Chapter 15
Multiple Voices, Multiple Paths:
Towards Dialogue between Western and Indigenous Medical Knowledge Systems

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ABSTRACT

The Western knowledge paradigm – with its ways of knowing, ways of seeing and its notions of reality - has dominated the global knowledge arena, rendering many indigenous knowledge systems as invalid, illegitimate and irrelevant. This is particularly true for indigenous medical knowledge systems, which have struggled to articulate their voices from the marginalisation imposed by colonialism, globalisation and modernity. This chapter outlines paradigmatic tenets and key conceptions underpinning Western Biomedicine, Traditional Chinese Medicine and Traditional African Medicine. It explores areas of synergy and contradiction, as well as points for potential dialogue between the medical systems. The chapter suggests that if carefully excavated, explorations into such ontologies and epistemologies can make meaningful contributions to knowledge brokerage, thus promoting inclusivity and ethics in knowledge societies. It therefore makes a case for cognitive justice – 'the right of different traditions of knowledge to co-exist without duress'.

INTRODUCTION

Knowledge – and consequently its production and utilisation – has a double-pronged dimension. It can be used as a tool – a resource to develop, congregate and create; or it can be used as a weapon – an instrument to dominate, separate and destroy (Ngara, 2012). The Western knowledge paradigm – with its ways of knowing, ways of seeing and its notions of reality - has dominated the global knowledge arena, rendering many indigenous knowledge systems as invalid, illegitimate and irrelevant. This is particularly true for indigenous medical knowledge systems, which have struggled to articulate their voices from the marginalisation imposed by colonialism, globalisation and modernity.

In the face of the hegemony imposed by the Western medical paradigm throughout the colonial and post-colonial eras, the demand for indigenous medical services is increasing (WHO, 2013). Many coun-

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tries now recognise the need 'to develop a cohesive and integrative approach to health care that allows governments, health care practitioners and, most importantly, those who use health care services, to access [traditional and/or indigenous medicine] in a safe, respectful, cost-efficient and effective manner' (WHO, 2013, p. 7). Despite resolutions and global strategies developed by international bodies (WHA, 2009; WHO, 2000; WHO, 2013), integration of differing medical systems remains a complicated task.

This chapter argues that the difficulties experienced in integrating differing medical paradigms to provide more holistic healthcare to the general population are to a large extent due to limited equitable dialogue or communication between specialised medical knowledge systems. Medical knowledge systems employ a conception of science that is propagated by a particular culture and framed by a particular cosmology. They exist within a paradigm informed by a particular epistemology, ontology and axiology. However, the ontologies and epistemologies of indigenous medical systems are often side-lined, with traditional health practitioners expected to practice within the conceptions and notions of reality of the dominant Western paradigm. Indigenous ways of seeing, ways of knowing and ways of doing are thus often subjugated, together with the knowledge thereof.

Assuming that medical knowledge systems form a subset of the Information or Knowledge Society, the chapter proposes that in order for a 'people-centred, inclusive and development-oriented Information Society' (WSIS, 2003) to thrive, it is necessary to unpack the paradigmatic tenets – the set of underlying values and assumptions – that inform any medical knowledge system. The chapter thus outlines key conceptions underpinning Traditional Chinese Medicine and African Traditional Medicine. It compares them with notions from Western Biomedicine, exploring points of synergy or points of contradiction. It concludes by contrasting indigenous conceptions with those of discoveries in quantum physics, elucidating the inner similarities in that which seem outwardly contrary. The chapter suggests that if carefully excavated, explorations into such cosmologies and epistemologies can make meaningful contributions to knowledge brokerage, thus promoting inclusivity and ethics in information and knowledge societies. It therefore makes a case for cognitive justice – 'the right of different traditions of knowledge to co-exist without duress' (Hoppers, 2008; Visvanathan, 2009).

BACKGROUND

The Declaration of the Alma Ata of 1978 expressed the need for urgent action by all governments, all health and development workers and the world community to protect and promote the health of all the people of the world. It declared the gross inequality in health status of the people - both between and within countries - as politically, socially and economically unacceptable. Its goal was the global resolve of 'health for all by the year 2000'.

Since then international bodies such as the World Health Organisation (WHO) have recognised the prevalence of medical pluralism or the use of multiple medical systems or forms of healthcare (Kayne, 2010). They have asserted the need for 'alternative' culturally-based indigenous or traditional medical systems to be integrated into the mainstream healthcare system, noting their prevalent use, accessibility and affordability (Bannerman, Burton, & Wen-Chieh, 1983).

Culture lies at the foundation of all medicine. Decisions about health behaviour occur within cultural frameworks of beliefs (Winkelman, 2009). Culture mediates responses to health maladies, including concepts of disease causation, nosology, prophylaxis, health-seeking behaviour, diagnostic measures and treatment techniques. Each healing paradigm reflects part of the cultural and social patterning of