



Short Communication

Healing Beyond Biomedicine: Medical Anthropology and the Role of Traditional Healers in Sudan

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Abstract

Traditional healers remain central to healthcare in many African societies, including Sudan, where up to 80% of the population seek their guidance. These practitioners—ranging from herbalists and spirit mediums to Islamic healers like *Fugara* (Qur'anic healers) and *sheikhs*—offer care rooted in cultural traditions, social ties, and spiritual beliefs. Despite this, they are often marginalized by biomedical practitioners and viewed with suspicion because of concerns about safety, lack of standardization, and delays in seeking biomedical treatment. This article presents a more nuanced understanding of traditional healing through the lens of medical anthropology, which highlights cultural contexts, symbolic healing, explanatory models, and medical pluralism. In Sudan, where formal health systems have been weakened by conflict and resource limitations, the importance of traditional healers becomes particularly evident. Medical anthropology offers qualitative tools—such as ethnographic methods—to understand the lived experiences and health-seeking behaviors of individuals navigating multiple healthcare systems. The paper also critiques the power dynamics between Western biomedical systems and indigenous knowledge, discussing collaborative, culturally sensitive approaches rather than imposed interventions. Recent research challenges simple narratives about traditional healing, illustrating that access is not always based on cost or availability but on deeper social and symbolic meanings. Ultimately, the article suggests integrating traditional healers as partners in health care, not as competitors or obstacles.

Keywords: medical anthropology, traditional medicine, health behavior, healthcare disparities, qualitative research

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1. Traditional Healers in Sudan – Context

Traditional healers in African societies, including Sudan, serve both as medical and spiritual practitioners; about 60% to 80% of the population in Africa consults traditional healers [1]. Their authority often comes from lineage, initiation, or spiritual revelation. These healers include herbalists, diviners, spirit mediums, and Islamic faith-based practitioners such as *fugara* and *sheikhs* [2, 3].

It is therefore important to challenge existing narratives that marginalize these healers. For a long time, traditional healers have been viewed with suspicion by biomedical practitioners, often perceived not as collaborators but as barriers to effective healthcare. They are frequently blamed for delays in patients seeking biomedical diagnosis, treatment, or surgical procedures, especially when early biomedical intervention is critical [4]. From the perspective of many medical professionals, traditional healing is sometimes seen as a last resort for individuals who cannot afford the high costs of biomedical services or those living in remote areas with limited access to hospitals and clinics [5].

Concerns about the efficacy and safety of traditional healing practices have long dominated biomedical discourse. Traditional treatments are often criticized for lacking standardized dosages, diagnostic tools, and clinical trials to verify their outcomes [6]. These critiques have contributed to a widespread perception that traditional healers operate in a realm of unscientific or potentially harmful practices. However, such views overlook the complex cultural, spiritual, and social aspects of health embedded in traditional healing systems, especially in African contexts where health is

viewed as a balance among physical, social, and spiritual realms [7].

2. The Anthropological Lens

Medical anthropology explores how cultural, social, and political factors influence health and illness. It helps explain the causes of poor health, the treatments people believe in, and whom they turn to when they are sick. It also studies how these beliefs and practices relate to biological changes in the human body, in both health and disease [8]. Claude Lévi-Strauss developed a comparative approach that seeks to find universal aspects while documenting diversity to better understand cultural phenomena. He introduced the idea of symbolic healing, suggesting that rituals and myths serve as a bridge for understanding meaning between illness and recovery, making healing understandable through cultural expressions [9]. Kleinman's theory of explanatory models further clarifies how patients and healers create culturally rooted stories of illness and recovery [10]. Durie's Indigenous health model emphasizes the importance of incorporating local knowledge into interventions, prioritizing partnership over imposing solutions [11]. In Sudan, these theories have practical relevance. Symbolic healing, for example, explains the significance of Qur'anic verses in cleansing and recovery rituals.

Medical anthropology also investigates the idea of medical pluralism, which refers to the coexistence of different treatment systems, such as conventional biomedical methods and traditional healing practices, available to individuals in a given setting [12]. In Sudan, several treatment systems exist for health and illness, incorporating healthcare strategies that combine traditional and biomedical medicine.

Some sub-Saharan African countries have introduced traditional medicine services into mainstream healthcare to formally recognize the traditional medicine system, attempting to bridge the community-level gap by recruiting religious leaders and community healthcare workers into the health system. However, traditional services are still generally practiced in parallel rather than being fully integrated into health systems [13]. The World Health Organization (WHO)'s Traditional Medicine Strategy 2014–2023 also urged states to regulate and incorporate healers into national health systems, though with varying success [14].

Medical anthropology also explores the sociopolitical, economic, and cultural elements that make up global health challenges. Key to this connection is the role of power, which appears in many forms and influences health policy, treatment methods, and relations between groups. It is important to recognize and incorporate local knowledge into health efforts, a point highlighted by Mason Durie [11].

A key question is who defines valid knowledge and whose perspectives are prioritized. Western biomedical methods often carry out interventions “for” communities, which shows a power dynamic where the community remains passive and Western actors are active. However, an alternative is to implement interventions “with” communities, promoting shared power and active local involvement in decision-making. This approach not only helps reduce power imbalances but also improves the effectiveness of interventions by making them more culturally appropriate and suited to the specific context.

3. Policy Implications: Toward Collaborative Care

Recent anthropological research has challenged simplistic views of traditional healers. For example,

Schurer *et al.* (2023) reported that “I sold my towel and shoes to pay the traditional healer” [16], demonstrating that healers are not always affordable but may hold such symbolic value that patients are willing to sacrifice to access them. This highlights the importance of moving beyond binary distinctions between traditional and biomedical systems, instead recognizing healers as community partners [17].

In Sudan, medical anthropology is growing more important, mainly because it relies on qualitative methods to generate knowledge [18]. Ethnographic observation, for example, provides a rich, detailed, and in-depth understanding, which is valuable for exploring individuals' experiences and perceptions. It is important to understand that no single research method is inherently better; instead, its usefulness depends on specific research goals [18]. Qualitative and quantitative research approaches have different epistemological strengths and can complement each other: quantitative methods examine the effects of certain conditions on an outcome, usually with numerical data, while qualitative methods offer deeper insights into real-world problems and help build knowledge by taking a holistic view that preserves the complexity of the phenomena under study [19]. Rapid ethnography and participatory action research could be used to produce actionable data for nongovernmental organizations and the Ministry of Health, even in regions affected by conflict.

4. Reimagining Care in Crisis

In regions, especially those affected by war, traditional healers are the most accessible and trusted healthcare providers, offering culturally relevant care that is holistic and affordable. In the context of Sudan, where war is severely compromising the formal health system [20], traditional healers will

play a crucial role in maintaining community health resilience.

Medical anthropology will provide essential tools by developing a framework that transcends biomedical paradigms through a deep understanding of the new context, thereby engaging with the cultural, spiritual, and social aspects of illness and healing.

The ongoing conflict, displacement, and humanitarian crisis highlight the importance of qualitative and ethnographic methodologies. These methods are uniquely suited to capturing the nuanced ways in which people navigate illness, provide care, and endure suffering within pluralistic healthcare landscapes.

Traditional healers are not just practitioners of alternative medicine but also protectors of cultural identity, spiritual continuity, and local resilience. Recognizing their role is important for culturally sensitive care.

Therefore, medical anthropology does more than explain the role of traditional healers; it also challenges us to rethink the very ideas of care, legitimacy, and collaboration within health systems facing uncertainty, inequality, and transitions. In Sudan, as in many other global settings, it is time to shift from viewing traditional healers as opponents of modern medicine to recognizing them as essential allies in achieving community-centered health and healing.

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Author Contributions

The author is responsible for all aspects of the work.

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