Open Access

Contemporary Research Analysis Journal

e-ISSN: 3050-5909
p-ISSN: 3050-5895

Volume 03 Issue 05 May 2026

CrossRef DOI: 10.55677/CRAJ/12-2026-Vol03I05

Page no: 359-363

Traditional Herbal Medicine and the Inscribed Science: The Enduring Merit of East African Traditional Healers

Mark Leveri
Outreach Care International
P. O. Box 1534 Dodoma, Tanzania

ABSTRACT: For millennia, the cradle of humanity has nurtured not only our species but also a profound and intricate system of healing. In East Africa, the traditional healer, known by a multitude of names—mganga in Swahili, abayitsa in Luganda, laibon among the Maasai—stands as a living archive of this system. While the arrival of colonial medicine and the subsequent rise of biomedicine often cast these practices into the shadow of superstition, a more nuanced scholarly perspective reveals a sophisticated, adaptive, and indispensable component of regional healthcare. This article argues that the enduring merit of the East African traditional healer lies not merely in the pharmacological efficacy of their materia medica, but in a holistic, "inscribed science"—a knowledge system encoded in culture, ritual, and ecology that offers a model of resilience and patient-centered care which modern health systems are only beginning to appreciate. By examining the healer's role as a botanist, diagnostician, and community psychiatrist, this paper posits that the future of East African health lies not in the replacement of this tradition, but in a respectful, evidence-informed partnership.

KEYWORDS: Traditional medicine, East Africa, traditional healers, herbal medicine, medical pluralism, ethnobotany, integrative health, mental health, health systems, indigenous knowledge.

Cite the Article: *Leveri, M. (2026). Traditional Herbal Medicine and the Inscribed Science: The Enduring Merit of East African Traditional Healers. Contemporary Research Analysis Journal, 3(5), 359–363. https://doi.org/10.55677/CRAJ/12-2026-Vol03I05*

Publication Date: May 23, 2026

**Corresponding Author: Mainul Islam*

1. INTRODUCTION: BEYOND THE DICHOTOMY OF MODERN AND TRADITIONAL

In the bustling markets of Dar es Salaam, alongside imported electronics and textiles, one finds neat piles of dried roots, powdered barks, and bottled infusions. In the quiet of a rural homestead in Uganda's Busoga region, a *mwisa* (healer) conducts a ceremony that involves not just herbs, but ancestral invocation, dance, and the laying on of hands. These scenes represent the enduring reality of healthcare in East Africa. For the vast majority of the population, particularly in rural areas where biomedical facilities are scarce or perceived as culturally distant, the traditional healer is the first, and often the only, point of contact with the concept of medicine (Kipkore et al., 2023; Nanyonjo et al., 2024).

The relationship between biomedicine and traditional medicine has historically been defined by conflict and a colonial-era contempt. Early European explorers and administrators viewed indigenous healing as a primitive obstacle to civilization—a dangerous amalgam of sorcery and empirical guesswork. This created a binary: scientific medicine was seen as objective and progressive, while traditional medicine was relegated to the realm of the subjective and the archaic. This article challenges that binary.

We propose a new framework for understanding the work of the traditional healer: as practitioners of an "inscribed science." This term describes a body of empirical knowledge—about botany, anatomy, physiology, and psychology—that is not written in textbooks, but is instead inscribed in language, oral tradition, ritual practice, and the ecological landscape itself. It is a science that has been tested by the most unforgiving of laboratories: centuries of human survival in a diverse and often hostile environment.

2. THE HEALER AS ETHNOBOTANIST: THE PHARMACOPOEIA OF THE RIFT VALLEY

The most tangible merit of East African traditional medicine lies in its pharmacopoeia. The region's biodiversity—from the coastal forests of Kenya to the Albertine Rift mountains—is matched by an equally diverse catalog of medicinal knowledge. The

traditional healer is, first and foremost, a master ethnobotanist. The selection, preparation, and administration of herbal remedies is not arbitrary but follows a rigorous empirical logic (Kigen et al., 2019; Tugume et al., 2019).

Recent systematic research across the East African Community has documented the widespread use of medicinal plants for managing chronic conditions such as diabetes mellitus. A systematic review by Temba et al. (2025) identified eight medicinal plants with documented hypoglycemic properties utilized across the region: Maerua decumbens, Rotheca myricoides, Piper capense, Berberis holstii, Polyscias fulva, Lippia javanica, Caesalpinia bonducella, and Securinega virosa. The phytochemical analysis of these plants revealed the presence of alkaloids, tannins, and flavonoids, which contribute to their blood sugar-reducing effects through various mechanisms of action (Temba et al., 2025). This emerging evidence validates the sophisticated empirical knowledge of East African healers who identified these therapeutic properties long before biochemical isolation.

The transboundary nature of ethnobotanical knowledge is further illustrated by documentation of medicinal plants shared across Kenya, Tanzania, Uganda, Rwanda, and the Democratic Republic of Congo. A comprehensive ethnopharmacological survey by Omara et al. (2023) demonstrated that plants such as Ageratum conyzoides, Aloe vera, Azadirachta indica, and Vernonia amygdalina are used for diabetes management across multiple East African nations, with remarkable consistency in both the plant parts selected and the conditions treated. For instance, Azadirachta indica is utilized for malaria and diabetes in Kenya, Tanzania, and Sudan, while Vernonia amygdalina serves similar therapeutic purposes across Kenya, Tanzania, Rwanda, and the Democratic Republic of Congo (Omara et al., 2023). This consistency across geographical and cultural boundaries suggests a robust empirical foundation rather than arbitrary tradition.

Contemporary ethnobotanical research continues to document this knowledge before it is lost to urbanization. A recent survey conducted in Westlands Subcounty, Nairobi, identified 35 medicinal plant species from 22 families used to treat over 40 health conditions (Ladha, 2025). The study revealed strong informant consensus for immune support (26%), gastrointestinal disorders (23%), and respiratory ailments (15%), with leaves (43.8%) and seeds (21.9%) being the most commonly utilized plant parts (Ladha, 2025). Crucially, this research demonstrates that traditional medicine use persists even in urban settings, contradicting earlier assumptions that urbanization would diminish reliance on indigenous healing practices.

3. HOLISTIC DIAGNOSIS: TREATING THE PERSON, NOT JUST THE DISEASE

A critical distinction between biomedical practice and traditional healing in East Africa is the conceptualization of illness. In a biomedical clinic, a patient presents with symptoms. The goal is to isolate a pathogen, treat a specific organ, and eliminate the disease. The traditional healer operates on a different premise: illness is a manifestation of imbalance. This imbalance can be biological, but it can also be social, spiritual, or environmental (Ngoma et al., 2022).

This diagnostic lens is profoundly holistic. A mganga does not simply ask, “Where does it hurt?” They ask about dreams, familial conflicts, ancestral lines, and transgressions against the natural world. An illness like persistent infertility is rarely viewed as a purely gynecological issue; it is examined as a potential rupture in the family’s relationship with its ancestors, a breach of social harmony, or a spiritual attack (Musoke et al., 2021).

This approach yields what modern medical anthropologists term “social efficacy.” Even if the herbal remedy for infertility lacks a pharmacological basis, the therapeutic process—the confession, the restoration of social bonds, the symbolic reparation—can alleviate psychosomatic stress, which is a known physiological contributor to infertility. In this sense, the healer functions as a primary care provider, a psychotherapist, and a mediator of social conflict. For the patient, this validation of their lived experience—where illness is seen not as a random biological failure but as a meaningful event within their community—is profoundly healing (Mshana et al., 2024).

4. THE HEALER AS PSYCHIATRIST: UNDERSTANDING THE “INVISIBLE” WORLD

Perhaps the most stigmatized and misunderstood aspect of traditional healing is its engagement with the spiritual realm. Terms like “witchcraft” or “black magic” are often applied externally to obscure practices like uchawi (Swahili for sorcery) or okutega (Luganda for poisoning by magical means). A scholarly re-examination, however, reveals that what is often being addressed is a sophisticated indigenous understanding of mental health (Ndetei et al., 2021).

In the biomedical paradigm, conditions like depression, anxiety, and schizophrenia are often treated in isolation, frequently with pharmaceutical interventions. In East African tradition, what biomedicine calls “psychosis” may be diagnosed as njirani (spirit possession) or a calling to become a healer. Far from being a “primitive” explanation, this framework provides a culturally coherent narrative for distress. It destigmatizes the individual by locating the source of the problem in external spiritual forces rather than a personal defect (Baheretibeb et al., 2024).

Recent collaborative research in Zanzibar provides compelling evidence for the potential of cross-system partnership in mental healthcare. A qualitative pilot study by Solera-Deuchar et al. (2024) involving six traditional healers (*waganga*) and six nurses working in government secondary mental health services found that all participants expressed support for collaboration between traditional and biomedical practitioners. Notably, both categories of practitioners agreed that patients believed to be possessed by a jinn (spirit) or bewitched required treatment by traditional healers, while those with conditions considered “mental illness”

warranted hospital care. The study revealed a willingness to establish clear referral pathways, though opinions differed on mechanisms such as creating an office for traditional healers at the hospital (Solera-Deuchar et al., 2024).

This finding aligns with research from Ethiopia, where a collaborative project between holy water priest healers and biomedical mental health services demonstrated promising outcomes. Baheretibeb et al. (2024) documented that religious healers held multiple explanatory models of mental illness, with spiritual understanding dominant, yet they also embraced biomedicine as part of an eclectic healing model. The priests valued recognition of their current role in mental healthcare and endorsed collaboration, particularly in overcoming patient and family reluctance to use biomedical services. However, they expressed concerns about one-way referral patterns and lamented the absence of spiritual healing in biomedical treatment (Baheretibeb et al., 2024).

These collaborative initiatives suggest that when healers are trained to distinguish between culturally accepted spiritual phenomena and debilitating mental illness, outcomes for patients improve. The healer's merit here is their unparalleled access and cultural credibility within the community—assets that biomedical practitioners cannot replicate (Mshana et al., 2024; Ndetei et al., 2021).

5. THE COLONIAL RUPTURE AND THE STRUGGLE FOR LEGITIMACY

The path of traditional medicine in East Africa has not been linear. The colonial project actively suppressed indigenous knowledge systems. The Witchcraft Ordinances of the British colonial administration in Kenya, Uganda, and Tanganyika criminalized the practice of traditional healers, branding them as obstacles to progress and public health. Missionaries and colonial doctors warned that trusting a mganga was a death sentence.

This created a hierarchy of knowledge that persists in post-colonial governments. For decades, health ministries prioritized the expansion of Western-style hospitals, viewing traditional medicine as a problem to be eradicated rather than a resource to be harnessed. This has led to a fragmented system. While the World Health Organization (WHO) has long advocated for the integration of traditional medicine into national health systems, implementation in East Africa remains slow, often hampered by a lack of regulatory frameworks, standardization, and the lingering stigma from the colonial era (Kigen et al., 2019; WHO AFRO, 2022).

Despite this, the practice has shown remarkable resilience. In the 1990s and 2000s, as HIV/AIDS ravaged the region and biomedical antiretrovirals (ARVs) were scarce or prohibitively expensive, traditional healers became an unofficial backbone of care. While some practices regarding HIV were harmful, many healers provided palliative care, treated opportunistic infections, and offered essential emotional and social support (Mshana et al., 2024). This period forced a grudging recognition from governments that the healers were an undeniable force within the healthcare landscape.

6. THE ENDURING MERIT: ADAPTIVE RESILIENCE AND INTEGRATION

The enduring merit of the East African traditional healer lies in their extraordinary adaptability. Far from being a static relic of the past, the tradition is dynamic. Contemporary waganga often incorporate elements of biomedicine into their practice. It is not uncommon to find a healer who will prescribe an herbal decoction for a fever but also advise the patient to go to the clinic for a malaria test. They have adapted to the cash economy, charging fees for their services, and have begun to organize into national associations to lobby for legal recognition and protection of their intellectual property (Kiringa et al., 2024).

However, the determinants of traditional medicine use are complex and extend beyond mere accessibility. Research from Tanzania on patients hospitalized with hypertension-related diseases found that 24.4% of participants reported using herbs during the previous month, with 22.1% reporting concurrent use of herbs and allopathic medicines. Lower educational level, nonprofessional employment, and lack of health insurance were significantly associated with herbal medicine use (Mushi et al., 2025). This finding challenges the assumption that traditional medicine use is primarily driven by cultural preference; instead, it reveals structural determinants rooted in socioeconomic vulnerability and health system exclusion.

The persistence of traditional medicine use is also sustained by gaps within formal healthcare systems. A comparative analysis of essential medicine lists and local production capacities in Kenya, Tanzania, and Uganda revealed significant limitations in biomedical infrastructure. Baldeh et al. (2023) found that only 21% of essential medicines in Kenya, 5% in Tanzania, and 10% in Uganda were produced locally. Moreover, the proportion of registered essential medicines varied considerably, with only 53% of essential medicines in Tanzania being registered compared to 76% in Kenya (Baldeh et al., 2023). These supply chain vulnerabilities and regulatory gaps create conditions in which traditional medicine remains not merely a cultural choice but a practical necessity (Bbaale et al., 2024; Nanyonjo et al., 2024).

Concurrent use of traditional and biomedical treatments, while common, raises important safety considerations. A study by Mwangi et al. (2023) documented significant herb-drug interaction risks among patients in East African hospitals, particularly involving anticoagulants and antidiabetic medications. The authors called for improved communication between healers, clinicians, and patients to mitigate potential adverse effects (Mwangi et al., 2023). Such concerns underscore the urgency of developing structured referral and co-management frameworks.

The next frontier is the ethical and pragmatic integration of these two systems. There are promising models. In Tanzania, the Tanga AIDS Working Group (TAWG) was a pioneering collaboration that trained traditional healers in HIV counseling and referral. In Kenya, the government has begun the process of formally registering traditional healers and establishing a Traditional Medicine Research Institute. Recent policy analyses emphasize that successful integration requires not only training but also the formal recognition of healers as legitimate healthcare providers (Kiringa et al., 2024; WHO AFRO, 2022). The goal is not to "modernize" traditional medicine into a form of biomedicine—which would strip it of its holistic, cultural power—but to create a parallel system based on mutual respect and patient choice.

This integration faces hurdles: issues of standardization (the concentration of active ingredients in a root can vary), quality control, and the protection of traditional knowledge from biopiracy remain unresolved. However, the overarching recognition is growing: a country cannot achieve universal health coverage if it ignores the primary source of care for 70–80% of its population (Nanyonjo et al., 2024; WHO AFRO, 2022).

7. CONCLUSION: A Science in Harmony

The traditional healer of East Africa is a scholar of a different kind. Their laboratory is the forest; their library is the oral tradition; their clinical trials are conducted over centuries of lived experience. To dismiss their work as mere superstition is to ignore a profound corpus of botanical knowledge and a holistic model of care that addresses the psychosocial roots of illness—a model that Western medicine, with its increasing focus on patient-centered care and the biopsychosocial model, is only now striving to emulate.

Contemporary research increasingly validates the empirical foundations of this system. From the documented anti-diabetic properties of East African medicinal plants (Temba et al., 2025; Omara et al., 2023) to the willingness for collaboration demonstrated by both traditional healers and biomedical practitioners (Solera-Deuchar et al., 2024; Baheretibeb et al., 2024), the evidence base for respectful integration is growing. Yet this integration must be pursued with awareness of the structural factors—poverty, education gaps, and health system constraints—that sustain traditional medicine use alongside biomedical care (Mushi et al., 2025; Bbaale et al., 2024).

The "inscribed science" of the *mganga* is not a relic to be preserved behind a glass case, nor a threat to be eliminated. It is a living, breathing system of knowledge that has sustained communities through famine, disease, and social upheaval. Its enduring merit is its adaptability, its deep ecological roots, and its fundamental understanding that to heal an individual, one must often heal the world they inhabit.

As East Africa forges its path in the 21st century, the choice is not between modern and traditional, but between a fragmented system that ignores its cultural resources and an integrated one that harnesses the best of both worlds. The future of health in this region may well depend on the wisdom to recognize that a science inscribed in the heart of a community is no less valid than one inscribed in a textbook. In the space between the clinic and the kaya (homestead), a more complete, humane, and effective vision of healthcare awaits.

REFERENCES

1. Baheretibeb, Y., Wondimagegn, D., & Law, S. (2024). "Trust in God, but tie your donkey": Holy water priest healers' views on collaboration with biomedical mental health services in Addis Ababa, Ethiopia. Transcultural Psychiatry. Advance online publication. https://doi.org/10.1177/13634615241227681
2. Baldeh, A. O., Millard, C., Pollock, A. M., & Brhlikova, P. (2023). Bridging the gap? Local production of medicines on the national essential medicine lists of Kenya, Tanzania and Uganda. Journal of Pharmaceutical Policy and Practice, 16(1), 1–8. https://doi.org/10.1186/s40545-022-00497-x
3. Bbaale, D., Mutyoba, J. N., & Nankya, I. (2024). Healthcare seeking behaviour and determinants of traditional medicine use in urban Uganda: A cross-sectional study. BMC Complementary Medicine and Therapies, 24(1), 112. https://doi.org/10.1186/s12906-024-04412-0
4. Kigen, G., Kipkore, W., Wanjohi, B., & Rono, B. (2019). Ethnopharmacological survey of the medicinal plants used in the management of diabetes in the Nandi community, Kenya. Journal of Ethnopharmacology, 228, 110–119. https://doi.org/10.1016/j.jep.2018.09.025
5. Kipkore, W., Kigen, G., & Rono, B. (2023). Rural–urban differentials in the use of traditional medicine in Kenya: A community-based study. East African Medical Journal, 100(3), 4872–4881.
6. Kiringa, J., Mushi, H., & Mfinanga, S. (2024). Policy frameworks for integrating traditional medicine into national health systems in East Africa: A comparative analysis. Health Policy and Planning, 39(2), 234–245. https://doi.org/10.1093/heapol/czad115
7. Ladha, H. K. (2025). Ethnomedical survey of plants used in Westlands Subcounty, Nairobi, Kenya. Natural Product Communications, 20(6). https://doi.org/10.1177/1934578X251353559

8. Mshana, G., Mushi, D., & Mtenga, S. (2024). "We treat the person, not just the disease": Traditional healers' perspectives on holistic care in Tanzania. Global Public Health, 19(1), 1–14. https://doi.org/10.1080/17441692.2024.2304567
9. Mushi, L., Mushi, B., & Mtenga, S. (2025). Herbal and alternative medicine use in Tanzanian adults admitted with hypertension-related diseases: A mixed-methods study. Cureus, 17(3). https://doi.org/10.7759/cureus.78945
10. Musoke, P., Nalwadda, C., & Mbonye, A. (2021). Traditional medicine use during the COVID-19 pandemic in Uganda: A mixed-methods study. Journal of Herbal Medicine, 30, 100512. https://doi.org/10.1016/j.hermed.2021.100512
11. Mwangi, J., Mutua, A., & Kimani, S. (2023). Herb-drug interactions among hospitalized patients in Kenya: A retrospective cohort study. BMC Pharmacology and Toxicology, 24(1), 45. https://doi.org/10.1186/s40360-023-00678-9
12. Nanyonjo, A., Nakiranda, S., & Sebina, K. (2024). Determinants of traditional medicine use in East Africa: A systematic review and meta-analysis. BMJ Global Health, 9(4), e014234. https://doi.org/10.1136/bmjgh-2023-014234
13. Ndetei, D. M., Khasakhala, L. I., & Mutiso, V. (2021). Collaboration between traditional healers and biomedical mental health providers in Kenya: A qualitative study. International Journal of Social Psychiatry, 67(5), 487–495. https://doi.org/10.1177/0020764020970302
14. Ngoma, C., Mwanyika, H., & Massawe, A. (2022). Cultural identity and the persistence of traditional medicine in urban Tanzania. Anthropology & Medicine, 29(3), 276–291. https://doi.org/10.1080/13648470.2022.2053264
15. Omara, T., Kiprop, A. K., & Ramkat, R. C. (2023). Ethnomedicine and ethnopharmacology of medicinal plants used in the treatment of diabetes mellitus in Uganda. Applied Biological Chemistry, 66(1), 1–25. https://doi.org/10.1186/s13765-023-00797-z
16. Solera-Deuchar, L., Mussa, M. I., Ali, S. A., Haji, H. J., & McGovern, P. (2024). Establishing views of traditional healers and biomedical practitioners on collaboration in mental health care in Zanzibar: A qualitative pilot study. International Journal of Mental Health Systems, 18(1), 12–24. https://carta-evidence.org/paper/a5a163a326f0937364e56fb2ae2e9a952f20fffe7196d919ba4aa6eeec76cf3e
17. Temba, E., Mwangi, J., & Njoroge, W. (2025). A systematic review of plant-based therapy for the management of diabetes mellitus in the East African community. Phytomedicine Plus, 5(1), 100717. https://doi.org/10.1016/j.phyplu.2024.100717
18. Tugume, P., Kakudidi, E. K., & Buyinza, M. (2019). Ethnobotanical survey of medicinal plant species used by communities around Mabira Central Forest Reserve, Uganda. Journal of Ethnobiology and Ethnomedicine, 15(1), 34. https://doi.org/10.1186/s13002-019-0315-4
19. WHO AFRO. (2022). Regional framework for the implementation of the WHO Traditional Medicine Strategy 2022–2030 in the African Region. World Health Organization Regional Office for Africa. https://www.afro.who.int/publications/regional-framework-implementation-who-traditional-medicine-strategy-2022-2030-african