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SHORT REPORT

Bridging perspectives: The value of collaboration between Traditional Healing Practitioners and Medical Doctors in dementia research and care in South Africa

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Abstract

INTRODUCTION: Traditional Healing Practitioners (THPs) provide care to the majority of the population in South Africa. Despite their widespread presence, they remain largely excluded from dementia research and policy. This reinforces healthcare inequities and overlooks the realities of communities where THPs provide care.

METHODS: This paper explores the role of THPs in dementia care by examining literature in South Africa. It identifies key barriers to collaboration between THPs and medical doctors and discusses pathways for integration.

RESULTS: Barriers include epistemological historical marginalization, mutual distrust, fragmented care pathways, and language barriers. These challenges hinder knowledge exchange and joint dementia care strategies.

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DISCUSSION: Strengthening relationships through structured engagement, bidirectional knowledge exchange, and ethical collaboration could bridge the gap between THPs and Medical Doctors (MDs). A pluralistic, integrated model valuing both systems could lead to more equitable and effective dementia care.

KEYWORDS
dementia care, Indigenous Knowledge Systems, pluralistic healthcare, South Africa, Traditional Healing Practitioners

Highlights

- The majority of people in South Africa engage with Traditional Healing Practitioners (THPs) as part of their healthcare, yet THPs remain largely excluded from dementia research and policy.
- Barriers to collaboration between THPs and Medical Doctors (MDs) include historical marginalization, mutual distrust, fragmented care pathways, and language differences.
- Integrating THPs and MDs through structured engagement, bidirectional knowledge exchange, and ethical collaboration could enhance dementia care.
- Shifting away from the binary opposition of Indigenous Knowledge Systems (IKS) and biomedical approaches toward a more integrated and collaborative model of dementia care could lead to more equitable and effective healthcare.
- The FUNDISA (Framework for Understanding Neurocognitive Disorders via Indigenous Systems in South Africa) project aims to understand how dementia is conceptualized by THPs and foster collaboration between THPs and MDs to support effective dementia care.

1 | INTRODUCTION

Indigenous Knowledge Systems (IKS) are diverse, evolving, and deeply embedded in cultural, historical, and environmental contexts. Within South Africa alone, IKS reflect the knowledge traditions of multiple linguistic and ethnic groups,[1] making it impossible to define them as a singular, homogenous system.[2] The term "traditional healers" in itself can be misleading if it implies a fixed, essentialist or static body of knowledge. In South Africa, "sangomas"— often categorized as traditional healers—practice within an evolving dynamic intellectual tradition shaped by various influences, including pre-colonial African belief systems, contemporary religious practices, and global healing traditions.[3] The assumption that IKS stand in binary opposition to "modern" or "Western" knowledge is equally problematic, as knowledge systems continuously adapt, intersect, and influence each other over time.[4,5] The World Health Organization (WHO) acknowledges this complexity, defining traditional medicine as "the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses" (WHO, 2019b, p.1).[6] This broad definition attempts to capture the variability of traditional medicine while recognizing its integral role in health and well-being. However, definitions themselves can be problematic when they attempt to reduce multiple, distinct systems into a single framework, overlooking the heterogeneity of IKS across and within societies.[7] In healthcare, this oversimplification has contributed to the marginalization of IKS, despite its continued significance in the lives of millions who rely on it for physical, mental, and spiritual well-being.[8] A more nuanced approach is required—one that acknowledges traditional healing practices as an adaptive, pluralistic, heterogenous body of knowledge that cannot be easily categorized but exists within a continuum of evolving medical and healing traditions. For the purpose of this article, rather than a broad discussion on IKS, the focus will be on Traditional Healing Practitioners (THPs) in South Africa.

By 2050, dementia cases in Africa are projected to increase by 181%, reflecting a rapidly aging population and growing public health concerns.[9] While the WHO recognizes THPs as key stakeholders, their insights and participation remain absent in formal dementia research and policy.[10] Dementia care models that allow for both traditional healing approaches and biomedical approaches may enhance diagnostic pathways and improve overall care of people living with dementia. In

South Africa, for example, THPs outnumber Medical Doctors (MDs) by a ratio of nearly five to one, with approximately 200,000 THPs, compared to 35,000 MDs,[11–13] and serve approximately 70-80% of the population.[14] They potentially play an important role in the care for people living with dementia, yet their perspectives are largely absent from research and policy, reinforcing a disconnect between Indigenous and biomedical systems. Rather than framing THPs and MDs in binary opposition, there is a growing recognition of knowledge hybridity – the idea that blending these systems can yield more congruent and effective healthcare. Both systems have strengths and limitations, and each can complement the other.[7] Embracing this pluralistic approach is especially vital in the context of dementia, where cultural understanding of aging and illness profoundly influences care-seeking and support.

This article will explore structural and epistemological barriers to integration of THPs and MDs in dementia research and care in South Africa. Second, it outlines emerging opportunities and models for collaboration between biomedical and traditional systems, with particular attention to ethical, linguistic, and practical considerations. Finally, the article introduces a new interdisciplinary project—FUNDISA (Framework for Understanding Neurocognitive Disorders via Indigenous Systems in South Africa), outlines how this project was conceptualized, its key aims, and how it may offer a pathway to more integrated, equitable approaches to dementia care and research.

RESEARCH IN CONTEXT

1. **Systematic review**: Dementia cases are significantly increasing in Africa, yet the dominant biomedical approach often neglects Indigenous perspectives, overlooking the reality of a dual healthcare ecosystem. Traditional Healing Practitioners (THPs) play a central role in many African communities but remain largely excluded from formal dementia research and care. The marginalization of THPs limits opportunities for culturally responsive, community-driven interventions.
2. **Interpretation**: Barriers such as historical marginalization, language differences, and lack of structured collaboration hinder full participation of both THPs and Medical Doctors (MDs) in dementia care. A more inclusive approach that integrates both systems into dementia research care could improve outcomes.
3. **Future directions**: Future research should prioritize ethical, participatory collaborations between THPs and MDs to develop culturally relevant dementia care models. Establishing structured engagement mechanisms, such as joint training initiatives and interdisciplinary dialogue platforms, could bridge knowledge systems and improve dementia care pathways. The FUNDISA project serves as a model for understanding how dementia is conceptualized by THPs and developing a common lexicon and framework to be used by both THPs and MDs.

1.1 | History and context of Indigenous knowledge systems in South Africa

To appreciate the role of THPs in dementia care today, it is important to understand the historical trajectory of traditional healing in South Africa. Healing traditions have long addressed ailments like *amafufunyana* (a Xhosa/Zulu term referring to a form of spirit possession often manifested by psychotic or erratic behavior) through communal ceremonies and counselling.[15] While *amafufunyana* is not "dementia," its management illustrates how THPs approached cognitive and mental health conditions with both spiritual and psychosocial techniques, even if they did not categorize them in biomedical terms.

The era of colonialism brought drastic changes to Indigenous systems. European colonizers introduced Christian doctrines and Western medicine and systematically undermined traditional practices which led to policies aimed at eradicating or controlling Indigenous healing.[7] A stark example is the South African government's Suppression of Witchcraft Act 1957 and 1970, which declared traditional medicine unconstitutional and suppressed various spiritual aspects of healing practices and denied the opportunity to advance on their own terms, as colonial powers established biomedicine as the only legitimate health system.[7]

Despite these pressures, traditional healing practices survived by adapting and by the late 20th century, recognition of the value of IKS began to re-emerge. In post-apartheid South Africa, there have been successful efforts to legally recognize and integrate THPs. The Traditional Health Practitioners Act of 2007, for instance, established a framework for regulating and training THPs, affirming that they are part of the healthcare workforce, marking a significant policy shift from earlier decades of suppression. Moreover, research and policy discourse in South Africa since the 1980s have increasingly acknowledged that the vast majority of the population relies on traditional medicine,[3,7,16] highlighting the need for collaboration between THPs and MDs. Understanding this history of both disruption and adaptation is critical to understanding barriers to collaboration and also to formulating respectful partnerships between diverse knowledge systems in South Africa.

1.2 | Barriers to collaboration and pathways to integrating THPs and MDs in dementia care

Barriers to collaboration between THPs and MDs are complex and rooted in cultural, historical, and systemic differences. These barriers can hinder collaboration between THPs and MDs across the healthcare system, including in dementia care. A key challenge is distrust. THPs often face scepticism from MDs, who may not value THPs or their role within the community.[17] Conversely, THPs may distrust MDs due to past experiences of medical colonialism and exclusion from health-

care policy discussions.[18] The appropriation of Indigenous knowledge without proper acknowledgment or compensation remains a concern. Commercializing traditional knowledge for profit, without regard for the community's values or consent, often leads to exploitation. This mutual distrust impedes dialogue and the development of frameworks for collaboration across different knowledge systems.

Language can present a barrier in translating terminology and concepts between THPs and MDs. Indigenous knowledge often exists orally and within cultural contexts that may not be easily translated into clinical terms.[19] This creates challenges in communication and in structuring collaboration that honours both systems equally. Fragmented care pathways further complicate collaboration. In reality, many people navigate both systems, transitioning between THPs and MDs. There are examples, such as Ghana, where biomedical and traditional healthcare exist in parallel.[17,20] However, in other regions no structured referral systems exist to facilitate this dual-care approach leading to delayed diagnoses and inconsistent treatment approaches.[12]

There are also pathways that can be explored to bridge these systems, respecting the values of both while fostering mutual understanding and improving healthcare outcomes. Building trust between THPs and MDs is a long-term process that requires authentic engagement, and a commitment to mutual respect. Collaboration must be based on shared decision-making, respect for autonomy, and long-term relationship-building between THPs and MDs. These efforts to integrate THP and MD systems into dementia research should prioritize ethical, bidirectional collaboration. This requires shifting from extractive research practices to participatory methodologies that center Indigenous voices. Community-Based Participatory Research (CBPR) offers a promising framework for engaging THPs and Indigenous caregivers in dementia studies, ensuring that interventions are culturally relevant and sustainable.[10] Additionally, policymakers should formally recognize THPs as partners in dementia care, developing guidelines for the ethical inclusion of both THPs and MDs in dementia policy discussions and ensuring diverse knowledge systems can make valued contributions. Training programmes that equip THPs with knowledge of biomedical dementia care while also equipping MDs with knowledge on traditional healing practices could facilitate understanding between these knowledge systems and result in more integrated healthcare approaches.[21] Such collaborative joint initiatives that bring together MDs and THPs to discuss dementia management could foster greater mutual understanding and support integrative care models.[22]

Finally, investing in research that moves beyond reductive narratives of traditional healing practices and meaningfully incorporates THP perspectives could promote more equitable and inclusive dementia care models. Such research should facilitate structured engagement that fosters collaboration, knowledge-sharing, and practical integration within healthcare systems. Building on these principles, the following section presents a research initiative designed to operationalize these ideas in practice.

1.3 | The FUNDISA project: Bridging Indigenous and biomedical knowledge in dementia research

The *FUNDISA* project emerged from collaborations between team members as part of the Africa Brain Health Network, and early community-led work supported by the Atlantic Institute through its Equity in Brain Health and Health Equity fellowship programs. In 2023, an imbizo was held in Johannesburg to surface the needs, challenges, and inequities related to dementia care in South Africa. An imbizo is a traditional gathering deeply rooted in the cultural practices of Nguni-speaking communities in Southern Africa.[23] It provides space for open dialogue, collective decision-making, and inclusive consultation, bringing together multiple stakeholders. One theme that emerged was the integral role of THPs in dementia care in South Africa, and opportunity for improved communication between THPs and MDs.[24] The imbizo directly informed the conceptual foundation of FUNDISA and led to the formation of a diverse and multidisciplinary project team with expertise in traditional healing, psychology, neurology, gerontology, research methodology, dementia studies, advocacy and the creative arts, embedded across both biomedical and traditional healing systems.

Now at an early stage, FUNDISA aims to understand how dementia is conceptualized by THPs and to co-develop a culturally relevant lexicon to improve communication between THPs and MDs, researchers, and communities. Many biomedical terms describing dementia-related conditions lack appropriate translations or have different cultural connotations. As a result, misunderstandings between THPs and MDs are common. Through participatory research, the project will engage both THPs and MDs in understanding dementia symptoms and treatment approaches within their knowledge systems, integrating these insights into a broader dementia care framework.

In addition to linguistic alignment, FUNDISA will investigate knowledge, attitudes, and perceptions of dementia among THPs and MDs using validated biomedical scales (such as the Alzheimer's Disease Knowledge Scale and Dementia Attitudes Scale) as well as new measures that will be co-developed with THPs. This dual approach aims to develop an understanding of where THPs and MDs align in their perspectives and where disparities exist. By identifying these differences, FUNDISA will inform training initiatives designed to foster mutual respect and knowledge exchange between THPs and biomedical practitioners.

The FUNDISA project emphasizes bidirectional learning. FUNDISA will prioritize bidirectional collaboration and knowledge co-production. Instead of treating THPs as passive participants in dementia care, the project recognizes their role as knowledge holders who can actively contribute to the development of effective care models.

The FUNDISA process could be, with careful consideration of need, context, and challenges, be adapted and implemented in other areas with heterogenous knowledge systems and approaches to support health. By generating evidence-based recommendations for THP integration, FUNDISA will serve as a model for other regions seeking to

strengthen dementia research and care. Ultimately, FUNDISA aims to respond to many of the challenges outlined in this article, supporting grounded, inclusive models of dementia care and laying the foundation for more integrated research and practice.

2 | CONCLUSION

The projected increasing cases of dementia in South Africa necessitates inclusive and culturally competent research and care models across the healthcare ecosystem. Sensitively expanding dialogue, with sustained and well-designed processes, between THPs and MDs in community-based, spiritual, traditional, or academic environments can strengthen collaborations between THPs and MDs potentially leading to innovations in dementia care that have an impact locally and globally. Dialogical approaches offer one method to respect differences and accept disagreement while working toward a shared vision of improving care for people living with dementia.[25]

Effective dementia care must be responsive to local understandings of health, illness, aging, and cognition. An approach that considers all beneficial knowledge, concepts, and care models, irrespective of source, while respecting, acknowledging, and rewarding those sources, offers the opportunity to improve equitable access to dementia care.

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DECLARATION OF CONSENT

Consent was not necessary

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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