.

Study area

The study took place in Kabiyet Ward, Nandi County, Kenya. The area was purposively selected because it is predominantly inhabited by the Nandi community, whose cultural practices remain largely intact despite minimal exposure to modernisation. Indigenous medicine is widely practised and valued alongside modern healthcare services. Additionally, poor infrastructure in the interior parts of the ward limits access to conventional medical facilities, making indigenous healing an essential part of the community's healthcare system.

Study population

The study targeted the Nandi people of Kabiyet Ward, focusing on key holders of indigenous medical knowledge, conventional healthcare personnel, and local administrators. The indigenous medicine practitioners included herbalists, priests, diviners, ritualists, and traditional birth attendants, who are considered custodians of cultural healing practices. Conventional medical personnel involved a clinical officer, a nurse, and Community Health Volunteers from Kabiyet Sub-County Hospital. A local government administrator was also included to provide insights on policy and administrative perspectives.

Sampling and sample size

The study used purposive sampling to select 25 respondents with relevant knowledge of the research topic. This approach is particularly suited to qualitative research, which focuses on participants who offer specific insights. The study area was selected through cluster sampling, while purposive sampling identified key individuals who possessed the desired information and characteristics for the study.

Data collection

Considering the exploratory design, the study employed face-to-face interviews **and** Focus Group Discussions (FGDs) to achieve its objectives. Eleven key informants were purposively selected, including six herbalists, two midwives, one traditional priest, one clinical officer, and two Community Health Volunteers. The interviews followed a thematic guide based on the study objectives.



Additionally, two FGDs were conducted, each comprising seven participants. The first included four elders, one ritualist, and two traditional priests, while the second involved two herbalists, two traditional birth attendants, one ritualist, one traditional priest, and one community health volunteer. These methods provided diverse, in-depth information. The major limitation that faced the study was that data collected through interviews and focus groups were subject to personal biases, memory limitations or social desirability responses.

Data analysis

Data was recorded through notes and audio, then reduced by editing, sorting, summarising, and tabulating according to study themes. Analysis aligned with the study objectives, and findings were discussed to draw inferences and interpretations. The study tested the assumption that indigenous medicine remains significant in healthcare management among the modern-day Nandi of Kabiyeet and can be ethically and practically integrated with the mainstream healthcare system.

Ethical considerations

Participants, including traditional healers and community members, were provided with clear information about the study's purpose, benefits, and risks, ensuring informed consent and voluntary participation. The researcher committed to protecting Indigenous Knowledge and Intellectual Property Rights, recognising the communal nature of traditional Nandi medical knowledge. Confidentiality, privacy, and respect for cultural sensitivities were maintained through the documentation of sacred practices.

Results and Discussions

The findings address the objective of exploring the possibilities of integrating African indigenous medicine with conventional healthcare systems, using the case of Kabiyeet in Nandi County.

The need to integrate indigenous medicine into the contemporary health care systems

Given the widespread use of indigenous therapies, the World Health Organisation (WHO) has urged countries to integrate them into national healthcare systems and develop appropriate policies and regulations (WHO, 2019, 2024). The establishment of African Traditional Medicine Day (WHO, 2003) and the 2023 Traditional Medicine Global Summit in India reflect global recognition of this need. In Africa, where 80% of the population relies on traditional medicine, integration is essential. African Indigenous Medicine offers holistic, accessible, and culturally relevant care, particularly for marginalised and rural populations. Its focus on Community-Based treatment, preventive care and addressing both physical and spiritual health makes it a vital complement to conventional medical systems, helping to strengthen healthcare delivery and promote equitable access.

African Indigenous Medicine sustained societies long before the introduction of Western medicine and remains rooted in diverse cultural systems. Communities maintain trust in traditional healers, each recognised for specific expertise (Nandi Traditional Priest FGD, June 24, 2022). Among the Nandi, *chepkerichot* specialise in herbal medicine and bone setting, *tisiindet* in spiritual healing, *kiparpariat* in incantations, and *korgopsikisio* – the Traditional Birth Attendants (TBAs) – in prenatal and postnatal care.

The proven efficacy of African Indigenous Medicine (AIM) supports its integration with modern healthcare. Beyond addressing spiritual and social illnesses, AIM practitioners effectively treat biological conditions. A Conventional Medical Officer (CMO) on August 22nd, 2022, recognised the Nandi healers' expertise, emphasising the importance of collaborative healthcare approaches.



I have referred many cases of sunken fontelle and mirutik (ill health conditions suffered by infants attributed to exposure to infections) and complications of pregnancy to some herbalists whom I know, and the cases are treated effectively.

The above excerpt demonstrates that the efficacy and potency of Nandi indigenous medicine are not in doubt; even conventional medical practitioners are satisfied with it. Another CMO (O.I. 2022, August 22nd) testifies:

I know of several cases of cancer that were referred for home care from the hospital. Some tried indigenous medicine and got well, but others did not. Maybe indigenous herbalists can cure cancer if given an opportunity.

Indigenous medicine practitioners also know how to treat emerging diseases. Herbalist 5 (FGD 2 2022, July 22nd) claims:

I can treat Corona; I have mixed herbs using my knowledge and can successfully do so. You know it weakens people; if you take my medication, it boosts your immunity.

The mention of COVID-19 demonstrates that the Nandi herbalists are knowledgeable and dynamic, even able to develop medications for emerging diseases. This fact also demonstrates that indigenous medicine can be used as a complementary alternative when conventional treatments are limited or insufficient.

African Indigenous Medicine emphasises community and family involvement in healing, viewing the patient as a social being. Among the Nandi, the sick are cared for by relatives, and several healers may be consulted. This collective support offers psychological comfort, aiding recovery. The Nandi proverb “*kerichotab chito ko bik*” (“fellowship and interaction with others is therapeutic”) reflects this belief, as noted by elders in a Focus Group Discussion (FGD, June 22, 2024).

The African people cherish African indigenous medicine. The Nandi have cultivated trust in their indigenous healing systems and view conventional treatments as supplementary measures. According to another CMO (FGD 1 2022, June 24th),

There are some patients you cannot convince to leave indigenous medicine because they believe conventional medicine creates complications in certain diseases, such as cancer. In fact, there is a popular belief that venereal diseases like syphilis can only be cured effectively by indigenous medicine.

This is further reinforced by one Herbalist 4 (O.I. 2022, June 24th) who said,

I ask my patients to take my treatment for high blood pressure, but they must keep checking their pressure in the hospital. You know that only herbal medicine can treat the underlying cause, and it may take time to heal. Conventional medicine can alleviate the symptoms when they get worse.

Integrating indigenous healing with modern healthcare can better address the health needs of the Nandi community. The study found that 90% of respondents acknowledged laboratory tests help traditional healers prescribe more accurate treatments. However, 70% believed conventional medicine mainly provides first aid, while indigenous remedies offer long-term cures. All herbalists agreed that modern medicine treats only the symptoms of certain diseases, such as venereal illnesses. Additionally, 15% of herbalists argued their remedies should be prioritised, especially for conditions like cancer, claiming surgeries often reduce recovery chances. None of the indigenous practitioners viewed modern medicine alone as sufficient for healthcare. Respondents cited barriers in biomedical



services, including drug shortages, inattentive care, and costly referrals to distant facilities. Nevertheless, all participants agreed that integrating both medical systems is essential for comprehensive healthcare delivery.

Indigenous healing offers physical and psychological relief, addressing illnesses linked to witchcraft, curses, and spiritual imbalance—areas often neglected by Western medicine. African healing systems focus on the cause of illness, not just the symptoms, viewing health as a reflection of harmony between the individual, community, and ancestral spirits. Among the Nandi, improved health is measured by restored social balance and spiritual well-being, not solely by physical recovery. According to one of the Ritualists (O.I 2022, June 10th), there is a condition known as *kogulgei oik*, which is suffered by individuals who lack harmony with the spiritual world. He explains that such a condition is characterised by psychological unrest and is resolved by administering a ritual known as *ketis* on the individual. Another Herbalist (O.I. 2022, June 24th) says about rituals:

If ritual is the only remedy, would one refuse? Will you continue to suffer when you know there is a solution? A condition like kogulei oik, witchcraft, curses or angry ancestors requires ritual therapy; even if you go to church for prayers, you will go back for it. I usually advise my patients well about this.

Among the Nandi, not all illnesses are managed with herbal remedies; some require spiritual interventions through rituals to restore psychological balance that has been disrupted by social or spiritual disharmony. Western medicine often does not address illnesses attributed to curses resulting from antisocial acts such as theft or breaking taboos. For the Nandi, healing is a combination of spiritual and medical processes, with patients believing in the power of both herbs and the ancestral forces invoked during rituals. This reflects their faith in *Asiis*, the deity believed to sustain life and health. Indigenous healers possess invaluable knowledge of botanicals and spiritual expertise, making them central to community health. As a result, indigenous medicine must coexist with conventional healthcare to provide accessible, culturally sensitive services. Health workers at Kabiyeet Sub-County Hospital have observed that most patients use both systems, with conventional medicine often serving as a first aid measure. At the same time, traditional remedies are seen as offering long-term cures. One of them reported:

The indigenous practitioners can help in some cases. I don't refuse patients to seek alternative treatment, especially for terminal illnesses. I know of cases of hepatitis and cancer that have been successfully treated by indigenous medicine. (CMO, O.I. 2022, August 22nd).

Traditionally, in Africa, the gathering of medicinal materials was reserved for indigenous healers and their trainees, a practice still evident among the specialists in this study. African Indigenous Medicine remains accessible, especially in remote areas, as it requires no costly equipment and offers affordable, low-toxicity treatments. Among the Nandi, the *cheprewo* system governed payment, with compensation provided after treatment. For individuals lacking health insurance or unable to afford modern healthcare, indigenous medicine provides an essential alternative. Western medicine overlooks spiritual and psychosocial healing, highlighting the need to integrate indigenous practices for holistic healthcare.

Some of the notable Nandi indigenous practices that hold potential for incorporation into modern medical systems

The Nandi traditional medical system contains a wealth of knowledge that, if thoughtfully integrated, can complement modern healthcare. It adopts a holistic view of health, addressing physical, spiritual, and social dimensions. This approach encourages healthcare providers to consider patients' emotional



and communal contexts, promoting comprehensive care. Traditional healers, known as *chepkerichot*, learn through apprenticeship, preserving nuanced knowledge and fostering deep community trust. Modern healthcare can adopt similar mentorship models to enhance practical skills and cultural competence.

The Nandi use various local plants to treat ailments, with remedies prepared as infusions or powders and tailored to individual needs. Collaborative research between healers and biomedical scientists can validate these treatments for modern use. Healing often involves community participation, with rituals and family involvement aiding recovery, offering lessons for patient-centred care. Additionally, Nandi healers practice sustainable harvesting of medicinal plants, promoting conservation – a principle modern healthcare can emulate. Healers are traditionally compensated only upon successful treatment, fostering accountability and patient satisfaction.

Traditional Birth Attendants (TBAs) are vital in Nandi maternal care. Integrating TBAs into formal healthcare through training and referrals can improve maternal and neonatal outcomes. Combining indigenous practices with modern medicine ensures cultural relevance, trust, and better healthcare delivery. The table below presents examples of such practices.

Table 1: Nandi practices that hold potential for incorporation into modern medical systems

Indigenous Nandi Practice	Description	Potential Integration into Conventional Healthcare
Herbal Medicine (e.g., <i>Senna didymobotrya</i>)	Utilisation of local plants for treating various ailments.	Incorporate validated herbal remedies into primary healthcare, especially for communities with limited access to pharmaceuticals.
Role of <i>Chepkerichot</i> (Traditional Healers)	Healers who diagnose and treat illnesses, often integrating spiritual aspects.	Collaborate with traditional healers for community health education and as liaisons to bridge cultural gaps in healthcare delivery.
Apprenticeship-Based Knowledge Transfer	Oral transmission of medicinal knowledge through generations.	Document and integrate traditional knowledge into health education curricula to preserve and respect indigenous practices.
Spiritual Rituals and Ancestral Veneration	Rituals to appease ancestors and deities, believed to influence health outcomes.	Acknowledge and respect patients' spiritual beliefs in treatment plans to enhance compliance and satisfaction.
Community-Based Healing Ceremonies	Collective rituals aimed at healing individuals and strengthening communal bonds.	Incorporate community support groups and culturally appropriate ceremonies into mental health and rehabilitation programmes.
Environmental Conservation Linked to Health	Sustainable practices and taboos that protect medicinal plant sources.	Collaborate with traditional practitioners in conservation efforts to ensure the sustainability of medicinal resources.
Referral Systems Between Traditional and Modern Practitioners	Traditional healers referring patients to biomedical facilities when necessary.	Establish formal referral pathways to ensure timely and appropriate medical interventions.

Structured guidelines make healthcare more **inclusive and culturally sensitive**, addressing Nandi community needs

Models of integration of African indigenous medicine with conventional healthcare systems

Global efforts to integrate indigenous practices into healthcare highlight models like Parallel, Inclusive, collaborative, Integrative, and Community-Based models. Established models, like those in Uganda, support effective community-level integration of indigenous and modern healthcare practices (Akol et al., 2022).

In the Parallel Model, African Traditional Medicine (ATM) and modern (Western) medicine operate side by side but do not intersect (WHO,2019). Each system maintains its own institutions, standards,



and methods of treatment, respects patient choice, cultural preferences and allows religious and spiritual practices to be preserved free from interference of the biomedical practices.

We know patients use indigenous and conventional medications. We usually advise them accordingly, but the choice is theirs; we don't interfere with traditional healers either CMO (O.I. 2022, August 22nd).

According to Amegbor and Rosenberg (2021), the Parallel Model preserves indigenous knowledge but risks marginalising traditional healers by keeping them separate from mainstream healthcare. In the Nandi case, this separation highlights the need for culturally sensitive collaboration that fosters mutual coexistence.

The Inclusive Model aims to integrate indigenous knowledge into national health policies, fostering equal participation between indigenous and biomedical systems in planning, service delivery, and evaluation. It encourages governance, mutual learning, legal recognition, and intercultural competence. This model legitimises African Traditional Medicine (ATM) through licensing of healers, registration of herbal medicines, and regulated practice. However, it offers limited interaction with biomedical services. Often, indigenous practitioners are excluded from key decision-making processes, limiting their influence in shaping healthcare policies and integration efforts. The government administrator interviewed acknowledged this gap:

We are usually asked to invite traditional practitioners to health sensitisation forums, but they are not given any role to play (O.I., 2022, August 22nd).

This model shows superficial involvement of indigenous practitioners; their inclusion is not backed by policy and structural clarity. This calls for practical inclusivity and stronger commitment to participation.

In the Collaborative model, traditional and modern healthcare practitioners work together, often through referrals, shared case management, joint training or educational programmes, and shared decision-making (Gyasi, 2021). One of the herbalists (O.I. 2022, June 24th) said,

I ask my patients to take my treatment for high blood pressure, but they must keep checking their pressure in the hospital. You know that only herbal medicine can treat the underlying cause, and it may take time to heal. The conventional medicine just alleviates the symptoms.

This model fosters communication and mutual respect, allowing patients to benefit from a combination of both systems. This was reciprocated on the part of conventional practitioners:

The indigenous practitioners can help in some cases. I don't refuse patients to seek alternative treatment, especially for terminal illnesses. I know of cases of hepatitis and cancer that have been successfully treated by indigenous medicine. (CMO, O.I. 2022, August 22nd).

The testimony shows that cultural beliefs are acknowledged and respected in conventional circles; therefore, Nandi indigenous medicine is considered legitimate and can be integrated with conventional practices.

The Integrative model envisions a fully unified health system (WHO, 2022), systematically incorporating African Traditional Medicine (ATM) into formal healthcare. This includes certified herbal remedies, traditional healers working in hospitals and conventional medicine departments in universities. The model promotes holistic care, blending medical treatment with religious and cultural practices.



The Community-Based model empowers indigenous healers to design and manage healthcare based on cultural and religious values. It integrates rituals and prayers into healing and links traditional medicine with community health systems through local health workers and initiatives, enhancing culturally relevant healthcare delivery. The model empowers communities and respects indigenous knowledge systems. This form of elementary integration is already practical to some extent. One of the CMOs (O.I. 2022, August 22nd) evidenced that:

I have referred many cases of sunken fontanelle and mirutik (ill health conditions suffered by infants attributed to exposure to infections) and complications of pregnancy to some herbalists whom I know, and the cases are treated effectively.

The successful integration of African traditional medicine into modern healthcare systems depends on mutual respect, legal and policy frameworks, standardisation of practices, research validation, and dialogue between the systems. The appropriate model may vary depending on the cultural, political, and health infrastructure context of each country or region.

Challenges Facing Integration of Indigenous Healthcare with Modern Healthcare Systems among the Nandi of Kabiyet

Global efforts to integrate indigenous health practices into mainstream healthcare systems are increasingly recognised as essential for improving cultural relevance, equity, and holistic care. Indigenous healing systems offer a comprehensive approach that complements biomedical methods. However, there are challenges hindering these efforts.

The absence of formal referral systems between traditional healers and modern health facilities leads to fragmented care, treatment duplication, delays, and patient confusion from conflicting advice. According to one CMO (O.I., August 22, 2022) and a Herbalist (O.I., June 24, 2022), referrals are only made when traditional practitioners are unable to manage specific health issues. Establishing coordinated referral pathways would improve collaboration, ensure continuity of care and optimise patient outcomes.

Traditional medicine is rooted in cultural beliefs and practices, which pose a challenge to cultural acceptance. Resistance can arise from healthcare providers and patients, as some may perceive that either of the systems lacks validity, as described by some views that:

You know there are some patients you cannot convince to leave indigenous medicine because they believe conventional medicine creates complications in certain diseases such as cancer. In fact, there is a popular belief that venereal diseases like syphilis can only be get cured effectively by indigenous medicine CMO (O.I. 2022, June 24th).

Beliefs influence patients' healthcare decisions, not just the cost or availability of services (Amegbor & Rosenberg, 2021). Changing perceptions of traditional medicine requires education and awareness to highlight its benefits and safety (Ozioma & Chinwe, 2019). This study recommends a patient-centred approach that strikes a middle ground between indigenous and modern medicine. The absence of clear policies, the superficial inclusion of traditional practitioners in health forums (O.I., 2022, August 22nd), insufficient guidelines, poor collaboration, limited public awareness, and ethical concerns pose significant challenges.

Integrating indigenous medicine with modern healthcare in Africa: Opportunities for indigenous healthcare practices

According to WHO (2019), up to 90% of the African population utilises traditional medicine for primary health care, with TBAs attending to most of the births. In Kenya, the growing popularity of

indigenous medicine is evidenced by the establishment of traditional herbal saunas and massage points in urban areas. These facilities utilise indigenous healing practices integrated with modern medical systems.

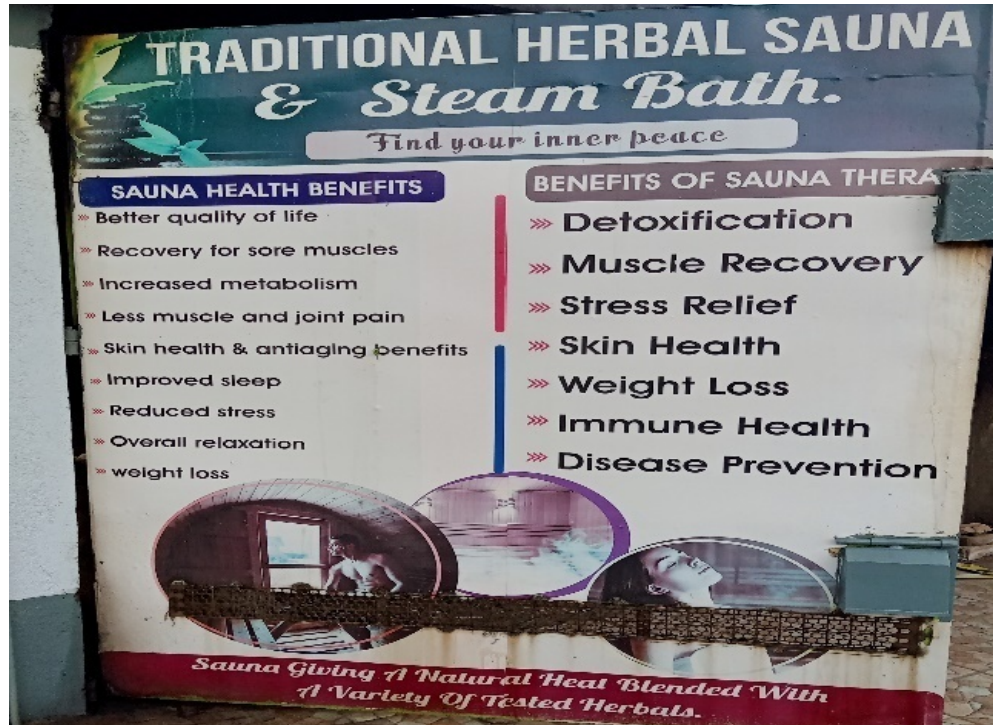


Figure 1: An example of a billboard attracting clients to an integrated medicine sauna

The use of African indigenous medicine remains high due to limited access to public healthcare (WHO, 2022). This makes it the most accessible and indispensable option, as confirmed by a conventional medical officer (O.I, 2022, August 22nd) that,

One day, as I went about my routine duty, I received a distress call from one of the homes that needed an ambulance to rush a mother who was in labour to the Kibiyet health facility, but it was not available. At that time, coincidentally, the road was impassable. We had no other option but to call for the assistance of local TBA. In fact, most expectant mothers discredit the services of the health facility; some complain that they may take the trouble to reach the facility only to be attended to poorly. Because of such cases, they would prefer to familiarise themselves with TBAs in their vicinity.

ATM and its practitioners are capable of conducting research, innovation, and healing, just like their allopathic counterparts. One of the herbalists (FGD 2 2022, July 22nd) claimed:

I can treat Corona; I have mixed herbs using my knowledge and can successfully do so. Corona weakens people; if you take my medication, it boosts your immunity.

African Indigenous Medicine (AIM) aligns with the WHO's campaign for integrating traditional medicine into national healthcare through policies and regulations (WHO, 2015). The WHO Regional Committee for Africa also urges member states to legislate and budget for this integration. According



to Mbiti (2015), African indigenous medicine (AIM) and conventional medicine aim to heal; hence, AIM should not be judged solely by biomedical standards.

Poverty, drug-resistant diseases, chronic conditions, and lack of health insurance fuel the growing reliance on AIM in Africa. Gaps in conventional healthcare are often filled by AIM intertwined with religious and cultural practices. Among the Nandi, herbalists seek official certification, reflecting efforts to formalise AIM in health policies (O.I., August 22, 2022).

Integrating AIM with modern healthcare offers solutions to emerging health challenges while preserving cultural heritage. The Nandi's medicinal plant knowledge and spiritual healing practices provide accessible, culturally sensitive care (WHO, 2020).

Conclusion

Integrating Nandi indigenous health practices with mainstream healthcare is both feasible and necessary. The continued use of traditional remedies alongside modern medicine by the Nandi people highlights the possibility of integration. This dual reliance reflects a broader global trend, as conventional medicine remains widespread and is increasingly recognised by bodies like the WHO, which promotes its integration into national healthcare systems through supportive policies and regulations (WHO, 2015, 2023). The Nandi possess untapped extensive knowledge of natural remedies, and the simultaneous use of both medical systems reflects their potential adaptability and cultural continuity.

This study applied a Holistic Framework, emphasising equitable dialogue and collaboration. It affirmed the importance of a multidimensional, inclusive and culturally respectful approach in healthcare integration efforts. Combining African Traditional Medicine (ATM) with biomedical systems could significantly enhance holistic health delivery in Africa.

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