

## **Rethinking Epistemic Hierarchies : Towards the Decolonizing of Knowledge and the Mutual Recognition of Traditional Medicine in Madagascar**

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### **Abstract**

Madagascar is home to an extraordinary wealth of natural resources. More than 80% of its 13,000 plant species, are endemic, and around 3,500 of them are well known for their medicinal properties. This biodiversity is deeply intertwined with tradition of healing. For generations, Malagasy communities have passed down complex medicinal knowledge through oral histories, observation, and practice, forming a rich ethnomedicinal heritage. Like many African countries, Madagascar's traditional knowledge systems were devalued and stigmatized during the colonial era, while promoting Western biomedicine as the only legitimate form of healing. This legacy still lingers today, in both public health systems and social attitudes a clear example of epistemic injustice. This study thus seeks to rethink the decolonization of knowledge, especially in the field of medicine. The central issue is the persistent hegemony of Western epistemologies and the marginalization of traditional medicine. This hierarchy of knowledge has left profound traces, both in public health structures as well as in collective representations. Through a mixed-methods approach and a postcolonial theoretical framework, this research draws on the works of Achille Mbembe (*On the Postcolony*), Albert Memmi (*The Colonizer and the Colonized*), Frantz Fanon (*The Wretched of the Earth*), and Gayatri Chakravorty Spivak (*Can the Subaltern Speak?*). These perspectives provide a relevant analytical lens to analyze the epistemic injustice that shape the tensions and power relations between these two healthcare systems.

**Keywords :** decolonization, epistemic justice, Madagascar, traditional medicine, western knowledge

## INTRODUCTION

Madagascar is a land of extraordinary natural wealth. Over 80% of its 13,000 plant species are found nowhere else in the world, and among them, some 3,500 are valued for their medicinal properties. But this richness is more than botanical it embodies a healing tradition that has evolved over millennia. For generations, Malagasy communities have nurtured and transmitted complex knowledge about health, weaving together oral memory, careful observation, and hands-on practice. Even today, around 80% of Malagasy people continue to rely on traditional practices as their primary form of healthcare. This living ethnomedicinal heritage reflects a profound, enduring relationship between humans and the natural world. Yet, as in many African countries, this knowledge was marginalized during the colonial period. Western biomedicine, hailed as the only “scientifically legitimate” form of medicine, cast traditional practices as superstition. The effects of this marginalization linger, both within hospitals and in broader social perceptions, creating a deep epistemic injustice. Practices that are central to the daily lives of communities practices shaped by generations of careful observation and cultural knowledge have long been overlooked, undervalued, or dismissed.

Significant progress has nevertheless emerged. In 2007, Malagasy traditional medicine was officially recognized, and its integration into the national healthcare system was encouraged. More recently, the Gujarat Declaration in 2023 reaffirmed the importance of complementary and integrative traditional medicine, legitimizing practices long set aside, whether traditional, complementary, or magico-religious. In Madagascar, the creation of the Association of Traditional Practitioners marked a decisive step. It distinguishes legitimate traditional healers, who respect both knowledge and ethics, from charlatans who exploit these practices for commercial gain. This initiative strengthens the credibility of genuine practitioners and paves the way for their real integration into a pluralistic and secure healthcare system. Despite these advances, the path remains fraught with obstacles. The implementation of the Nagoya Protocol, which aims to ensure fair and equitable sharing of benefits arising from genetic resources and traditional knowledge, reveals the limits of global policies. My fieldwork, conducted in various locations in Madagascar and complemented by interviews with traditional healers, revealed that these declarations and protocols have not yet produced the expected outcomes, particularly regarding the effective recognition of traditional practitioners and the concrete integration of their knowledge into the healthcare system.

The main issue of this study is the persistent tension between the valorization of traditional Malagasy medical knowledge and its marginalization under dominant biomedical frameworks. The central problem lies in understanding why, despite international recognition and local initiatives, traditional medicine continues to face structural and epistemic barriers that limit its legitimacy and integration into formal healthcare systems. This research aims to explore how Malagasy traditional medicine is recognized or often marginalized within contemporary healthcare systems, framed within a Pan-African perspective of decolonizing knowledge and promoting epistemic justice. It investigates how indigenous knowledge can be genuinely acknowledged and meaningfully integrated into modern medical practice, while respecting its cultural, ritual, and symbolic dimensions, offering a form of intellectual and cultural restitution. The study looks at the power dynamics between traditional medicine and biomedicine, shedding light on the lasting effects of colonial hierarchies and the dominance of Western ways of knowing, while identifying the institutional and social barriers that limit the recognition of traditional practitioners. It also addresses questions of cognitive justice and knowledge reappropriation, particularly in relation to international frameworks for fair benefit-sharing, and examines the credibility, ethical standards, and practical contributions of traditional healers. In particular, the research proposes ways to foster knowledge pluralism, encourage a harmonious coexistence between traditional medicine and biomedicine, and promote equitable dialogue that contributes to the revitalization of Pan-Africanism through mutual recognition and the restitution of indigenous knowledge.

This leads us to the following research questions:

**-How do Malagasy traditional healers understand and experience their role and legitimacy within contemporary healthcare systems ?**

**-How are traditional medical practices integrated, marginalized, or transformed by biomedical institutions and global health policies ?**

**-Which local and international mechanisms facilitate or hinder the recognition, protection, and equitable use of indigenous knowledge ?**

## **METHODOLOGY**

### **Data collection methods**

This research relies on a qualitative, ethnographic approach. Fieldwork in Madagascar included participant observation in consultations and rituals conducted by traditional healers,

allowing immersion in the daily realities of traditional medical practice and the symbolic universe that structures it. Semi-structured interviews were conducted with practitioners, patients, midwives, biomedical doctors, association leaders, and healthcare officials, offering multiple perspectives on legitimacy, collaboration, and tensions within the health sector.

In addition, focus group discussions were organized with different categories of actors: traditional healers, biomedical professionals, midwives, and community members. These collective conversations revealed shared concerns, conflicting interpretations, and negotiated understandings of what constitutes “good practice,” “efficacy,” and “recognition.” They also helped capture the dynamics of group interactions, the circulation of knowledge, and the power relationships that shape encounters between traditional and biomedical systems.

Document analysis was also conducted, including policy frameworks, association records, public health legislation, and WHO guidelines. This triangulation of methods enables a comprehensive and nuanced understanding of the social, cultural, and institutional dynamics that shape the status, credibility, and integration of traditional medicine in Madagascar. Above all, this approach remains attentive to the experiences and voices of subaltern knowledge holders, whose perspectives are often excluded from dominant narratives about health and science.

### **Theoretical Framework**

This study is situated within broader debates on decolonization, epistemic justice, and global health. By positioning Malagasy traditional medicine within these discussions, it contributes to ongoing efforts to decolonize knowledge and challenge the hierarchies that structure global health systems. It examines how Western epistemological dominance continues to shape what is recognized as “legitimate” knowledge, often relegating traditional medical practices to the margins.

Drawing on Achille Mbembe (2000), the study underscores that postcolonial emancipation requires reclaiming political, cultural, and epistemic autonomy as an essential step for historically marginalized communities to define their own norms, values, and imaginaries. Albert Memmi (1957) and Frantz Fanon (1961) further illuminate the structural dimensions of domination, emphasizing the need for both political and cultural liberation to dismantle the lingering effects of colonial hierarchies.

Meanwhile, Gayatri Chakravorty Spivak’s notion of the subaltern reminds us that traditional healers frequently lack the authority to speak for and represent their own knowledge,

which is often mediated, reframed, or filtered through biomedical, administrative, and academic institutions. This marginalization reinforces epistemic injustices by preventing indigenous practitioners from participating on equal footing in knowledge production.

By unpacking these power dynamics, this study seeks to illuminate how indigenous knowledge can be recognized and fairly integrated into modern healthcare systems. It argues for a pluralistic approach that values both biomedical and traditional frameworks, acknowledging the distinct logics, practices, and epistemologies each brings. Ultimately, the aim is to foster a genuine dialogue between science and tradition one that respects Malagasy traditional medicine not merely as a reservoir of resources to be extracted, but as a culturally rooted, meaningful, and fully legitimate system of knowledge.

## FINDINGS

### 3.1. Recognition and Access to Traditional Healers

In Madagascar, traditional healers often struggle to gain formal recognition. Frequently excluded from hospitals, pharmacies, and other official health structures, their visibility and legitimacy remain limited. Many express a strong desire to collaborate with biomedical professionals, seeking ways to formalize their practices and receive institutional support, similar to experiences in other African countries where traditional healers are better integrated into public health systems, as the president of the national traditional healers, Mr Josephin stated. As for midwives or traditional birth attendants, they are active in both urban and rural areas and play a central role in bridging the gap between traditional and modern medicine. However, midwives working in primary healthcare centers reported that they were reluctant to collaborate with traditional birth attendant, arguing that, *"Lacking formal diplomas, their knowledge is based solely on experience inherited from their ancestors."* They also highlighted, *"Many pregnant women have experienced complications under the care of untrained midwives."* *"Despite these challenges, proper training and recognition could enable matrones to facilitate dialogue, knowledge exchange, and cooperation,"* stated M. Josephin, President of Traditional Practitioners of Madagascar. Yet, their scope of practice remains limited, particularly in childbirth, raising significant ethical concerns and questions about patients' rights.

These challenges are further compounded by the complex bureaucracy required to obtain a license to practice. Traditional healers must navigate multiple authorities, including the mayor's office, the chief medical officer, and the Regional Health Directorate, often incurring

substantial financial and time costs. As Mme Raivo, a traditional healer explained, *"Many ultimately abandon these procedures. For us I sell our products to doctors or traditional healers who trust them, and they, in turn, resell them to their patients"* which hinders the professionalization of traditional healers and limits their formal integration into the healthcare system. Additionally, the African scholar Mvone Dong (2014) emphasizes that traditional African medicine cannot be separated from the sacred: its therapeutic practices are intrinsically intertwined with spiritual and cultural dimensions. This insight is echoed in Madagascar by traditional healer Dadilahy Aly Manankasy, from Boeny in the northeast of the country, who explains that their practice is not merely about curing physical ailments but is deeply spiritual. According to him, *"Traditional medicine is founded on the notion of hasina, a sacred or spiritual force conferring value and legitimacy to healing."* He raises the question of whether *hasina* resides only in medicinal plants and objects such as bark (*tapa-kazo*) or leaves (*ravin-kazo*) or in the spiritual relationships connecting humans, nature, and ancestors. This healer further explains that traditional medicine encompasses more than the use of natural substances plants, spring water, clay, or animal products like horns or hair but also includes the spiritual dimension of sacred force inherited from ancestors, water spirits (*zazavavindrano*), invisible entities, and deceased kings (*razana fanjakana*). True healing, he argues, occurs at the intersection of the visible and invisible, the physical and the spiritual. Some illnesses are not purely physical; they arise from spiritual imbalance, violations of ancestral rules, or disrupted relationships between humans and nature. *"This is why, in certain cases, modern treatments fail unless a ritual or symbolic intervention has been performed,"* he adds.

These reflections highlight the inseparability of the sacred from African traditional medicine, supporting Mvone Dong's argument that understanding indigenous medical systems requires acknowledging both their material and spiritual dimensions. Preserving these dimensions is essential when considering collaboration or integration with modern healthcare systems, ensuring that traditional medicine is recognized as a legitimate, holistic epistemology rather than reduced to mere pharmacology.

### **3.2.Traditional Healers and Biomedicine: Issues of Recognition and Cooperation**

During a consultation workshop between biomedical practitioners and traditional healers, Ghanaian ethnobotanist Nat Quansah highlights an important point, « not all traditional practices need immediate scientific validation. Some truths reveal themselves only over time.» He illustrated this with the example of breastfeeding, which was long dismissed as a "primitive"

practice before science eventually recognized its health benefits. This example underscores the limitations of scientific knowledge, which is always evolving. According to Nat Quansah, science cannot yet explain certain effects of practices often labeled as “magical,” yet their results are real and observable. In these cases, the therapeutic effect itself serves as a form of validation.

Today, precision in identifying the plants used is essential, as it determines the value of *raokandro*, plant-based remedies. “*The timing of the harvest also matters,*” explains Mr. Godfroy, a traditional healer. “*A leaf picked at nine in the morning may not have the same properties as one collected later in the day. Even leaves from the same tree can vary in their effects depending on the time of harvest and growing conditions,*” he notes. This careful observation and empirical knowledge allow traditional healers to understand and master their remedies, drawing the interest and collaboration of biomedical practitioners. Mr. Godfroy adds that both the timing of the harvest and the type of soil are crucial for the quality of a remedy, helping to minimize side effects or adverse reactions. He notes that plant properties vary depending on their origin, with soil quality playing a particularly important role, especially for floral waters. Accurate knowledge of how to use the leaves, including the timing of their application, is essential. Mr. Godfroy refers in particular to CIM 11, a guide published by the WHO, which, for example, recommends using certain leaves every three hours. “*When it comes to clinical trials, traditional healers face significant challenges. Without collaboration with a physician, it is impossible to conduct trials according to scientific standards. Obtaining Marketing Authorization (MA) is a long and complex process. Even a simple traditional remedy must have its composition carefully documented and its active ingredient identified, sometimes requiring up to twenty years of experience before official recognition*”, Godfroy states. Despite these hurdles, many traditional healers continue to practice according to methods passed down by their ancestors, whose effectiveness has already been proven over generations.

Finally, Mr. Godfroy insists that faith lies at the core of traditional healing, acting as a doorway to those invisible dimensions of life that escape ordinary perception: “*Faith is the only response to what escapes the eye,*” he explains. Healing through words, through the laying on of hands, and through the power of belief speaks to this deeply rooted spiritual layer of traditional medicine. The same idea surfaces in the experience of Dadilahy Aly Manakasy, a healer from Boeny, who says that it is the spirit itself that guides him telling him which remedies to use and how to act. To an outside observer, this intuitive form of knowledge might seem



incompatible with scientific reasoning, yet it is built on years of careful observation, lived experience, and a holistic understanding of how bodies, spirits, and environments interact.

This way of seeing the world resonates strongly with Jeanne Favret-Saada (1997)'s work in *Les Mots, les Sorts et les Morts*. She shows that words, rituals, and belief do not merely represent symbolic ideas; they actively shape reality, producing real effects in people's lives. A similar insight emerges in Tanya Luhmann (2020)'s research, which argues that spiritual experience is not a distant abstraction but a form of knowledge that becomes embodied through practice something people learn to feel, notice, and act upon. Seen through this lens, spirituality does not oppose empirical knowledge; it works alongside it. It shapes therapeutic decisions, defines the relationship between healer and patient, and contributes to the effectiveness of plant-based treatments. Paying attention to this dimension broadens our socio-anthropological understanding of traditional medicine and creates the conditions for a more respectful, honest, and productive dialogue with biomedicine.

### **3.3. Knowledge Appropriation and Cognitive Justice**

The COVID-19 pandemic brought long-standing issues around the appropriation of traditional knowledge into sharp relief. "Researchers came to collect our family remedies and local practices," explained a Malagasy healer, "but the benefits patents, profits, or research outcomes rarely reach us." This experience highlights the persistent exploitation of indigenous knowledge without recognition or fair compensation. During an interview, Mme Raivo, a traditional healer, explained, " *Our association produces processed medicinal plants and has long wished to collaborate with a health center or hospital, but this has never been possible.*" She recounted, " *Over the years, many health professionals, researchers, and representatives from pharmaceutical laboratories have visited our home to learn about traditional medicine, especially the use of medicinal plants. Yet, once they had gathered the information they wanted, they left without acknowledging or valuing the knowledge we shared.* Regarding their products, she noted, " *Although we are able to transform our remedies into improved medicines, we have not yet been recognized, as the laboratory fees required for quality control are prohibitively expensive. Moreover, we have already faced biopiracy, with some of our products being stolen.*"

The Nagoya Protocol offers a framework for the equitable sharing of benefits derived from biological resources and traditional knowledge. Malagasy healers call for these rules to be applied concretely, so that their expertise is respected and fairly rewarded. Yet, as one healer



noted, *“The focus on phytotherapy often ignores the rituals and spiritual practices that are inseparable from our medicine.”* Improved Traditional Remedies (RTA) exemplify this tension: while derived from local medicinal plants and standardized according to biomedical norms through botanical identification, stabilized dosages, and toxicological testing they often strip away the cultural and ritual dimensions that give these practices their meaning. *“It’s as if our knowledge is reduced to a formula, while its soul is left behind,”* he added. Dadilahy Aly Manankasy, another traditional healer, raised concerns about the growing commercialization of traditional medicine. *“Pharmaceutical companies are fascinated by our plants, but if this continues, traditional medicine risks becoming just a resource for profit, losing its spiritual and community value,”* he warned. This unequal power dynamic between modern and traditional medicine is reinforced by the influence of international institutions such as the WHO. He asked provocatively: *“Should our medicine serve only to heal naturally, or to feed foreign economic interests? Must we always comply with Western standards, or can our local knowledge be valued on its own terms?”* Through these voices, it becomes clear that safeguarding Malagasy traditional medicine is not only about standardizing practices for safety and reproducibility it is also about honoring its cultural, spiritual, and communal essence. Recognition, fair compensation, and genuine dialogue with modern healthcare systems are essential for preserving the integrity and autonomy of these ancestral practices.

### **3.4. Hybridization, and the Potential of Improved Traditional Remedies**

The field of traditional medicine continues to grapple with important challenges linked to credibility and professional ethics. *“Doctors must stop blaming or stigmatizing patients who choose traditional remedies, whether as an alternative or a complement to biomedical treatments,”* insisted M. Nivo, a Christian traditional healer. *“Mutual respect between traditional healers and biomedical doctors is essential without hierarchy and without moral judgment,”* she added. Yet mistrust remains strong, often reinforced by untrained practitioners or individuals who falsely claim to be healers, which in turn weakens the legitimacy of the entire sector. Mr. Apollinaire, a healer, for example, requests to be distinguished from fake traditional healers. Protecting patients and ensuring the reliability of care therefore calls for clear standards and robust ethical oversight.

In this context, Improved Traditional Remedies (Remèdes Traditionnels Améliorés) appear as a significant attempt to bring traditional knowledge into dialogue with biomedical norms. By integrating scientific validation processes, these remedies make it possible for certain

practices to enter the formal healthcare system. But this integration comes with risks: it can strip traditional knowledge of its cultural, ritual, and symbolic dimensions. This hybridization therefore reveals a fragile balance how can one pursue scientific recognition without erasing the cultural identity at the heart of indigenous healing? Achieving this balance requires more than technical adjustments; it relies on mutual recognition, which is at once ethical, political, and social.

Sociologist and anthropologist Fanny Charrasse (2023) shows this clearly through her work on contemporary magical practices such as magnetism and shamanism. In *Le retour du monde magique*, she describes how magnetisers in France are gradually professionalizing practices that were long pushed to the margins of the medical world. Their partial recognition emerges through new forms of evaluation, institutional observation, and the beginnings of a dialogue with modern medicine. Charrasse's analysis reveals the ongoing tensions between these practices and dominant scientific rationality, while shedding light on the social and symbolic conditions necessary for their recognition. Beneath these transformations lies a deeper aspiration: the desire to have forms of knowledge rooted in different ways of understanding the world taken seriously without forcing them into the mold of biomedical norms. This tension between gaining legitimacy and remaining faithful to the internal logic of one's own practice resonates strongly with Malagasy traditional healers. They too are seeking recognition that does not require abandoning the cultural, ritual, and spiritual coherence that gives meaning to their work. The distinction between an obligation of means and an obligation of results further clarifies their position. Traditional healers readily admit that they cannot guarantee specific therapeutic outcomes. What they ask for, however, is recognition of the seriousness of their work and access to the resources they need to practice responsibly. Their aim is to build a framework where ethical standards, patient safety, and the value of traditional knowledge can coexist with scientific requirements and with the cultural foundations that sustain Malagasy healing practice

## DISCUSSION

### **4.1. Malagasy Traditional Medicine: Between Subaltern Knowledge and Biomedical Extraction**

Peter Geschiere, together with Jean and John Comaroff (1989, 1997), offers valuable insights into the forces shaping traditional medicine in Madagascar today. Their analyses of "sorcery capitalism" show how neoliberal globalization generates rapid, opaque, and profoundly unequal

forms of wealth producing the sense that the economy is driven by unseen, predatory forces beyond anyone's control. This diagnosis echoes Samir Amin's (1996) notion of "generalized monopoly capitalism," in which systems of accumulation operate in ways that are felt and experienced long before they become visible or comprehensible.

In the health sector, these broader dynamics translate into a sorting and reordering of traditional knowledge. Phytotherapy perceived as compatible with Western scientific norms is taken up, standardized, and promoted, while divinatory, ritual, and magico-religious forms of healing are dismissed as irrational or outdated. This hierarchy reproduces what the Comaroffs describe as "occult economies": certain forms of local knowledge are integrated into global circuits of value, while others become stigmatized, marginalized, or rendered invisible.

Jan Assmann's concept of the "Mosaic distinction" helps to make sense of this divide. Assmann (2003) argues that the Mosaic tradition established a strong boundary between "true" and "false" religion, disqualifying entire cosmologies by labeling them as superstition or error. In Madagascar, a similar logic operates when biomedical and administrative authorities validate empirical phytotherapy as "proper" knowledge while relegating ritual or spiritual healing to the realm of the irrational, the unscientific, or even the dangerous. This process reproduces an old epistemic separation: what can be measured and standardized gains legitimacy, while practices grounded in invisible forces, relational cosmologies, or spiritual agencies are pushed to the margins. In this sense, the Mosaic distinction becomes a useful lens for understanding how certain healing worlds are authorized and others made unintelligible.

The idea of "biomedical extractivism" (Boumedienne, 2010) further captures the process through which scientific and pharmaceutical institutions draw from traditional medicine appropriating plants, molecules, and techniques while stripping away the cosmological and relational frameworks that give them meaning. The institutional emphasis on phytotherapy, often at the cost of ritual practices, illustrates this logic clearly: molecules are preserved, but the worlds that produced them vanish. Spivak's (1988) question "Can the subaltern speak?" is especially relevant here, reminding us that traditional healers, particularly those working within ritual or spiritual fields, rarely control how their knowledge is represented. Instead, it is reframed, filtered, or governed through biomedical, administrative, or academic authorities.

#### **4.2. Postcolonial Emancipation and the Legitimacy of Traditional Knowledge**

Achille Mbembe (2000), *On the Postcolony*, argues that postcolonial emancipation cannot consist merely in adopting or reproducing Western institutional or epistemic models. True liberation requires reclaiming political, economic, and cultural initiative and generating new imaginaries capable of breaking with colonial domination and contemporary global hierarchies. This involves the capacity of formerly colonized societies to define their own criteria of value, legitimacy, and rationality. Aimé Césaire in both *Discourse on Colonialism* (1950) and *Notebook of a Return to the Native Land* (1939), provides a complementary perspective. He insists on the necessity of collective self-affirmation a re-rooting in one's history, culture, and creative potential. For Césaire, decolonization is not merely an institutional process; it is a poetic and political reawakening, a reclaiming of dignity that allows colonized peoples to value their own forms of knowledge, including those long disqualified by colonial science. Albert Memmi, 1957, in *The Colonizer and the Colonized* and Frantz Fanon (1961) in *The Wretched of the Earth*, add further dimensions to this reflection. They highlight that liberation must be political and economic, but also psychological and cultural. Decolonization requires freeing oneself from internalized hierarchies that elevate Western forms of knowledge while devaluing indigenous epistemologies. It is not only about decolonizing knowledge, but also about decolonizing the mind.

In Madagascar's health sector, these theoretical insights take on concrete significance. The struggle of Malagasy traditional healers for recognition illustrates how postcolonial societies attempt to assert epistemic autonomy. Long marginalized or considered "less scientific" and « superstitious » by dominant biomedical institutions, Malagasy traditional medicine embodies a reservoir of cultural, therapeutic, and ecological knowledge. Its legitimacy can only be fully affirmed by challenging inherited colonial hierarchies and the global monopoly of Western scientific frameworks. Revalorizing traditional knowledge is therefore more than a question of public health policy it is an act of epistemic justice and a step toward postcolonial emancipation. It affirms that healing practices rooted in local cosmologies, rituals, and relationships with nature have their own rationality and effectiveness, and deserve recognition on their own terms rather than through imposed external standards.

#### **4.3. Epistemic Pluriversality, Knowledge Ecology, and Cognitive Justice**

Boaventura de Sousa Santos, in works such as *Toward a New Legal Common Sense* (2002), *Another Knowledge is Possible* (2007), and *Epistemologies of the South* (2014), frames the discussion of knowledge diversity through the lens of epistemic pluriversality. He

emphasizes the importance of valuing multiple knowledge systems and rationalities within a “knowledge ecology,” where each system scientific, traditional, spiritual, or local has its own legitimacy. Miranda Fricker (2007), in *Epistemic Injustice: Power and the Ethics of Knowing*, adds that some voices are systematically marginalized or discredited, depriving subaltern groups of recognition. In Madagascar, traditional healers often face this marginalization: their ritual practices and therapeutic expertise are filtered, undervalued, or ignored by the dominant biomedical system, limiting their contribution to healthcare. “Our presence is acknowledged, but the work we do is dismissed,” claimed a traditional healer.

When these perspectives are combined with those of Samir Amin (1973), Achille Mbembe (2000), Albert Memmi (1957), Aimé Césaire (1950), and Frantz Fanon (1961), it becomes clear that valuing indigenous medical knowledge is not merely an act of heritage preservation it is a structural challenge to domination, extractivism, and hierarchical control. Recognizing traditional knowledge allows Malagasy societies to define their own therapeutic norms and health approaches, fostering an inclusive and pluralistic healthcare system that can overcome historical subordination and fully legitimize all forms of knowledge. This study emphasizes the social, cultural, and spiritual dimensions of Malagasy traditional medicine, not only as a system of healing but as a practice deeply embedded in local beliefs and community relationships. As Arthur Kleinman (1980) reminds us, healthcare cannot be fully understood without considering the patient’s experience of illness (*illness*) alongside the biomedical perspective of disease (*disease*). In Madagascar, traditional healers interpret and treat illness through a framework that combines spiritual, ritual, and herbal knowledge, highlighting the necessity of recognizing both cultural meanings and therapeutic efficacy. This approach underscores the importance of dialogue between biomedicine and traditional practices, ensuring that interventions are respectful of local epistemologies and patient experiences.

#### **4.4. Restitution and Decolonization of Knowledge : Recognizing the Legitimacy of Indigenous Medical Systems**

The restitution of traditional knowledge sits at the crossroads of African, decolonial, and postcolonial critical thought, which has traced the patterns of epistemicide, cognitive extractivism, and ontological hierarchies created by colonial modernity. African thinkers such as Paulin Hountondji (1997), Ngũgĩ wa Thiong’o (1986), and Walter Rodney (1972) have shown how Western epistemic dominance carried out a dual expropriation: first, by

systematically delegitimizing local ways of knowing, and second, by appropriating indigenous knowledge and repackaging it as global scientific resources.

Meanwhile, Latin American decolonial theorists Aníbal Quijano (2000), Walter Dignolo (2000), and Boaventura de Sousa Santos (2014) have explored concepts like coloniality of knowledge, cognitive justice, and epistemic disobedience, framing them as essential for creating a pluriversal knowledge ecology. Afro-diasporic thinkers Fanon (1961), Césaire (1950), and Mvone Dong (2014) highlight how colonial powers used control over knowledge defining what counted as “truth” to marginalize indigenous epistemologies and maintain dominance. Their work shows the ideological, psychological, and structural impacts of this control, emphasizing the need to re-center African epistemic frameworks and reclaim indigenous knowledge. This approach validates traditional practices, such as Malagasy medicine, as legitimate systems capable of coexisting equitably with global scientific frameworks. Latour (1991) and Descola (2013) show that Western ways of knowing are not universal, highlighting the importance Knowledge shaped by social and cultural contexts. Scientific facts and ontologies are shaped by social, cultural, and ecological contexts, emphasizing that multiple ways of knowing exist. This perspective validates indigenous and traditional knowledge systems, including Malagasy medicine, as coherent and meaningful epistemologies in their own right. Bringing these perspectives together, this section argues that the restitution of knowledge is far more than an academic exercise. It represents a process of epistemic repair, ontological re-appropriation, and cognitive sovereignty, crucial for the decolonization of contemporary systems of knowledge production and circulation. This approach complements the previous sections by critically examining epistemic hierarchies and highlighting the legitimacy of Malagasy traditional medicine as a meaningful, culturally rooted system capable of interacting equitably with biomedicine and global health policies.

## CONCLUSION

This study highlights the complexity and richness of Malagasy traditional medicine while emphasizing the challenges surrounding its recognition and integration into contemporary healthcare systems. It shows how the persistent dominance of biomedical frameworks continues to marginalize ritual and magico-religious practices, even though these practices are an integral part of local therapeutic knowledge. Through the analysis of Improved



Traditional Remedies (RTAs), the research illustrates the tension between scientific validation and cultural erasure, revealing the limitations of recognition that remains confined to phytotherapeutic aspects alone. Drawing on the work of thinkers such as Achille Mbembe, Frantz Fanon, Albert Memmi, and Gayatri Chakravorty Spivak, this study underscores the importance of deconstructing epistemic hierarchies inherited from colonialism and promoting cognitive justice. It demonstrates that the emancipation of traditional knowledge cannot be reduced to its instrumentalization within biomedical frameworks; it requires acknowledging its cultural, ritual, and social value and creating ethical and institutional conditions for its safe and legitimate practice. Finally, this research advocates for a genuinely pluralistic dialogue between science and tradition, in which Malagasy communities can define their own norms and contribute to an inclusive healthcare system. Fair recognition of traditional healers and their knowledge is not only a matter of epistemic justice but also an opportunity to rethink care practices and enrich healthcare systems at both local and global levels.

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