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THE RELEVANCE OF AFRICAN EPISTEMOLOGY TO AFRICAN MEDICINE

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Abstract
African medicine constitutes an important component of indigenous knowledge systems that has historically developed through observation, experience, apprenticeship, communal participation, oral transmission, and sustained interaction with the natural environment. Yet, the dominance of Western biomedical epistemology and the historical effects of colonialism have contributed to the marginalisation of indigenous African medical knowledge within formal healthcare and knowledge-production institutions. This paper critically examines the relevance of African epistemology to African medicine, with particular attention to the ways African modes of knowing contribute to the preservation, interpretation, validation, and possible integration of indigenous medical knowledge into contemporary healthcare. The study adopts a qualitative philosophical methodology, employing conceptual analysis and critical interpretation of relevant philosophical, historical, medical, and interdisciplinary literature. The paper argues that African epistemology provides an important intellectual framework for recognising experiential, communal, contextual, and holistic dimensions of African medical knowledge that are often inadequately represented within conventional biomedical frameworks. It further contends that epistemic recognition should not be confused with automatic acceptance of traditional therapeutic claims. Rather, indigenous medical knowledge requires critical examination through empirical investigation, pharmacological assessment, ethical scrutiny, safety evaluation, standardisation, and appropriate regulatory mechanisms. The study therefore advances a complementary approach in which African epistemological resources inform the identification and preservation of indigenous medical knowledge, while scientific and ethical procedures determine its suitability for contemporary healthcare application. Such an approach

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contributes to epistemic decolonisation without rejecting the achievements of biomedical science. The paper concludes that a critically integrated relationship between African epistemology, indigenous medicine, and modern healthcare can promote culturally responsive healthcare, preserve valuable knowledge, strengthen African participation in knowledge production, and support more inclusive health policies.

Keywords: African Epistemology; African Traditional Medicine; Indigenous Knowledge; Epistemic Decolonisation; Healthcare Integration.

Introduction

African societies have always had many types of knowledge regarding health and sickness, healing, use of medicinal plants, nutrition and the relationship between the human person and the environment. This information has been conveyed through observation, experience, apprenticeship, oral history and communal practice and it has been a factor in healing practice such as herbal medicine (Tobi 2020). It is therefore necessary to view African traditional medicine as not merely a collection of medicines but as a system of indigenous knowledge that Africans have employed as a way to elucidate disease and manage health matters (Abdullahi 2011). Traditional medicine has always been relevant to present day health practice and policy. Today the World Health Organization (WHO) acknowledges it as one of the important areas of health care, and the integration of traditional medicine with contemporary health care is being carried out respecting the culture of people, and emphasizing evidence, safety, quality and regulation (WHO 2019; WHO 2025). The epistemological foundations of African medicine, on which the knowledge is produced, transmitted, affirmed and applied, represent the philosophic value of the medicine. African philosophies have emphasized the importance of experience, experiential knowledge, communal life, and culture-specific knowledge. But it is not to say that all the elements of tradition should be kept sacred and that criticism of tradition should be avoided. As Gyekye proposed, the examination of the inherited African practices is necessary to articulate the need for a critical engagement with tradition and modernity, while Wiredu's conceptual decolonisation is necessary to question concepts and assumptions, which influenced thinking in Africa during the colonial period (Gyekye 1996; Wiredu 1995). More recent work on Wiredu also show that conceptual decolonisation is not about discarding concepts that come from outside the borders of indigenous conceptual resources, but about challenging them in an uncritical way, and then fruitfully engaging with them (Futter 2023).

This is an important point of interest in the study of African medicine, as the colonial encounters contributed to the marginalisation of the knowledge of indigenous medicine and increased the legitimacy of the biomedical frameworks of knowledge in determining what is legitimate knowledge (Abdullahi 2011). However, accepting any of the traditional medical claims for medical correction is not enough. Rather, the philosophical challenge is to identify how indigenous knowledge might be acknowledged and at the same time critically explored. The cultural or indigenous aspect of a medical statement is not enough to establish its therapeutic value, and the absence of such a paradigm does not annul the epistemicity of indigenous knowledge. Studies of African traditional medicine (Abdullahi 2011; Rafiu 2025; Terefe 2026) have focused on its history, culture, pharmacology and health care but very little research has been conducted on its epistemological aspect as a tool for explaining and critically assessing African medical knowledge. This study is aimed at filling this gap as it concerns the epistemological relevance in African medicine. It asserts that the epistemological views of Africa can illuminate these experiential, communal, contextual and

holistic features of African medical knowledge, and that the epistemological approach is open to critical enquiry, empirical investigations, ethical review and proper regulation. The study thus seeks to show that Africa's knowledge in medicine should not be dismissed outright as a purely supernatural phenomenon or uncritically accepted as a valid medical knowledge, but rather approached within a critical framework which enables the critical evaluation of a given medical claim in light of an appropriate validation process, while preserving its epistemological value.

Literature Review

African Epistemology and Indigenous Knowledge: The study of African epistemology is a field that is concerned with the origin, nature, justification, transmission and use of knowledge in the African cultural and intellectual world (Janzen 1979). But the study of African epistemology can't be treated as a single entity or monolithic entity, and the study of specific African conceptions of knowledge, belief and justification is required, as was stated in the case of Udefi (2014). The relevance of this role in the present study is that, if one does not have the same medical assumptions or epistemological structure, one cannot discuss the African traditional system of medicine at all. Instead, medical knowledge is created in specific historical, cultural, ecological and communal settings. This view is further advanced in recent scholarship regarding the communal and experiential aspects of African peoples' knowledge systems. Ositadinma and Eke (2026) indicate that the maintenance of African Indigenous Knowledge Systems is through communal experience, disciplined oral transmission, testimony and discipline with the environment. Their analysis is a challenge to the notion that knowledge which is not formally transmitted from the scientific sphere is somehow irrational or epistemically empty. Instead, they suggest a form of epistemic pluralism that involves critical examination of indigenous knowledge in the light of the dynamics of their own knowledge systems and also other ways of judging. This philosophy is directly applicable to African medicine as a lot of medical knowledge has been transmitted by observation, apprenticeship, oral teaching and repeated practice.

Indigenous Knowledge and the Transmission of African Medical Knowledge

Numerous studies have focused on the subject of preserving and transmitting indigenous knowledge, particularly for indigenous knowledge traditionally transmitted orally. One of the factors that makes it difficult to systematically preserve indigenous medical knowledge is the factor of 'secrecy' as described by Masango (2020). The study highlights a crucial issue about the possibility and/or desirability of codifying all aspects of African traditional medicine, especially in medical knowledge that has both public and esoteric aspects. This is an epistemological matter in Africa. Knowledge becomes embedded in relationships among healers, apprentices, families, communities and the environment, and is malleable when it is written down or institutionalized. Concurrently, not documenting indigenous medical knowledge can lead to potential loss, distortion, and appropriation. Therefore, solutions need to be found today that include and integrate the IP rights, the cultural authority and the participation of indigenous knowledge holders and at the same time preserve the knowledge. Preservation of African medical knowledge should take the form of making lists of medicinal plants, or documenting therapeutic procedures, says Masango (2020). In his opinion, social relations, languages, practices, values and contexts in which knowledge is produced and disseminated need to be taken into consideration. This justifies the argument of the relevance of African epistemology in medicine in the present study because it not only

communicates information about healing, but also because of its ability to give insight into how the information becomes socially and culturally meaningful.

Colonialism, Epistemic Marginalisation and African Medicine

Although the colonialism and biomedical dominance of institutional medicine has had a negative impact on the community, as argued by Terefe (2026), traditional medicine practices in Africa have survived. His study shows how epistemological conflicts have been continuing since then between the biomedical and indigenous approaches, and also concerns the clinical validation, standardisation, research infrastructure and regulation. The study does not just tell the history of colonial medicine; it also explains how. Colonial marginalisation had an impact on the legitimacy of certain types of knowledge that could be accepted in universities, research institutions, hospitals and government health systems. The modern discussion on traditional medicine in Africa, therefore, has an epistemological aspect that helps to answer the question: does biomedical knowledge still need to be the only one that one can adopt to understand medical knowledge in Africa and to evaluate it? Maqutu (2026) builds on this argument, using the notion of epistemic decolonisation. Maqutu argues that the epistemological role of African traditional medicine within mainstream knowledge systems, may be considered as epistemic injustice, and decolonisation should not just be about the symbolic recognition of African traditional medicine, but also the inclusion of indigenous epistemic resources. This is particularly relevant in the present study since it is a shift from defending African medicine and an inquiry into the possibility of how African knowledge can meaningfully assist in the production of knowledge in the present day. Decolonisation however, is not merely about rejecting biomedical science as a whole. A more defensible position, however, is that of critical epistemic pluralism: that indigenous and biomedical knowledge can be placed in dialogue, and that there are other medical standards of evidence and ethical concerns which some medical claims must meet.

Scientific Validation and the Contemporary Relevance of African Traditional Medicine

The focus of African traditional medicine is shifting from issues related to cultural legitimacy towards scientific validation. Terefe (2026), Africa's medicinal biodiversity and indigenous knowledge has a great potential for ethnopharmacological research and natural-product discovery. He also listed issues for integration such as the absence of clinical validation, the inconsistent quality control, lack of standardisation, lack of coherence in regulations and lack of research infrastructure. This however is an important tension. Traditional use alone is not evidence of efficacy or safety, but can be a useful source of ideas for scientific research. Medicinal plants may have therapeutic effects and in addition be potentially toxic, contaminated, the dosage may be wrong, misidentified and/or they may interact with other medicines. That is why further research must be undertaken to take the indigenous knowledge to the clinical application. This is now WHO's policy stance. In its Global Traditional Medicine Strategy 2025-2034, it prioritises strengthening evidence, ensuring safety and regulation, integration of traditional medicine into health systems and optimising its contribution to health and sustainable development. It is not that traditional medicine and scientific medicine have to be in opposition for modern international policy, but rather that both are integrated on an evidence-based basis, and respecting cultural diversity. Existing literatures shows strong relationship between African epistemology, indigenous knowledge, traditional medicine, decolonisation, and contemporary healthcare. However, a conceptual gap remains because few studies examine what African epistemology specifically

contributes to the validation, preservation, interpretation, and responsible integration of African medical knowledge. This study addresses this gap by arguing that African epistemology can provide epistemic recognition and conceptual grounding for indigenous medicine while still requiring critical evaluation, scientific validation, and ethical regulation.

Theoretical Framework

This study is anchored on the theory of conceptual decolonisation by Kwasi Wiredu. The theory was first put forward by the Ghanaian philosopher Kwasi Wiredu (1931-2022) as a criticism of intellectual impacts of colonialism to African thought. Wiredu feels that the concepts, categories and assumptions of the Western intellectual tradition need to be critically examined in the context of intellectual development in Africa because they are inherited. Conceptual decolonisation is not a rejection of western knowledge but an examination of the inherited knowledge from the west, its appropriateness in the African intellectual and cultural context (Wiredu, 1995). The study of African epistemology also has more significance for Wiredu than for the political/economic changes that occurred in Africa during the colonial era, as it impacted the evaluation and classification of African knowledge systems. The indigenous knowledge systems were sometimes treated as rational, scientific and western. This also played its part in the marginalisation of traditional African medical systems and the biomedical western systems being given the advantage. Conceptual decolonisation thus allows for posing questions to the fallacy of the African epistemological categories being assimilated by means of external frameworks. But Wiredu's theory for medicine in Africa does not necessarily imply that traditional medicine is what it is said to be. Rather, it provides an opportunity to critically recollect, critically analyse and re-evaluate indigenous knowledge. African Medical knowledge was obtained through observation, experience, apprenticeship, oral, community involvement and interaction with the environment. These are forms of knowledge that may be thought of as legitimate objects of philosophy and scholarship rather than being ignored because they are practiced non-Western biomedical knowledge. Conceptual decolonisation, however, is not an uncritical celebration of tradition in Wiredu's hands because his emphasis is on critical reflection. Claims made by traditional African medicine need to be further investigated based on the proper standards of evidence, safety, ethics, effectiveness, and regulation. The theory proposes a way of thinking that runs counter to history's marginalisation of African knowledge, but not that being indigenous means being effective as a medicine maker. This separation can be interpreted in the context of the current emphasis on evidence, safety, quality, regulation and appropriate integration of traditional medicine with modern medicine (World Health Organization [WHO], 2025).

Three interrelated issues are explored in this study in the context of the theory. It does this firstly by questioning the epistemic hierarchy of biomedical knowledge that the west has over indigenous African medical knowledge. Secondly, it allows us to explore African epistemological resources - experiential knowledge, communal knowledge, oral knowledge, and contextual knowledge and how they are relevant to African medicine. Thirdly, it provides a basis for considering the application of African medical knowledge in today's healthcare without sacrificing the scientific rigorous process recognized by modern medical knowledge systems, and without the epistemic marginalisation that has been associated with colonial systems of medical knowledge. Hence, in the conceptualization of Wiredu, decolonisation offers the theoretical underpinning for this study. It is proposed that the epistemological dimension of African medicine can be usefully enriched with the African epistemology. The theory allows the study to go beyond the dichotomy of

traditional/modern, as it suggests critical analysis of both traditional and modern medicine. This is because it plays a central role in intellectualizing African knowledge systems to engage in knowledge production and assessment in healthcare, and in maintaining the empirical, ethical and regulatory assessment of specific medical practices.

Methodology

The methodology adopted in this study is a qualitative philosophical approach using conceptual analysis and critical interpretation of secondary sources of information concerning African epistemology, indigenous knowledge, traditional medicine, decolonisation, ethnopharmacology and modern healthcare. The scholarly books, peer-reviewed articles, and publications from relevant health institutions are discussed, including the classic works on African philosophy, and the latest research. The analysis helps to make sense of some of the concepts, looks at how African medical knowledge is generated and shared via experience, observation, oral tradition, apprenticeship, and communal involvement, and critically analyzes the practices in comparison to the today's standards of evidence, safety, efficacy, ethics, and regulation. The key theoretical approach is taken from Kwasi Wiredu's theory of conceptual decolonisation. The study does not include any human subjects or primary data; it is strictly a secondary data study using only documentary data. The methodology thus aims to acknowledge both the epistemic and cultural value of African medicine while upholding the critical assessments of its therapeutic claims.

African Epistemological Foundations of African Medicine

The African medicine is rooted in various African knowledge systems that were generated through community interaction, social system and natural environment. Instead, it is not possible to say there is one medical tradition in Africa, but it is possible to say there are multiple medical traditions, which are not homogeneous (Tabuti 2003). However, one can not talk about one single medical tradition in Africa, rather multiple medical traditions can be talked about, but not one homogeneous tradition. Understanding of traditions requires an understanding of the historical methods used to acquire, store, pass on and apply the knowledge of medicine. First, an experience and observation is a good foundation. Regular contact with disease and plants, and the environment, enabled communities to gain knowledge of symptoms, preparations, healing strategies and prevention. This was an area where knowledge was acquired through practice and not in the lab. Based on the argument of Luyaluka (2016) the epistemological foundation of indigenous knowledge is found in Africa, and cannot be assessed using the epistemological categories of Western epistemology. But if a medicine has an experiential source, it does not imply it is effective as a medicine. Second is the communal basis with respect to knowledge. The traditional medical knowledge was not only passed on from person to person through individual healers but also by family to family, apprentice to master, elder to apprentice, and community to community (Sofowora *et al*. 2013). The teaching method was oral, observing, listening, repeating and apprenticeship, passing on from generation to generation. This too is community-based medicine, and therefore very much connected with the communities in which it's known and passed down in community.

The third foundation is a relationship or relational awareness of health. African healing traditions have tended to express wellbeing in terms of social, psychological, environmental and spiritual aspects of health instead of exclusively biological mechanisms. This more general understanding offers an insightful philosophical point of view on health without needing to embrace all traditional theories of disease as valid. The environmental

factor is also very important. Through continuous interaction with nature, knowledge acquired about medicinal plants, the ecology, seasons and resources of the environment. In the present day, this information can be beneficial for ethnobotanic and pharmacologic research, sustainable health care and conservation (World Health Organization 2025). The foundations show that there are clear processes of knowledge production in Africa, and that these are not just beliefs. Evolutionary support does not equal scientific substantiation. Safety and clinical effectiveness are not the bases for determining the meaning of a medical practice - the meaning can be derived from the past history and the community. An African epistemology can thus play a role in the retention and the interpretation of African medicine knowledge while specific therapeutic claims are subject to empirical, ethical and regulatory assessment.

The Relevance of African Epistemology to African Medicine

In African Medicine, it is important to know and to use the wisdom of the past. The knowledge and use of the wisdom of the past is fundamental to African Medicine. African epistemology is significant to African medicine because it illuminates and preserves the means by which medical knowledge is produced, passed on and used in Africa. African medical knowledge has been gained over time, through observation, experience, through apprenticeship, through oral communication and, of course, through interaction with the natural and social environment. It thus serves as a vehicle for the recognition of indigenous knowledge, which also gives recognition to the diversity in African knowledge systems (Udefi, 2014). Epistemic recognition is one of the key contributions. African medicine was regarded as irrational and unscientific in many ways by colonial and western biomedicine. Colonial disruption, poor research infrastructure, lack of clinical validation, and poor regulation are still challenges with regard to the development of African traditional medicine (ATM) (Terefe, 2026). African epistemology, however, attempts to challenge the hierarchies and to get out of the way and look at indigenous knowledge. It also enhances the experience and community-based nature of medical knowledge. Traditional practitioners' knowledge is acquired through repeated observation and practice, and knowledge is transferable between healers, elders, families, apprentices and communities. It can be useful information for research, such as ethnopharmacology, but only after experience and cultural acceptance, therapeutic efficacy could be determined. Also, there should be attention paid to and documented with cultural ownership/consent, benefit sharing, and IP issues as part of its documentation and commercialisation (Wong *et al*., 2025).

The African epistemology also provides information about a holistic perspective on health that considers how the physical state is related to other aspects of health including social, psychological, environmental and spiritual. Omonzejele (2008) recommends taking into account the culture of Africa in the interpretation of the concept of health and diseases. Another lead emanating from indigenous environmental knowledge is the research of medicinal plants and natural products which still needs to be standardised, quality controlled, clinically validated and regulated (Terefe, 2026). African epistemology is used to create a critical dialogue between indigenist and biomedical knowledge. Combining the strengths of both indigenous knowledge and biomedical science can provide the means to locate culturally relevant therapeutic resources and practices, and to carry out clinical studies, pharmacological analysis, standardization and safety monitoring. The importance is not on the universal effectiveness of traditional medicine as medicine, but on the knowledge system or knowledge foundation of traditional medicine and medical claims based on

traditional medicine which must meet the criteria and evidence, ethics, safety and proper regulation.

African Epistemology, Herbal Medicine and Indigenous Pharmacological Knowledge

Herbal medicine is an important link between African epistemology and medicine. Medicinal plants knowledge has been acquired by observation, repeated experiences, apprenticeship, oral transmission and experiences of the environment. Knowing how to identify, prepare, use and apply plants for specific health issues (Udefi 2014; Fennell *et al* 2004). It is thus relevant to the understanding of the generation, retention and transmission of this knowledge to future generations; African epistemology is relevant. The use of traditional knowledge for medicinal purposes has also been investigated. Fennell *et al*. (2004) has well reported the research on African medicinal plants with their pharmacological and toxicological properties, while van Wyk (2008) has shown the ethnobotanical importance of medicinal plants in southern Africa. Similarly, ethnobotanical knowledge was found to be high in Nigeria in various ecological and cultural region by Rafiu *et al* (2025). Accordingly, these studies indicate that traditional knowledge holds potential for useful leads for pharmacology research instead of being considered unscientific. Traditional use is not necessarily synonymous, however, with therapeutic efficacy or safety. Dosage, toxicity, contamination, plant identification, preparation and interactions with conventional medicines are all issues that need scientific investigation (Fennell *et al*. 2004). Epistemological recognition of indigenous pharmacology knowledge needs to be separated from clinical validation of specific remedies. The conservation of this knowledge also brings issues of documentation, community involvement, IP and equitable benefits sharing up. It would not only lead to the loss of the culture, it would also involve loss of knowledge, which could be useful for future research. The WHO (2025) has emphasized evidence, safety, quality, regulation, sustainability and respect for traditional knowledge (TM) in the modern development of TM. African epistemology thus provides a platform for recognizing the value of other modes of knowledge (experiential and ecological) and justifiably exploring therapeutic claims scientifically and ethically. It is not about the science of drugs and medicines but is about providing a place for the conservation, critical reflection and sustainable improvement of indigenous knowledge.

African Epistemology and the Decolonization of African Medicine

The relationship between epistemic decolonisation and African medicine arises from the historical marginalisation of indigenous African knowledge under colonial systems of knowledge production. Colonial medicine often positioned Western biomedical knowledge as the authoritative basis for understanding health and illness while African healing practices were frequently dismissed as irrational, unscientific, or merely cultural (Wangensteen 2015). This produced an enduring hierarchy in which African communities were often treated as subjects of medical knowledge rather than as legitimate contributors to its production. Contemporary decolonial scholarship argues that addressing this history requires not only institutional reform but also a reconsideration of whose knowledge is recognised as legitimate. Epistemic decolonisation is therefore relevant to African medicine because it challenges the assumption that biomedical categories should constitute the only framework through which African health practices are interpreted. Wiredu's concept of conceptual decolonisation is particularly useful here. It calls for critical examination of inherited conceptual frameworks rather than their passive acceptance. Applied to medicine, this means examining whether African medical knowledge has been adequately understood on

its own conceptual and cultural terms before its value is determined according to external standards.

Recent scholarship provides direct support for this argument. Maqutu (2026) argues that the exclusion of African traditional medicine from dominant knowledge infrastructures constitutes a form of structural epistemic injustice. Her analysis shows how colonial epistemic hierarchies continue to influence contemporary healthcare by determining which forms of knowledge are considered legitimate and which are excluded. Similarly, Sarfo and Owusuaa (2026) argue that decolonising global health requires challenging epistemic hierarchies that undervalue African knowledge and strengthening African leadership in knowledge production. However, decolonising African medicine should not mean rejecting biomedical science or accepting every traditional practice as valid. Broadbent (2019) makes this important distinction in his discussion of the decolonisation of medicine, arguing for a critical approach that avoids both medical relativism and unquestioned biomedical dominance. African traditional medicine can therefore be recognised as an important knowledge system while individual therapeutic claims remain subject to appropriate evidence, safety, efficacy, and ethical assessment (Abebe 2002). The practical implication is a movement from epistemic exclusion to epistemic dialogue. Traditional practitioners and indigenous communities should participate meaningfully in research and healthcare discussions, while scientific institutions should investigate potentially valuable indigenous practices without stripping them completely from their cultural contexts (Gurib-Fakim 2006). Studies identifies epistemic bias and institutional exclusion as barriers to the integration of traditional medicine and emphasises the importance of recognising the lived experiences and knowledge of traditional healers. Thus, epistemic decolonisation contributes to African medicine by recovering the legitimacy of African knowledge producers, challenging inherited knowledge hierarchies, protecting indigenous medical knowledge, and creating possibilities for more equitable dialogue between traditional and biomedical systems. Its objective should not be the replacement of biomedical medicine with traditional medicine, but the development of a more inclusive knowledge environment in which African medical knowledge can be critically examined and, where supported by evidence, contribute to contemporary healthcare.

Prospects for Integrating African Medicine with Modern Healthcare

It is important that African Systems of Medicine (ASM) are recognised and the effectiveness of their medicines scientifically evaluated, in the process integrating African traditional medicine into modern healthcare. The traditional use information is important for research but does not guarantee safety or effectiveness. Hence, Nyika (2009) state that there is a need for systematic research work to enhance safety and efficacy of traditional medicine. One of the major challenges is that herbal medicines are not prepared, dosed, manufactured or of good quality enough in one consistent manner. The lack of regulatory control and safety supervision are still serious issues in Nigeria (Awodele *et al*., 2014). Quality assurance and safety, efficacy, and manufacturing issues have been noted in various traditional medicine systems in Africa (Mponda *et al*., 2025). More robust regulations are therefore needed to safeguard patient interests, to prevent misleading therapeutic claims and to ensure responsible development.

Ethical issues are also paramount. The benefits of research and commercialisation and the use of African medical knowledge could be great, but become exploitative if traditional practitioners and local communities are not part of research and/or ownership and commercialisation decisions. Willcox *et al*. (2015) point to the need for benefit sharing

and protection of IP, while Elvin-Lewis (2007) and Ngang and Agejoh (2019) emphasise the problems of IP protection of traditionally transmitted knowledge. Critical epistemic pluralism should thus be used as an integrating principle. African medicine should not be rejected on the grounds of being indigenous and it should not be accepted on the grounds of having been passed down through the ages. Rather, it should be acknowledged that its knowledge traditions should be recognised, and specific therapeutic claims should be scientifically, ethically, safely and regulatorily evaluated. The WHO (2025) has prioritized evidence, quality, safety, regulation, and appropriate integration which aligns with this position. Governments and health institutions should promote regular research and documentation with the traditional practitioners and communities. Safe, culturally appropriate healthcare can be achieved by better regulation of the preparation, dose, quality control, safety monitoring and therapeutic claims, and by collaboration among traditional healers, biomedical practitioners, researchers and policymakers.

Implications for Healthcare Policy and Practice

This research study has important implications for policy and practice in healthcare delivery in Africa. Firstly, healthcare policies should recognize the existence of African traditional medicine as an indigenous knowledge system developed in Africa but at the same time define a standard of evidence, safety, quality and therapeutic efficacy. It is crucial to remember, however, that recognition does not imply a tacit endorsement of traditional medical claims, but rather a systematic investigation and responsible incorporation of these claims (World Health Organization, 2025). Secondly, Governments and health institutions should enhance research and documentation of traditional knowledge. The program should involve traditional practitioners and local communities to ensure knowledge is preserved through the centuries, and free from cultural appropriation, infringement on cultural ownership, intellectual property, or fair benefits sharing (Willcox *et al*., 2015; Wong *et al*., 2025). Thirdly, the regulatory systems must be improved to solve issues related with failed standardization, dosage, quality control, safety monitoring and false therapeutic claims. Regulation has the potential to protect patients and at the same time afford avenues to evaluate and improve valuable traditional practices, if it is proper and adequate (Awodele *et al*., 2014; Mponda *et al*., 2025). Fourthly, traditional practitioners, biomedical practitioners, researchers and policy makers in healthcare practice should have a constructive dialogue. This synergy can contribute to culturally responsive health care and to ensure that that indigenous healing claims are met to scientific, ethical and regulatory standards. This approach is congruent with the argument of the study on critical epistemic pluralism rather than the rejection and/or critical acceptance of African medicine.

Conclusion and Policy Implications

The epistemology of African medicine must be grounded in the epistemological principles of Africans, the principles of embodied knowledge that Africans observe, share, learn from and apprentice, as well as the principles of communication with the environment. This study aims to highlight these epistemological foundations, in order to address the historical neglect of African medical knowledge. But, do not mistake the act of recognising as automatic acceptance of all of the old therapeutic claims. Specific drugs and their effectiveness, safety, quality and appropriate use should be subject to scientific and moral evaluation. The study thus recommends incorporating African traditional medicine into the existing health care systems in a critical way. This should be done in a manner that ensures the involvement of traditional practitioners, biomedical practitioners, researchers and

communities and regulatory agencies. Policy should focus on the systematic documentation and preservation of indigenous medical knowledge, study of promising medicinal practices, quality control and standardisation of herbal products, training of practitioners and enhancement of regulation. As important as safeguarding the indigenous knowledge is to implement suitable IP and benefit sharing arrangements. In conclusion, African medicine cannot be dismissed as being "indigenous" nor accepted as "traditional" medicine alone. For its future role in healthcare, it is crucial to develop a framework that values, critically analyzes, scientifically studies, ethically safeguards and properly regulates African knowledge. It is a step toward epistemic decolonisation and maintains standards necessary for safe and effective health care.

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