

# Exploring Indigenous and Western Medicines from an Integrative Medical Perspective



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## Introduction

Indigenous medicines and healing practices have existed for countless generations of known history, yet only in the past few decades has mainstream medicine's philosophy and practice begun to even consider their validity. Throughout history non-natives have had mixed reactions to Indigenous knowledge and cultures. The purpose of this research is: to examine the historical foundation of the dissonance between Indigenous and non-Indigenous healing practices and to untangle the layered complexity of contemporary perspectives, issues and conflicts between non-Indigenous and Indigenous medicines today. These dissonances can be understood through the perspectives of Integrative medicine and decolonization.

The dissonance between Western Medicine and Indigenous Medicine can have negative effects on a Native or non-native patient's overall health and wellbeing. Encouraging an equal and mutual relationship between Western Medicine and Indigenous Medicine will provide better understanding of the ever broadening concept of health and how best to facilitate others in reaching their ideal state of health and wellbeing. Unfortunately, negative stereotypes and perspectives about Indigenous medical systems and their practitioners keep many medical systems from working together for individual patient health.

## Perspectives

### Integrative Medicine

Integrative Medicine involves the equal acknowledgement of the many different medical practices and perspectives on health. By acknowledging these medical systems as equal and valid, these systems can begin to work together to increase the health and wellbeing of individuals. According to the American Association of Integrative Medicine's mission statement, "Integrative Medicine is healthcare that views the patient as the most important member of the medical team and applies all safe and effective therapies without subservience to any one school of medical thought."

### Colonization and Decolonization

To understand decolonization one must understand colonization. Colonization is "...about one society absorbing another society... Yes, lands and governments are taken over, but so is every other facet of life, including language, culture, religion, knowledge, bodies, and beings." (Geniusz, 2) Decolonization is Indigenous peoples' response to the historical and their efforts to reclaim and control their colonized properties. This property includes not only land and self-governance, but their "minds, bodies and lives."

## The Rift Between

An assumed superiority prevents Western Medical systems acknowledging the validity of Indigenous Medical systems. Spector explains:

"[Western] health care providers can be viewed as a foreign culture or ethnic group. They have their own social and cultural system; they experience 'ethnicity' in the way they perceive themselves in relation to the health care consumer. Even if they deny the reality of the situation, health care providers must understand that they are ethnocentric. Not only are they ethnocentric but many of them are also xenophobic."

In this way, the Western Medical system distances itself from all other medical systems, including Indigenous ones, and attempts to establish its superiority. This ethnocentric xenophobia, causes Western healthcare providers to assume they "comprehend all facets of health and illness". This egocentric view can cause misunderstandings and miscommunication between Western and Indigenous medical practitioners (Spector, 180).

The only way the Western Medical system can accept knowledge from other medical systems is to validate that knowledge through scientific process. Until it is vetted through the 'scientific method' the knowledge is not considered (Johnston, 85). After doing so, the knowledge is now acceptable and can be claimed by Western Medicine as its own. This act of ownership through the scientific method is a contemporary form of colonizing Indigenous knowledge that has been going on since Europeans landed on 'The New World'.

## Methods

Interdisciplinary research was essential to this project. There is no "Indigenous Medicine" discipline, to understand the complex relationship between Western and Indigenous Medical systems, one has to search a broad scope of fields. Primary and secondary sources, including historical, autobiographical, biographical, and linguistic documents were used to gather a broader understanding. This research draws from decolonizing and integrative medicine methodologies. This research focused on the relationship between Western Medicine systems and those held by the indigenous people of North America.

## Differences Between the Systems

There are differences between how Western and Indigenous Medicine practitioners perceive and interact with their patients. These differences include: perception of wellness, patient participation, and specialization of care.

Differences	Western Medicine	Indigenous Medicine
Perception of Wellness	Only dealing with physical symptoms; wellness is the absence of illness	Wellness if a balance of environment, mind, body and spirit.
Patient Participation in Care	Passive	Active
Specialization of Care	Patient has multiple health practitioners for related illnesses	One health practitioner for interconnected illnesses

## Degrees of Tolerance

Categories of Western Medical Doctor's Attitude Toward Indigenous Practitioners (Johnston, 203)

Intolerant	Moderately Tolerant	Tolerant
Little to no communication between Indigenous practitioners and Western physicians.	Doctors "allow" indigenous practitioners in their Western healthcare plan for "their" patient.	Welcoming and encouraging of Indigenous Medical practices and perspectives.
Sometime can be outright condescending toward Indigenous practitioners.	Ulterior motives for allowing indigenous practitioners to be a part of their patient's health (explained below).	Works equally with Indigenous Practitioners.

## Ulterior Motives of Western Medical Practitioners

Susan L. Johnston, in her article "Native American Traditional and Alternative Medicine", indicated three reasons that Western Medical practitioners "allow" or moderately tolerate Indigenous practitioners and traditions with their patients (Johnston, 206).

- "Psychological benefits for patients"
- "Placebo Effect"
- "Expected enhanced compliance with biomedical recommendations"

## Stereotypes

### Primitive Knowledge

When European Americans were colonizing the 'New World', they also began colonizing the Indigenous peoples of North America. Native Americans were taught through "various assimilation tactics... to view Native knowledge as "primitive" or "evil" and, as a result, they often prevented its continued dispersal within native communities" (Geniusz, 3). By instilling in Indigenous people that they and their knowledge systems were "wrong" and "inferior", this caused Indigenous knowledge to be devalued in the eyes of natives and non-natives alike. Generations later, this 'primitive knowledge' perspective on Indigenous Medicine systems continues.

### New Age Cultural Appropriation

Often when people think of Indigenous Medical systems, they think of 'New Age' practices. Burning sage and sweat lodges are two common New Age practices. Many of these New Age groups and leaders are taking bits and pieces of Indigenous beliefs, traditions and knowledge and claiming them as their own: "The New Age genre often presents only a small portion of the truth and can thus misrepresent the culture and ceremony it is intended to explain... Now people think they can just make them up, create history and culture, and play with our beliefs" (Pierre, 206). By "New Age" groups taking Indigenous knowledge without the cultural context and background to fully understand the significance of these practices they not only do an injustice to the Indigenous people from whom they have taken this knowledge, but contemporary society as a whole. "New Age" practices are often viewed negatively and without merit. Because of this, when "New Agers" misappropriate Indigenous knowledge, it reflects back on Indigenous people themselves.

## Terminology Inequality

Authors of Western Medical texts describe their medical practices differently from Indigenous Medicine systems. This terminology indicates that Western Medical systems do not perceive them as equal.

Western Medicine System
<ul style="list-style-type: none"> <li>• Modern Medicine</li> <li>• Contemporary Medicine</li> <li>• BioMedicine</li> </ul>

Indigenous Medicine Systems
<ul style="list-style-type: none"> <li>• Culture</li> <li>• Cultural/Ethnic Norms</li> <li>• Traditions/Traditional Practices</li> <li>• Beliefs/Religion</li> <li>• Healing</li> </ul>

## Conclusion

Initial conclusions find that although integrative medicine is gaining some acceptance in mainstream healthcare practices, Indigenous medicine continues to be seen as inferior. The core principle of Integrative Medicine would assumedly be more inclusive of all medical systems, but it too has the same requirements of proving validity through the scientific method. Because of this limiting factor and the stereotypes pervading much of Western Medical perspectives, the integration of Indigenous Medical systems and Western Medical systems has been slow.

Some indigenous individuals and communities have been decolonizing their Indigenous Medical knowledge in an attempt to bring the Western and Indigenous Medicines together for the benefit of Indigenous and non-indigenous people. Lori Arviso Alvord, M.D. was the first female Navajo surgeon. She has spent most of her life helping to bring together the Navajo and Western Medicine systems (Horowitz, 27). Since the Indian Self-Determination and Education Assistance Act, tribal communities are able to control the type of health care they receive through Indian Health Services (Spector, 202). These examples give hope for furthering the acceptance and acknowledgement of Indigenous Medicine systems.