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Community Resilience: The Role of Traditional Healers in Public Health

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ABSTRACT

Community resilience is critical for public health, particularly in regions with fragile healthcare systems. Traditional healers, who provide accessible and culturally relevant care significantly enhance resilience through disease prevention, health education, and psychological support. Despite their importance, traditional healing faces challenges such as marginalization, lack of formal recognition, and conflicts with biomedical practitioners. This paper investigates how integrating traditional healing into modern healthcare can strengthen public health outcomes, using case studies from regions such as Sub-Saharan Africa. It discusses strategies for fostering trust, community engagement, and policy frameworks that bridge traditional and biomedical approaches. A holistic healthcare model that respects cultural traditions while ensuring safety and efficacy can enhance community well-being and resilience, particularly in crises. **Keywords:** Community resilience, traditional healing, public health, indigenous medicine, healthcare integration, cultural competence, health disparities.

INTRODUCTION

Community resilience in public health is complex and vital. It encompasses more than just accessible healthcare options [1, 2, 3, 4]. The role of traditional healers can create friction within modern healthcare systems. Understanding community resilience involves recognizing it as the capacity to endure and recover from adversity. Traditional healers, known by various titles across cultures, possess unique healing knowledge through mind, matter, or spiritual means [5, 6, 7, 8]. Their presence has been significant throughout history in civilizations such as Egypt, Persia, and India, emphasizing the critical nature of healing. Today, traditional healing often finds itself at odds with contemporary health frameworks. While some view it as incompatible and even ban it, it remains essential in many cultures, adapting to local practices and needs [9, 10, 11]. The World Health Organization and national health services increasingly support traditional healing, acknowledging its public health benefits [12, 13, 14]. This paper explores how traditional healing could affect community health outcomes within modern infrastructures, connecting public health, social psychology, and management science research fields. It examines how modern healthcare frameworks impact community health through innovations like the Clean Water Act and health insurance [15, 16, 17]. Although designed to provide social and health benefits, these infrastructures often struggle due to inconsistent implementation and other inherent challenges [18, 19]. Traditional healers may face suppression, creating a clash between modern healthcare providers and traditional approaches. Additionally, findings from social psychology reveal how communities cope with crises, distinguishing between three response groups: copers, susceptors, and collapse-scapegoaters [20, 21, 22, 23]. Each group reacts differently to community health outcomes, and the perception of healers can shift based on various factors, including the context and health incentives. Corresponding hypotheses, like the ICEA model, are proposed to further understand these dynamics [24, 25, 26, 27].

Understanding Community Resilience

Community resilience refers to the ability of a community to absorb shocks, reorganize itself, and adapt to changing circumstances so that it can sustain or improve its essential functions, structures, and identity. It enables a community to use available resources to help individuals or families adhere to plans for health improvement that may be risky over the short term and to manage the consequences if plans fail [28, 29]. Thus, community resilience is likely necessary to support antecedent socio-spatial resource levels. By this understanding, community resilience emerges as a concern for public health practice and creates the demand for robust and straightforward methods to assess both the resilience of communities and the potential vulnerability of socio-ecological attributes [30, 31]. Efforts to engage in equitable partnerships in community-based research have increasingly called to adapt a more systems-based, contextualized understanding of community resilience in the public health literature [32, 33]. For low- and middle-income countries with fragile health systems, community resilience is particularly critical. Resilient communities have strong social networks and supportive systems that can enhance the organization, communication, and effective delivery of timely public health and medical care interventions. Consequently, after catastrophes, resilient communities may withstand and respond effectively to public health emergencies requiring medical treatments [34, 35, 36]. In light of the 2014 Ebola outbreak in West Africa, a better understanding of the resilience of communities is necessary to ensure an integrated preparedness and response to mitigate health crises and to enhance the accountability of complex humanitarian operations. It includes the strengths and coping mechanisms present within (and between) communities, culturally appropriate practices, as well as available resources and services, which may either contribute to their recovery or render them more susceptible in times of crisis [37, 38]. Community resilience is a complex and dynamic construct, shaped by a variety of structures and interdependent social, economic, institutional, cultural, and political processes, which differ significantly between and within societies [39, 40, 41]. Efforts to develop simple, standard measures of community resilience have met with limited success, and established methods are difficult to adapt to the public health context [42, 43, 44, 45]. To address this gap, an accessible and practical method for the identification of community resilience about public health and health service provision is presented through the triangulation of qualitative research with publicly available national data regarding selected demographic, health, and public services indicators [46, 47, 48].

Definition and Importance

Community resilience has been defined as the ability of a community to absorb, recover from, and adapt to stress. Proposed indicators of community resilience capture aspects included in a conceptual framework of community resilience in health systems. The purpose of this paper is to provide a focused definition of community resilience and to explain its critical, potentially important, and untapped potential for bolstering public health [48, 49]. A potential definition of community resilience will be provided, and community resilience will be conceptually distinguished from related terms with which it is sometimes conflated. Additional attention is paid to the heightened importance of community resilience in problem-laden public health, including the potential importance of traditional healing practices. The study of community resilience has grown rapidly over the past 15 years and now arguably encompasses 4+ separate spheres of investigation. Studied first and most extensively has been the resilience of physical or ecological systems to environmental perturbation [50, 51]. Systems with a wide, barely connected range of strengths and functions not only stand up in the face of turmoil but also can grow more diversified and complex to enhance the likelihood of withstanding future stress. Developed more recently has been the study of psychological or individual resilience to severe distress. This research often rests on a pyramid model of explanation, with lower orders including genetic endowment and birth circumstances. Prolonged health problems, such as catastrophic health spending, often do not have a single pathogen causing a single disease. In Africa, health expenditures for communicable diseases all too frequently force households below 125% of the poverty line. At the global level, this equates to expenditures over three dollars per capita per annum in the poorest countries—a quantity standard exerting enormous economic pressure on households. On the other hand, poverty has a significant impact on the healthcare access of a family, which in turn may increase the probability of a health occurrence such as diseases and accidents [52].

Traditional Healing Practices

More than 80% of the world's population depends upon traditional healing practices for their primary healthcare needs [31, 32, 33]. Traditional healing practices in conjunction with orthodox medicine and

other medicinal treatments and/or knowledge systems have become very popular worldwide during the last two decades. Various nations like India, Malaysia, China, Nigeria, Tanzania, and South Africa, which have great anthropological and biological diversity, are still dependent on traditional healing. Traditional healing plays a key role in health development not only among the rural and poor people but also in the urban regions. Traditional healing is defined as the total of all knowledge and practices incorporating plants, animal and mineral based medicines, spiritual therapies, and exercise in diagnosis, prevention, and treatment of every type of physical and mental illness [35, 37, 39]. Such traditional healings are prevalent mostly in developing nations. They have different therapeutic practices within diverse cultural backgrounds of human societies. In many societies, traditional healthcare remains the only affordable and culturally popular form of treatment and is now recognized as the cultural heritage and identity. There are different practices related to traditional healing [40, 41]. Keeping in view the worldwide emergence of traditional healing practices, this paper explores the surface and core of traditional healing in public health, the responses of the respondents towards the services of traditional healers, and the perceptions of orthodox and traditional healers about the public role of the traditional healing practices. Traditional healing is also practiced during the process of identifying the disease of a particular patient. Traditional healings believe that they cure the patients successfully through spiritual power obtained by God and activation of the force of that power gives extraordinary vision in identifying the disease [7, 8].

Historical Overview

The practice of traditional healing dates back to prehistoric times and is as varied as the surrounding environment. The Paleolithic residents of what is now the Koster Site in Northwestern Illinois were known to have healing skills upon burning and cauterization. The ancient Mesopotamians recorded and elaborated myths concerning the gods and goddesses who were depicted performing both various functions of healing and its antithesis as forms of divine retribution. For example, a medical text from 35th century BCE Sumer prescribes a treatment for a variety of ailments including mental illness, spasticity, and trio-epilepsy. The origins of effective and nurturing treatments were carefully recorded and passed down orally through generations. Remarkably, some of these ancient healers had known about the regenerative properties of some plant remedies that would only be discovered in modern times. Throughout thousands of years, through countless experiences of successes and failures, careful observations, and trials heeded for generations, some result in a high rate of treatment with minimal side effects. The treatment methods also vary widely with the different cultures and environments of the healers. Eons of time and millennia of ethnogenesis have nurtured a multitude of distinct healing philosophies and practices linked to each ethnic or cultural group. Since prehistoric times, different regions have developed unique, heterogeneous practices to heal ailments that are shaped by natural, social, and cultural circumstances. Traditional healing acquires the status of the principal therapeutic praxis in the majority of human societies, particularly in Africa and Asia. In the continual search for ways to maximize well-being, humans developed and refined knowledge and techniques of healing, blending empirical methods with religion and philosophy. These varied healing practices, varying from spiritual rites to applications of heat, pressure, or chemical agents, continue to satisfy the wide spectrum of human needs and desire to buffer the suffering. Community pharmacists attract patients by displaying seals and credentials issued by revered state or religious authorities. Alleged collaboration with the malevolent oracles motivated the swift suppression of some healers throughout the age of empire. The globalization of medical institutions in late antiquity and the rise of professional guilds in the Middle Ages diminished the role of lay healers. Moreover, the profound transformations induced by the social, economic, and cultural context result in the metamorphosis or oblivion of even some very sophisticated healing methods. The successful practice of healing known to Hippocrates becomes dramatically different in the time of Galen, 600 years later. Into subsequent epochs, the trappings of professional medicine transform themselves together with society, while the empirical roots of ancient healing practices remain concealed in a mist of anonymity and ignorance, thus rendering their chronicle study. Meanwhile, genuine and more rustic healing procedures, apart from the sophisticated ones described by the inquirers into natural history and anthropology, continue to exist, transmitted orally from generation to generation, often within the limits of practitioner's family or small community [9, 10].

Traditional Healers and Public Health

In traditional societies where modern health services are generally limited, traditional healers usually play an essential role in health care services, and they are often the primary health care providers. Traditional healers are participants in disease prevention and in providing community education on

health. Traditional healers have a close relationship with the community, and their treatment practices often encompass religious as well as other remedial aspects that are important for the social, psychological, and spiritual support of the patients. National programmes of preventive medicine need to collaborate with traditional community leaders and healers. Research studies have shown that traditional healers can be effective in spreading health education and promoting healthful practices for community members. Traditional healers can be particularly effective in certain aspects of health education. They can help increase knowledge, not necessarily of the medical kind, but in the local language and local terms. The healing ability of traditional healing based on faith is thought to originate from a power in the form of rituals and incantations that control the physical events of sickness. This approach can be useful in aspects of preventive medicine that do not involve direct biomedical intervention. Traditional healers are integral to community health care and need to be integrated into health care delivery systems. It is well documented that modern health care programmes are usually more successfully conducted when traditional healers are recognized and incorporated into the health care team. The eradication of leprosy in developing countries has been hampered by various socio-cultural aspects of the disease. The more widespread the disease, the more obstacles that stand in its pathway to elimination. India has the largest number of leprosy cases, which mostly their communities spread. Therefore, the key to success in the efforts to eliminate leprosy lies in the wise and proper utilization of the resources and services of both the general community and traditional healers. Traditional healers in some parts of the world rely heavily on indigenous drugs, as well as incantations and the casting of spells. Their knowledge of medicinal plants and healing incantations is based on a thousand-year-old tradition handed down from generation to generation. Traditional healers often work on a project basis, training their counterparts for better health, thereby enhancing the community's capacity for health. Government medical facilities, as well as international health organizations, need to work more closely with them. Mutual respect and trust are essential to the collaboration of the two systems of health care, traditional medicine and modern health care. Traditional healers can provide important information on disease control, as well as insight indispensable for the successful organization of public health campaigns. The global strategy for the integration of methods and knowledge in traditional medicine and modern health care services for primary health care has been jointly accepted [11, 12].

Role In Disease Prevention

The role traditional healers play in the prevention of diseases. Traditional healers, like Western-trained health professionals, have knowledge of local health problems and opportunities for prevention informed by local knowledge. In rural and mostly un-served areas, indigenous healers are usually the first line of health service. In their consultation with traditional healers in Bangladesh, most patients were recommended to undertake actions that would prevent diseases or complications. Indigenous healers possess the cultural authority to manipulate community beliefs, practices, and behavior. This is important because high rates of treatment failure and resistance to immunizations are frequently due to the resistance that formal health systems were unable to break down. Preventive measures, consisting of simple low-cost methods such as improved personal hygiene, adequate nutrition, clean drinking water, healthful disposal of waste, and the avoidance of overcrowding, are typically delivered in the "language" of the culture. Treatment effectiveness is importantly bound to the patient's belief in the efficacy of the treatment. In many cases, the healing ritual in itself is effective in that it gives the patient hope and brings emotional relief. In another sense, the local health practitioner's herbal remedies are not necessarily more effective than those stocked in western-style pharmacies, but the belief that they are frequently produces results. Hence, it is believed that awe-inspiring curative rites and magic reveal that the healer has powerful techniques in working the supernatural. This is not necessarily acknowledged by either the healer or the patient in an obvious way, but the preparation and performance of treatment can in itself create such an impression. Public health workers have long been made aware of the potential for indigenous healers to hamper control programs aimed at reducing the transmission of certain diseases. However, it is quite unusual that traditional healers work in conjunction with the public health system in the application of integrative approaches. Regular communication with indigenous healers has potential in the establishment of a productive working relationship for the delivery of community health care. In the greater portion of the earth's population, especially in the rural and isolated regions of "developing" countries, proper or suitable treatment is often beyond geographical and economic reach. In sub-Saharan Africa, notably, a major portion of the population remains marginalized from biomedical services and continues to use traditional forms of healing. It is advantageous to recognize the limitations of modern

medicine concerning the unique cultural strengths of indigenous therapy. In this way, an improved galenic pluralism can be established that will most benefit the health care needs of the junta. This paper aims to emphasize a comprehensive and constructive approach to the great advancement of community health resilience [13, 14].

Challenges Faced by Traditional Healers

A variety of challenges exist for traditional healers moving towards increased recognition and legitimization of traditional healing in mainstream health care systems. These include overcoming their secondary status in formal health systems, lack of formal training, concerns of collusion with other societal forces outside of the realm of healing, and persistent hegemonic beliefs in modern medicine's supremacy over traditional forms of healing. On the other side, traditional healers exhibit concerns about colonisation and engendering resistance against it, as well as clinging onto a collective identity of healers based on other criteria than formal legal recognition. There is a significant burden of disease in rural sub-Saharan Africa, coupled with a critical shortage of qualified health workers. Traditional healers provide alternative therapeutic choices to less developed communities. The current trend of integrating traditional healing practices with biomedicine using a pluralistic health system model is seen as a more cost-effective and culturally sensitive way of healing the rural poor in a resource-limited setting. This study revealed a high readiness of traditional healers to collaborate with biomedical counterparts, and such willingness can be built upon with promising grassroots initiatives. Modest initiatives should be started to address immediate needs and support promising grassroots initiatives, and the most effective options for formal health facilities are material support, incentives to health workers, and support for instrumental-relatedness with traditional healers. In Northern Ghana, an integration process between biomedical and traditional systems takes place, although tensions persist. Successes of preceding integration and interaction with traditional healers were reviewed to better understand how current tensions may be resolved. It was revealed that the importance of providing a facilitated space for effective dialogue, knowledge exchange, and mutual respect, creating community-based health care models led by traditional healers/health practitioners. Traditional pharmacopeia should be fully considered as a plan for sustainable integration. The broad dissemination and implementation of these findings at the intersection of traditional and biomedical systems in sub-Saharan Africa will be beneficial [15, 16].

Legitimacy and Recognition

Traditional healing is often marginalized within medical discourses of what is considered 'real' medicine. The idea that traditional healing lacks legitimacy has left the reputation of traditional healers increasingly more vulnerable, with both the health bureaucracy and the general public as a source of lost faith. Traditional healers throughout Southern Africa are finding their practices undermined by a range of increasingly intransigent regional bureaucrats who are critical of the medical efficacy of traditional healers. The establishment and expansion of free biomedicine are exacerbating this. There are also issues of trust that need to be addressed through greater support for traditional healing initiatives. However, with the wide range of diverse cultural practices throughout Southern Africa, such an approach may be overly simplistic, not least because of the potential conflicts over conflicting understandings of health, body, and the world. Policymakers need to be more attentive to the cultural sensitivities of different areas, ensuring that the cultural biases of those involved do not preclude the development of more holistic and appropriate long-term health strategies. Far from being seen as the appropriate forms of medicine, traditional healers and traditional healing practices are seen largely as a pre-modern and, indeed, as an outmoded form of healthcare delivery, which is being replaced through increased urbanisation, industrialisation and the implanting of formal health care systems in an aggressively articulated, often top down and coercive manner. Due to unjust evaluations of traditional healing practices, these forms of medicine, which have contributed to the healthy well-being of the African continent, have, on a steady basis, been repudiated through all kinds of derogatory names and practices such as witchcraft. It is generally known that this problem is not only confined to Africa but is generally faced by all the traditional medicine practitioners all over the world. This is due to a lack of particular knowledge about Africa and, more specifically, about the dominant use of traditional medicine in the continent. Misconceptions, stereotyping, and a general lack of sensitivity and understanding have further vilified such practices. This paper endeavours to discuss the difficulties the traditional healers face both from health authorities and the public and will be confined to South Africa. The issue of bogus practitioners and misinterpretations have turned the public against them. This paper will concentrate more on the

bumpy road traditional healers face to be accepted and given a rightful place in the healthcare landscape in South Africa [17, 18].

Community Engagement and Support

Introduction to traditional healing is highlighted as “community integration” because traditional healing is symbolised by a healer’s ability to be connected. The healer-patient relationship is surrounded by a network of social relationships that include the family of the patient- and in this way, the community. This is not exclusive to traditional communities either. It is explained that “scepticism against traditional treatment exists in many parts of West Africa. Amongst others, it is feared that healers are witches, who use malevolent means to cause death or ill health.” However, this general fear can be replaced with a source of pride and respect in effective healers, which is an example. When such communities can trust in the healing arts, there are many ways in which their health can benefit. However, will such community support be described as useful exclusively for a biomedical public health intervention? It could be that such community support is necessary for the effectiveness of all public health- in which case “community integration” would have to be broadened beyond symbolic participation in promoting public health. How can community support be enhanced for public health campaigns integrating traditional healers and otherwise? How can such community engagement be sustained, particularly in rural and socially conservative communities? Regarding the effective practice of traditional healing, community engagement and support are among the only identified strategies. Since it is by definition rooted in rural communities, it is paramount that strategies are developed for this action to be taken - instead, there is only general emphasis on the importance of building trust and relationships [19, 20].

Building Trust and Relationships

Building trust and relationships between traditional healers and their communities is key to harnessing the potential of traditional healing. Various elements foster trust in traditional healers: cultural practices emerge from and reinforce historical community ties; skepticism towards non-traditional healing practices encourages faith in traditional practices; and the broader social significance of traditional healers legitimates their roles and responsibilities. The contestation of traditional healing methods in contemporary public health landscapes underscores the importance of actively cultivating trust and relationships between traditional healers and their communities. First, trust can be actively nurtured by traditional healers through innovative methodologies in healthcare delivery. Approaches that explore the potential for traditional healers to act as community health workers (CHWs) or become integrated into Western, allopathic systems emphasize the importance of building trust – “the single most effective and efficient way to build communities’ trust is through open and transparent decisions made in partnership with the people”; “community involvement builds trust by helping people understand the considerations involved in decision-making”. Community health frameworks flourish when care can be provided by “trained, skilled, motivated, recognized, and incentivized” CHWs trusted by the community. Second, the building of relationships between traditional healers and their communities can benefit from a two-sided approach. Traditional healers, on one side, can better serve and engage their communities by viewing them not as passive recipients of care and knowledge but as partners who have unique contextual insights and can help ensure the sustainability of health practices. On the other side, nations can imbue traditional healers with additional roles, such as advocating for those in need or addressing more complex ailments. Regular feedback and interaction with communities can keep traditional healers cognizant of local health needs, a catalyst for stronger community bonds [21, 22].

Education and Awareness Programs

Agencies and organizations recognize the importance of education and starting awareness programs on traditional healers. These programs are critically important in places where there exist government pushes to exclude traditional healers from public health networks. Nevertheless, health organizations are uncertain about how to support traditional healers with valuable knowledge and resources. Considering the importance of advocacy for the support of traditional healers health organizations may focus on the following activities: • Workshops and training sessions on how to use traditional medicine to treat common health issues • Community meetings on the benefits/limits of traditional healing • Encouraging faith leaders or non-healthcare professionals to spread information on health issues • Distribution of pamphlets and other written resources Health organizations must also tailor these activities to cultural contexts and health concerns of the communities. In this, traditional healers can be useful allies; having the experience and authority in local health communities, they are perhaps best placed to communicate this knowledge. Training programs in which healers can pass on their knowledge to the public health

workers or act as ‘client advocates’ indicate that traditional and modern health practitioners can work together in common and productive goal. Established health organizations are also well placed to use traditional healers effectively: for example, African herbalists are successful in helping tuberculosis patients complete their drug regimes by educating them on the importance of finishing medications [23, 24].

Policy Implications

As traditional healing can be seen as a component of healthcare, interest in policy and formal collaboration between traditional and biomedical practitioners has been growing. Policy direction in this area is variable. Each country must develop appropriate approaches according to its specific cultural, social, and political conditions. In August 2017, it was reported that the health ministry was establishing a formal working relationship between traditional and modern healthcare delivery in the Ghanaian health service system. It was planned that traditional healers and midwives would work in some health facilities in regional and district government hospitals. Elsewhere in northern Ghana, the health and education sectors are evolving to incorporate traditional healers and their healing practices. As part of this process, the health education unit has been directing community nurses to engage with healers to help gain trust and confidence in the formal health system among the community members. As enshrined in the Ghanaian minority rights, freedom of religion and belief, where such beliefs concern traditional healing must be respected. Reflecting this principle and due to the increasing demand, opportunities for collaboration between traditional and biomedical health workers have been sought. Hence, traditional healers must be acknowledged and offered continuing education either by the health directorate or by sympathetic NGOs. Collaboration and patient co-referral arrangements between the 2 systems are under consideration. Investment in traditional medical practices, including regulation, licensing, and resource allocation for the facilities for consultation and procurement, would provide a significant step in preventing harm in the quest for traditional healing, which is a recognized, legitimate, and institutionalized component of healthcare in the health majority system. Engaging in a continuous dialectical dialogue—the health services on one side and the traditional healers on the other side—is essential to foreground a consciousness of the harm and reduction of the quackery in their therapeutic interventions [25, 26].

Regulatory Frameworks

This paper explores the relationship between traditional healers and the public health system. In particular, it examines the extent to which traditional healing practices complement and compete with conventional healthcare. It concludes that traditional healers can make valuable contributions to community resilience, particularly through their important role as community counselors and mediators. To ensure positive health outcomes, it is recommended that comprehensive systems of training, oversight, and collaboration be developed. This will allow healers to enhance community participation in public health activities. Four principles related to the regulation and promotion of traditional healing practices are discussed here, about the WHO’s “Laws of Traditional Medicines”. They are as follows: regulatory frameworks, co-operation between the healers and the formal health system, training and education, and research promotion into the efficacy and safety of traditional remedies. Discussion will be limited to representative traditional healers that belong to recognized healer organizations, which participate in formal health care projects and are employed by non-profit, community-based organizations. Traditional healing practices have taken a long time not only to be recognized by orthodox health scientists and policy makers but also as they have gained some official status, to gain a complete legitimacy within contemporary health care systems. It is argued, however, that this ‘non-rational’ dimension of healing has a specific and important role to play in maintaining and restoring health. Furthermore, both the material and discursive aspects of healing practices require recognition, rendering this task extremely difficult. Attempting to create a framework of organic and legal legitimacy around the advent of professionalizing policy frameworks in the field of traditional health care in South Africa, this paper shows how a variety of actors, who traditionally would be considered marginal, are not prevented from entering the fray. At the same time, it is shown how the supposedly hyper-rational, traditional, legal systems can contemplate more contingent and creative constructions of healing, frequently going beyond the customary considerations of formal, biomedical orthodoxy [27, 28].

Future Directions

Recent studies on healing practices reveal significant differences between traditional healers and the increasing professionalization of biomedicine, emphasizing the importance of local sociopolitical contexts

in public policy. Social analysis highlights how powerful groups shape "knowledge regimes," legitimizing certain practices while marginalizing others, necessitating ongoing analysis. Effective public policy benefits from a comparative perspective, integrating both anthropological and sociological methods. Sociological literature often focuses on healing professionalization and its conflicts, while anthropology emphasizes the intrinsic value of diverse healing practices. The integration of these perspectives is vital for analyzing healing practices in biomedicine. Healing practices, considered contested "knowledges," exist amid professional, scientific, and public health contexts. Currently, traditional healing and modern medicine operate in largely separate realms, but emerging literature supports collaboration. Africa and India have implemented innovative public policies on traditional healing, sparking social science studies. However, such research tends to overlook the variations among local healing practices shaped by complex power dynamics and knowledge regimes, often portraying traditional healers in a static light. This paper addresses these research gaps, underscoring the need for future comparative, multi-sited studies [29, 30].

CONCLUSION

Traditional healers remain indispensable in public health, particularly in underserved communities where access to biomedical care is limited. Their deep-rooted cultural and social ties enable them to provide healthcare that is both accessible and trusted by local populations. While challenges persist in integrating traditional and modern medicine, collaborative frameworks, education initiatives, and regulatory support can enhance their role in strengthening community resilience. Governments and health organizations should adopt inclusive policies that acknowledge the contributions of traditional healing, ensuring a complementary approach to healthcare. Future research should explore interdisciplinary strategies that integrate indigenous knowledge into global health systems, fostering a more equitable and effective healthcare landscape.

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