Panel ABSTRACT

Panel 20: Interrogating medical pluralism in Global Health: navigating diverse forms of healing and caring in the contemporary healthcare framework

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Abstract: Today, different forms of healing and caring are increasingly contaminating each other, facing the emerging challenges from epidemiological and healthcare system crises that have revealed the inability of Western biomedicine to generalise the frameworks of healthcare provision. This situation witnesses the significantly increasing proportion of traditional and/or new methods of care and healing in patients' choices. In this context, we acknowledge that the distinction of healthcare concepts between the Global North and the Global South has formed an expanding ground of pluralism. Since 2002, the World Health Organisation (WHO) has underlined the importance of taking into account all different forms of care for a global view of caring and healing. The WHO highlighted the role of "traditional", "complementary", "integrative" and "alternative" medicines in developing "a global strategy to foster its appropriate integration, regulation and supervision" (WHO, 2013, p. 7). The consecutive introduction of relevant policies (WHO, 2002; WHO, 2013; WHO, 2024) further revealed the necessity of plural perspectives to perceive and practise healing and caring at both macro and micro levels.
In this panel, we invite empirical and theoretical contributions that reflect on how plural perspectives can facilitate a better understanding of the global health context. We hope to push the thoughts based on, but not limited to the following questions: What systems of care corroborate to define and carry out medical pluralism in different contexts of healthcare today? How can this contribute to more profound improvement of the Global Health framework?

SESSION SCHEDULE

17.09.2025 | Slot 1 & 2 & 3 | 4-0-4

Bregje De Kok, Sylvia Gyan, Linda Yevoo, Daniel Arhinful: Re-worlding reproductive knowledge: Whose and what knowledge counts?

Andreadi Simanjuntak, Fotarisman Zaluchu: Interrogating the Use of Ginger to Understand the Complexity of Bataknese Notions of Well-Being

Alex Gateri: Medical Pluralism in Global Health and One Health: The Chagga medicine and antimicrobial optimization efforts

Avilasha Ghosh: Medical Multiplicity and Care Rationalities in the Local Clinics of Delhi

Gregory Haimovich, Herlinda Márquez Mora: Indigenous Midwifery in the Sierra Norte de Puebla: Exploring the Limits of Medical Pluralism

Baris Kamyab Muhammedrezai: Intersecting Healing Systems: Medical Pluralism, Psychiatry, and Religion in Turkey.

Simona Maisano: Navigating Pluralism: Ethnographic Insights from Multilingual Healthcare Encounters

Sachi Matsuoka: The Changing Landscape of Plurality in Ayurveda in Kerala, India: Interactions Between Institutional Medicine and Informal Practitioners 'Vaidyams'

Yuri Nonami: Community-Based Practice of Ayurveda in Japan: A Case Study from Miyazaki Prefecture

Maria Trifon: Healing at the crossroads: medical pluralism and Orthodox Christian spirituality in Romania

Prashant Vijay: Confrontation and Coexistence: Medical Pluralism among Gond Community of Chhattisgarh, India

Kh Neil Young: Rethinking Health Pluralism through Traditional Healing System: A Sociological Exploration of the Poumai Naga Community

SESSION PAPERS

Re-worlding reproductive knowledge: Whose and what knowledge counts?

Bregje De Kok, Sylvia Gyan, Linda Yevoo, Daniel Arhinful

Medical pluralism has always been a key focus of medical anthropology, and the rise of decolonial thought has both increased attention and shifted our thinking regarding how different knowledge traditions can or should combine to foster health and well-being. Drawing on Ndlovu-Gatsheni's (2023) ideas concerning re-worlding the world from the Global South, we explore how we can challenge colonial healing frameworks and move beyond the 'foreign gaze' in relation to maternal health and well-being, and birth care. How can we de-center biomedicine, and value diverse knowledge traditions to achieve reproductive justice, without romanticization? Maternal health efforts in sub-Saharan Africa rely on biomedicine. Anthropologists, often US-based, have critiqued biomedicine for being 'authoritative knowledge' that shifts power from women to experts, and colonizes and de-values other birth traditions. However, our hospital ethnography of care for women with (pre)eclampsia in Ghanaian hospitals shows how religious, indigenous

and embodied knowledges combine and co-shape (medical) maternity care. Health practitioners often negotiate different knowledge traditions and the interests of different knowledge bearers (e.g. pastors, husbands). We seek to learn from how Ghanaian health practitioners navigate diverse forms of healing and whilst we explicate the context-bound value of 'alternative' healing traditions and knowledges, we remain critical. Like biomedicine, religious and indigenous birth practices may serve capitalist or patriarchal interests more than women's and can lead to epistemic and reproductive dominance. We argue for de-centering all birth and healing-related knowledges, not just biomedicine, in order to promote epistemic freedom, reproductive justice and global (maternal and reproductive) health.

Interrogating the Use of Ginger to Understand the Complexity of Bataknese Notions of Well-Being

Andreadi Simanjuntak, Fotarisman Zaluchu

Ginger (Zingiber officinale) is a merely simple plant that easy to grow every where maintain by anyone. Yet, it serves as a powerful medium where belief systems, rituals, and traditional healing practices intersect. Ginger has traveled through years of human history, evolving into a significant element of health and wellness traditions across cultures.

Our research highlights ginger's significant role in Bataknese ritual practices. Beyond its value as a culinary ingredient believed to promote health, ginger carries strong symbolic meaning in both social and spiritual realms. In house-entering rituals, it is scattered around the home to ward off negative energies and placed at the entrance as a sign of spiritual cleansing and safeguard.

A central ritual features “nitak”, a ginger-based dish served during house-warming ceremonies. Its communal consumption symbolizes shared well-being between the homeowners and guests. At its most potent, “nitak gurgur” is believed to boost prosperity and protect against illness. When sickness occurs, nitak is offered as a healing food, thought to “paulak tondi” or recall the spirit to the body. Thus, ginger acts not only as a therapeutic substance but also as a spiritual medium in holistic healing.

Through this presentation, we examine how ginger transcends its botanical identity and becomes a cultural and spiritual artifact. We aim to interrogate the limitations of biomedical frameworks that reduce ginger to a mere herbal supplement, neglecting its deeper cultural meanings and ritual capability in Bataknese conceptions of well-being.

Medical Pluralism in Global Health and One Health: The Chagga medicine and antimicrobial optimization efforts

Alex Gateri

Medical pluralism, as a theoretical and operational perspective, is as central in medical anthropology as it is in global health today. Although biomedicine seems dominant, traditional (ethno) medicine predate the biomedical practices and continues to offer healing and care solutions across societies. The role of herbal medicine, shamanism among other forms is still under research and debate. One emerging question is to what extent ‘alternative’ medicine interacts with global health, one health aspirations?

I conducted an ethnographic fieldwork in Moshi Rural District of the Kilimanjaro region of Tanzania. Interacting with the locals, farmers, veterinarians, pharmacists and clinicians, I wanted to understand the conditions of antimicrobial use (AMU). I found that the question of AMU invokes medical pluralism in a nuanced way. In a bid to reduce deployment of synthetic antibiotics, some farmers use herbal medicines for their animals. This could be a way of optimizing animal AMU. Also, farmers tend to use human antibiotics for animals. This cross-over use, is 'alternative' for animal health but with antimicrobial resistance issues across species because of resistance pathways between humans and animals. I also found a common practice of human use of herbal medicines for common ailments that would otherwise call for antibiotic deployment. Although this could support antibiotic optimization efforts, it creates friction with public health concerns over the efficacy and safety control measures.
AMU is both a Global Health and One Health issue. In this ethnographic work, it interacts with 'alternative', herbal medicine to provoke thought in Global Health framework.

Medical Multiplicity and Care Rationalities in the Local Clinics of Delhi

Avilasha Ghosh

My paper examines the ways in which multiple trajectories of care in private clinics connect with the multiple rationalities of patients diagnosed with chronic illnesses in India. Drawing on my PhD fieldwork in private, local clinics dealing in the medical traditions of homeopathy, biomedicine, and Ayurveda in the capital city of Delhi, I first examine the distinctive yet overlapping ways in which the diagnosis and therapy around chronic metabolic illnesses (Type-2 diabetes and obesity) are conceptualised and practiced by specialised healthcare providers. Here, I focus on the concept of 'medical multiplicity' and how its increasing use in clinical therapies challenges the overarching dominance of biomedicine in India's healthcare landscape. Additionally, the paper discusses narratives of doctors and patients who use two or more medical systems in chronic therapies in private clinics to show how the coexistence of multiple yet conflicting medical systems in clinical therapies can offer chronic patients more than one way of understanding disease(s), resulting in the deployment multiple rationalities in care decisions, which may not always coincide with the scientific rationality of trained physicians. In doing so, the paper highlights the centrality of multiple modes of healing in people's understanding of long-term care and well-being concerning chronic disease management.

Indigenous Midwifery in the Sierra Norte de Puebla: Exploring the Limits of Medical Pluralism

Gregory Haimovich, Herlinda Márquez Mora

In the Indigenous communities of the Sierra Norte de Puebla, a region in Mexico, traditional medicinal practices have coexisted with biomedical health services for several decades. Notwithstanding the dominant role of biomedicine, the initially negative attitude of public health authorities towards Indigenous medicine and its practitioners recently changed to a more tolerant one. Non-biomedical health care is even given support

through the establishment of so-called “modules of traditional medicine”, where Indigenous curers of different specializations can receive patients on a daily basis. However, one category of practitioners of Indigenous medicine – midwives, or parteras – still struggle to achieve legitimization, or, in many cases, have given up on attempts to legitimize themselves. In our surveys and interviews with Indigenous medicine practitioners in Nahuatl-speaking communities, we discovered that midwifery was the most endangered specialization of traditional medicine, which also resulted in the dwindling traditional knowledge of how to treat women-specific illnesses.
The goal of our presentation is to discuss how and why medical pluralism in Mexico, despite its advances, largely bypasses obstetrics and thus further marginalizes the health care traditions of Indigenous peoples. It will show how the growing role of the state legal system in public health, which prioritizes accountability and population control in matters related to childbirth, reinforces the power imbalance between biomedicine and Indigenous medicinal traditions. Finally, the presentation will discuss the importance of the Sierra Norte de Puebla case for promoting and implementing pluralistic practices in obstetrics on a global scale.

Intersecting Healing Systems: Medical Pluralism, Psychiatry, and Religion in Turkey.

Baris Kamyab Muhammedrezai

Shaped by Mustafa Kemal Atatürk's reforms, contemporary Turkish secularism is a multifaceted subject that affects many aspects of the daily lives of individuals living in Turkey. Examining this subject from the perspective of healthcare, the historical and political legacy of Turkish secularism has developed a system in which Western biomedicine holds hegemony over religious complementary and alternative medicine (CAM) practices. Nonetheless, this hegemony does not lead patients to dismiss the utilization of religious CAM methods, and this article is positioned within this intersection. By utilizing the ethnographic approach, including semi-structured interviews, this article focuses on the lived experiences of psychiatrists, imams, patients, and their families, highlighting the intricacies of medical pluralism in contemporary Turkey. It focuses on the coexistence of multiple epistemological frameworks regarding illness, balancing Western biomedicine with local interpretations of health and illness rooted in cultural and religious views. This study underscores the critical need for a culturally sensitive approach to mental healthcare in Turkey that recognizes the coexistence of diverse healing traditions. It contributes to the topic of global mental health by offering an analysis of medical pluralism in Turkey, providing insight into the socio-political dynamics that shape healthcare choices, and highlighting how religious CAM practices persist despite the dominance of biomedicine within a secular state.

Navigating Pluralism: Ethnographic Insights from Multilingual Healthcare Encounters

Simona Maisano

Cultural diversity in contemporary societies has posed significant challenges in the different forms of health and caring that Western biomedicine has to answer to. In this

context of transformation, multilingual and multicultural clinical encounters provide a privileged lens to observe how patients and practitioners navigate between biomedical frameworks and alternative or traditional understandings of health. This contribution explores how the complex interactions within multilingual healthcare settings, might reflect a broader system where language, power, and care intersect. Drawing on ethnographic fieldwork conducted in three outpatient clinics in Italy, I reflect on how linguistic and cultural barriers contribute to shaping the experience of care. In doing so, I take into account both the cultural nature of health and its definitions, and how power is enacted and negotiated where linguistic competence, medical knowledge, and cultural sensitivity meet.
Through an analysis of ethnographic vignettes and excerpts of conversations between the actors involved that were noted down in the field diary of a participant observation day, the research focuses on how power is acted and negotiated in the setting. To do so, the study aims to build a bridge between the analysis of the micro level of the language's role in constructing the patient's identity and the healthcare professional's authority, and the macro level of the structural dynamics in which the language is produced and reproduced, considering the role of language not only as a tool for communication but also as a mechanism through which social hierarchies and identities are negotiated.

The Changing Landscape of Plurality in Ayurveda in Kerala, India: Interactions Between Institutional Medicine and Informal Practitioners 'Vaidyams'

Sachi Matsuoka

This paper explores the dynamics of Ayurvedic pluralism in Kerala, India, by examining the interactions between the institutionalized Ayurvedic system and informal traditional healers, known locally as Vaidyams. Drawing on ethnographic observations and interviews with Ayurveda doctors, healers, and patients, the study reveals how the diverse forms of healing that operate under the umbrella of Ayurveda—often perceived as fixed or unified—actually coexist, compete, and occasionally collaborate in everyday practice. Kerala, with its unique history of Ayurveda integrated with local traditions, alongside a robust public health infrastructure, provides a compelling setting for investigating how informal practitioners continue to negotiate their legitimacy and relevance in contemporary society.
The paper critically engages with the tensions and convergences between formal regulatory frameworks and lived healing practices, highlighting the frictions and fluidities that characterize pluralistic health systems. These include struggles over authority and recognition, as well as adaptive, hybrid practices that blur boundaries between formal and informal, traditional and modern.
By interrogating these intersections, the paper contributes to broader debates in medical anthropology concerning hierarchies of medical knowledge, therapeutic legitimacy, and the shifting boundaries of care within the global health landscape. Ultimately, it calls for a more nuanced understanding of Ayurveda—not as a monolithic tradition, but as a dynamic and internally plural system shaped by local histories, institutional forces, and everyday practices.

Community-Based Practice of Ayurveda in Japan: A Case Study from Miyazaki

Prefecture

Yuri Nonami

Ayurveda is recognized as a form of complementary and alternative medicine (CAM) in Japan (Uebaba, 2002). Following the global rise of CAM in the 1990s, Japan has seen an influx of diverse medical systems from around the world, fostering a pluralistic medical environment in which Ayurveda plays a significant role (Yamashita, 2002).
The application of Ayurveda in Japan is wide-ranging: some individuals receive oil massages at esthetic salons for relaxation purposes, while others travel to India or Sri Lanka for 2–3 weeks to undergo treatment as part of medical tourism. Additionally, there are those who study Ayurvedic principles and incorporate them into their daily routines to maintain personal health.
This presentation focuses on a community-based initiative in Miyazaki Prefecture that incorporates Ayurveda into regional healthcare. It examines how Ayurveda is practiced locally and evaluates its contribution to the health and well-being of community residents. The analysis is based on fieldwork conducted in 2024, including interviews with practitioners and clients affiliated with an Ayurvedic outreach organization, as well as participant observation during a three-day residential retreat.
This study argues that for imported medical practices to be effectively implemented and sustained, it is essential for practitioners to adapt them creatively to align with local environments and lifestyles.

Healing at the crossroads: medical pluralism and Orthodox Christian spirituality in Romania

Maria Trifon

This paper explores the intersections of medical pluralism and Orthodox Christian spirituality in contemporary Romania, where the dominance of biomedical paradigms increasingly coexists with alternative forms of healing. Drawing on ethnographic research and biographical narratives, it examines how individuals diagnosed with chronic or autoimmune illnesses navigate between biomedicine, integrative, complementary and alternative medicine (CAM), and spiritual practices rooted in Orthodox Christianity.
Medical pluralism is a latent presence in appearance, but well anchored in the Romanian everyday reality. Seeking to understand where medical and spiritual practices intersect in the Romanian Orthodox Christian cultural landscape, I documented the experiences of several individuals who resort to alternative medical treatments. Both CAM and Orthodox Christianity offer holistic and processual understandings of health, illness, and healing, often emphasizing community, embodiment, and the moral dimensions of care. Patients engaging in these pluralistic therapeutic strategies construct hybrid health trajectories that reflect broader global shifts in how healing is conceptualized and practiced. Their choices point to a growing dissatisfaction with the limitations of biomedical frameworks and a desire to stabilize personal worldviews within diverse treatment schemes.
By foregrounding lived experiences, this paper contributes to broader discussions on global health pluralism. It illustrates how localized spiritual and communal practices shape responses to systemic healthcare challenges, especially in the context of precarious, overburdened and underperforming healthcare systems like the Romanian

one. These plural perspectives open new possibilities for understanding health as both a personal and collective negotiation.

Confrontation and Coexistence: Medical Pluralism among Gond Community of Chhattisgarh, India

Prashant Vijay

This paper explores the practice of different types of healthcare systems among Gonds in Central India. The Gond community, one of the largest tribal groups, is known for its profound knowledge of ethnomedicine and faith-based healing practices. This knowledge passed down through generations, is a testament to the Gond community's rich cultural heritage and resilience. The traditional head of Gond village is known as Dewar, who also assumes the role of magico-religious and ethnomedical expert for the village people. After the arrival of the modern healthcare system in Gond villages, the power and position of Dewar are threatened regarding the health and well-being of the Gond people. Thus, it marks the confrontation point for traditional and modern healthcare Systems.

This paper is based on an ethnographic study of a Gond village situated near the boundary of a reserved forest area known as Sanjay Tiger Reserve. In this paper, the author has made significant efforts to understand the dynamics between two healthcare systems and their actors using Foucauldian power perspectives. This paper highlights the causes and impact of coexistence on the health of Individuals living in the study area. The author explained the power relations among various actors of both healthcare systems and why, despite the dominance of modern healthcare systems, traditional medical systems are still thriving and challenging the hegemony of modern healthcare systems. In other words, the continuation of the traditional healthcare system is studied in terms of the struggle against the domination and subjectification by the state.

Rethinking Health Pluralism through Traditional Healing System: A Sociological Exploration of the Poumai Naga Community

Kh Neil Young

In the wake of contemporary healthcare crises and the limitations of Western biomedicine to address diverse health needs, traditional systems of healing are gaining renewed recognition. This proposal examines the traditional healing practices of the Indigenous Poumai Naga community in the remote hill regions of Northeast India. Rooted in spiritual beliefs, cultural rituals, and experiential knowledge, Poumai healing remains a cornerstone of community life and coexists with state and private healthcare systems.

Due to geographic isolation, infrastructural underdevelopment, and limited access to modern medical facilities, traditional healing plays a vital role in meeting local health needs. It is not only more accessible but also significantly more affordable than biomedical care, making it a crucial resource for economically marginalized populations. The Poumai sustain a pluralistic system that integrates government hospitals, private clinics, and traditional practices. Their use of herbal remedies—often sourced from rare, endemic plants—reflects deep ecological knowledge and an embodied approach to well-being. This coexistence exemplifies lived medical pluralism in the Global South.

How do Poumai healing practices shape local understandings of health, and what

implications do they hold for global health systems? Using ethnography as its primary methodology, it explores how Poumai healing can inform broader sociological understandings of global health pluralism. Drawing on WHO policies promoting traditional medicine, it situates Indigenous healing within global discourses on health equity, decolonization, and culturally sensitive care. The research raises questions about ethically recognizing Indigenous knowledge without appropriation and contributes to inclusive, sustainable, and culturally grounded models of care.