



# The Impact of Traditional Healers on Health Outcomes for Diarrheal Diseases

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## ABSTRACT

Traditional healers play a significant role in healthcare, particularly in rural sub-Saharan Africa, where access to biomedical treatments is often limited. This paper examines the impact of traditional healing practices on managing diarrheal diseases, one of the leading causes of morbidity and mortality, especially among children and women. By examining historical and cultural significance, epidemiological factors, traditional treatment methods, and empirical evidence on healer efficacy, this study highlights both the strengths and limitations of traditional healing. While biomedical approaches remain the dominant treatment method, there is growing recognition of the potential benefits of integrating traditional healers into mainstream healthcare systems. The findings suggest that a combined approach could enhance healthcare accessibility and effectiveness, particularly in underserved areas.

**Keywords:** Traditional healers, diarrheal diseases, sub-Saharan Africa, alternative medicine, biomedical integration, public health.

## INTRODUCTION

This paper assesses the effect that the practice of traditional healing has on the management of diarrheal diseases. Studies investigating biomedical treatments for diarrheal diseases are wide-ranging; interventions include vaccines, nutritional supplements, and local pharmacies selling zinc. Non-biomedical, or traditional, health interventions have not been examined as thoroughly. In the diagnosis and treatment of disease, many rural sub-Saharan Africans, particularly in the more remote village regions, prefer traditional healers to professionals trained with biomedical treatments. While the publication of traditional healers is more common, studies evaluating traditional healer interventions have focused on Western medicine utilization rather than health outcomes. A few recent papers have analyzed the effectiveness of traditional healers in successfully treating patients. The studies found a swap between healers depending on the ailment and a willingness to switch if the initial healer failed at the requested task [1, 2]. More research is needed to discover how extensively two healing systems may overlap in a community to understand if combining them would improve health responses. In this paper, the focus is on investigating this interaction in attempting to manage diarrheal disease, one of the leading causes of death in both women and children. Any conclusions are thus particularly relevant to sub-Saharan Africa, specifically rural locations. These remote locales are more reliant on traditional healers due to low population density and sparse or non-existent access to other sources of treatments, such as pharmacies or hospitals. The way of traditional healing follows a cultural rather than medicinal methodology, but it still operates towards a goal of healthcare. Thus, in order for interventions at clinics to be successful, acceptance of healthcare behavior increases. The key participants in traditional healing are their therapists. The power surrounding the rituals and treatments of traditional healers takes on attention and credibility in the particularly spiritual context of the healer and the community. The goal of the following discussion is to focus on the mediators' plans in efforts touching on the credibility and effectiveness of tasks [3, 4].

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### **Historical and Cultural Significance of Traditional Healers**

Healing and medicine are ancient human activities with antecedents in the earliest civilizations of Egypt, India, China, Mesopotamia, Greece, and Rome. Traditions of local medicine predate written records. Across generations, all cultures have developed, honed, handed down, and modified traditional and natural healing techniques. Traditional healers, known around the world by an array of names and titles ranging from the respectable to the derogatory, address the ills of local populations using the healing traditions native to a given place and time. Today, traditional healers use a variety of practical and mixed methods to holistically address the emotional, spiritual, and biological components of ailments. Their traditional healing methods and practices emerge from countless generations of adaptation and experimentation, and they are inextricably linked to the local culture and customs in which they are practiced [5, 6]. Modern medicine has a historical ascendancy among practitioners and is the focus of the global health enterprise. This preference for biomedicine and its technological diagnostics and treatments is due to its unrivaled capacity to detect, avert, and intervene during public health crises. Yet indigenous populations around the world continue to call upon, participate with, and trust traditional healers. Aside from impinging on internal global health discussions and the structure of complex health interventions, traditional healers' approaches concern an engrossing social study. In practice, traditional healers from diverse settings bring many methodologies to their work, including diagnosis, ritual and traditional medicine use, manipulation, and counseling. These methods and the structure of traditional healing practices are ever-changing, as traditional medicine adapts to local settings. The diversification into various settings is anything but standard, but traditional formats organize today's community health workers within biomedical health setups that unauthorized practice apart [7, 8].

### **Epidemiology of Diarrheal Diseases**

Diarrheal diseases are extremely complex, and lessening the burden of this illness will not be an easy feat for worldwide public health efforts. Analyses of morbidity and mortality data indicate that diarrheal diseases are extremely common, with little variation in the distribution of these diseases throughout the world. The majority of cases of clinical illness are easily cared for by simple measures or are self-limited. As a result, morbidity data may seriously underrepresent the actual burden of diarrheal disease. The direct cause of a diarrheal illness and poor outcome is generally not straightforward and is attributable to one factor but involves a mix of microbial, host, and environmental factors. Examples include various types of *E. coli* [9, 10]. There are around 2 billion cases of diarrheal diseases each year due to a wide number of different pathogens such as noroviruses, rotaviruses, bacterial pathogens, and protozoan infections. Rotaviruses and noroviruses cause approximately 450 million cases of diarrhea globally each year, with rotavirus being the cause of 213,000 deaths worldwide, while noroviruses are responsible for the majority of severe cases in adults and cause significant morbidity in the developing world. Infections of *E. histolytica* cause approximately 35–50 million symptomatic cases each year, which result in approximately 40,000–110,000 deaths each year worldwide. The number of victims of diarrheal infections points to the magnitude of this public health problem. Predictors of the quality of individual treatment by medical health care include the cost, beliefs, and the severity of strain on the health of adults who make individual treatment decisions [11, 12].

### **Traditional Healing Practices for Diarrheal Diseases**

Treatment of disease often begins at home, with care provided by family members who have learned their craft from earlier generations. In all communities, from foraging to industrial societies, local healers have the knowledge and tradition to treat simple and complicated cases of illnesses, which include signs and symptoms of diarrhea. In these communities, treatment options for the person with diarrhea are considerable. There are traditional treatments, as well as biomedicine professionals, who have spent numerous years in formal training to address complex diseases. This paper outlines some of the details about these traditional treatments, using diarrhea as a model system. Although a list of plants is included, it is important to note that the practice of traditional healers is much more than a list of plants. Each traditional healer is a product of the particular culture and society to which they belong and so is an individual practitioner [13, 14]. Diarrheal disease and its symptoms are one of the most common ailments for which people in many parts of the world use traditional healers. Many pieces of anecdotal information argue that local healers are very effective and that their medication is strong and effective. However, there are challenges to traditional treatments for diarrhea in many places. All over the world, doctors trained in medical school and in the double-blind study look at people who heal with plants as corrupt. They haven't done the right rituals or don't really know the plants, so they expect the results to be negative. In larger towns and with increasing treatment by Western biomedical staff, it may be

forgotten in textbooks about the importance of local healers for health care. Many anthropologists and community health workers agree that Western-style biomedical medicine is partially ineffective in treating certain types of illness without the use of psycho-spiritual rituals. Animal and human spirits as causes of illness are not well understood by Western MDs, so the application of local wisdom is essential. Though not well understood, each of these practitioners uses some combination of material and psycho-spiritual means of healing. Because there is no gold standard for naming the perfect cure for all flavors of diarrhea, a combination can be useful in any given case [15, 16].

### **Evidence-Based Research on The Efficacy of Traditional Healers**

Much of the available evidence used to support the efficacy of traditional healers is anecdotal and qualitative, and therefore is difficult to interpret in quantitative terms. Empirical studies that have sought to link healers with health outcomes generally do so in one of two ways. The qualitative approach almost always relies on interviews and sometimes direct observations of patients who both see conventional health professionals and those who turn to traditional remedies. This approach is useful for providing better insight into the decision process and some possible determinants of choice, such as the limited impact of such characteristics as travel distance or cost. However, it does not allow one to differentiate within a treatment category because there is no attempt to follow a standard treatment protocol. The quantitative approach attempts to use standard output measures to compare health outcomes for patients who choose traditional or conventional care [17, 18]. Research designs, especially environments, are widely varied. Some studies involve one or a small number of healers, and some are small-scale anthropological studies, while others cover all healers in large, diverse populations. Similarly, some studies analyze the results of large numbers of individual diseases, while others involve case studies. Because observer characteristics and the progression of the treatment protocol by the same healer are known, some of the studies are experiments in nature, while others are purely observational. The healer profession is known to have considerable heterogeneity; besides, there are no real standard treatment protocols, and healers often distinguish themselves in terms of their beliefs, the diagnoses they make, and what they believe is the best intervention. Efforts to make traditional medicine more science-based are underway; however, at present, no research exists that establishes the efficacy of healers' treatments in an empirically sound manner. We critically assess the results of some of the empirical research. Randomized controlled trials have the best capacity to provide valid answers; however, low grades of social science, the variability of such issues as the intervention, the social context, and especially the availability and acceptance of healers, and the existence of externalities, make separating the effects of the treatments more difficult and generalizing about their effect more tenuous. Reputation constraints, the belief that alternatives are either untested or without any other purpose, trust, and the hope that a minister who is also a community member can help are important components of the decision to treat at the local level, which is fundamental to a classical microeconomic analysis of treatment. Societies and individuals make decisions often based on historical experience, without using conventional theories of human economic behavior. Finally, while many medicines and treatments are of no interest to conventional science, integrating the best of what healers do into a broader framework is in the realm of the possible and desirable in the future [16, 19].

### **Integration of Traditional Healers into Biomedical Healthcare Systems**

In many countries, both health care systems and the healers who operate within them are rapidly changing in response to globalization, modernization, and privatization. Despite these changes, traditional healing and medicine continue to be highly important components of health care systems in many countries throughout the world. Yet, around the world, traditional healing professions have often been left out of, or marginalized within, national systemic approaches to the regulation and provision of health care. Many national health care systems are concerned only with those healers with biomedical knowledge, and multi-ethnic societies have implemented mainstreaming forums for groups representing various forms of traditional healing; these nations often were never ruled by colonial powers or were effectively colonized. The resolutions acknowledge this local decision and seek to influence nations that have decided to establish national systems that do not discriminate against traditional healing. They also recommend that nations collaborate to improve the contribution of traditional healing to health systems [20, 21, 22, 23, 24, 25]. Additionally, models of closer integration and cooperation of practitioners of traditional, complementary, and alternative medicines with the biomedical health care sector have evolved sporadically in response to practical health care needs in a variety of situations and societies. Contracting and collaboration of traditional medicine with the Ministry of Health is more advanced in some countries than others; a good example of success to date is Vietnam. The contracting process has resulted in better

regulatory systems, covering traditional, complementary, and alternative medicines, and is the beginning of an integration process in that country. The Vietnam model is, however, complex, and its degree of replication in Vietnam and in other countries will vary according to health care needs, political, and social context. Integration and partnerships between traditional, complementary, and alternative medicine users/providers with biological resource research, development, and protection as a means to further the future potential of traditional, complementary, and alternative medicine. In some countries, traditional, complementary, and alternative medicine pharmacopoeias are integrated into national health policy [22, 23, 24, 25].

## CONCLUSION

Traditional healers continue to be a cornerstone of healthcare in many rural communities, offering culturally relevant treatments for diarrheal diseases. While their efficacy remains debated due to the lack of standardized protocols and empirical validation, their widespread use underscores the need for a more inclusive healthcare approach. Integrating traditional healing with biomedical healthcare could improve patient outcomes by leveraging the strengths of both systems. Future research should focus on rigorous, evidence-based assessments of traditional healing methods and explore structured collaborations between traditional and biomedical practitioners. Recognizing and legitimizing traditional healers within healthcare frameworks could bridge critical gaps in global health efforts, particularly in regions where biomedical access remains limited.

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