INTEGRATING INDIGENOUS HEALING PRACTICES WITH CONVENTIONAL HEALTHCARE AMONG THE NANDI OF KABIYET, NANDI COUNTY, KENYA

BY

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DECLARATION

Declaration by the Candidate

I declare that thesis is my original work and it has not been submitted to any other university or institution for the award of a degree or examination. Therefore, no part of this research may be reproduced without prior written permission of the author or that of Moi University.

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ABSTRACT

The emergence of new diseases in the modern times has given rise to a global interest in the use of indigenous medicine alongside the conventional healthcare. Many communities in Africa such as the Nandi of Kabiyet continue to utilize indigenous healing practices for their healthcare yet indigenous medicine is excluded from the formal healthcare structures. The United Nations calls for integrating indigenous healing practices with modern healthcare systems in order to preserve cultural heritage and enhance healthcare accessibility, aligning with Sustainable Development Goals such as Good Health and Well-being (SDG 3) and Reduced Inequalities (SDG 10). The purpose of this study was to explore the integration of African indigenous knowledge systems on healthcare practices with the modern health care among the Nandi of Kabiyet ward, Kenya. Kabiyet was suitable because it combines strong biomedical capacity, active traditional healer networks and culturally hybrid sacred spaces. The main objective of this study was, to explore the integration of African indigenous knowledge systems and healthcare practices with the modern healthcare systems among the Nandi of Kabiyet, Kenya. Specifically, it sought to investigate the nature and practice of indigenous medicine among the Nandi; to examine the role of Nandi religion in healthcare management practices and to explore the integration of the Nandi indigenous medicine with the conventional healthcare management practices in Kabiyet ward. This was a qualitative study which adopted an exploratory design and a constructivism philosophical paradigm. It was guided by the Holism theory propounded by Jan Smuts (1870-1950) to explain the persistence of the use of indigenous healthcare systems. The study population was the residents of Kabiyet ward. Both primary and secondary sources of data were utilized. Twenty-five respondents who included herbalists, diviners, mediums, priests, midwives, community elders and biomedical practitioners were purposively sampled for the study. Eleven key informants were selected purposively for interviews while fourteen of them for two focus group discussions (of seven each). Data was collected through interviews, observation and focus group discussions. Collected data was analyzed qualitatively using thematic method and presented in a descriptive narrative form. Findings revealed that the Nandi have a vast indigenous knowledge and techniques in healthcare management, the Nandi traditional healing practices are deeply rooted in their cultural and religious beliefs and there are possible ways of integration of Nandi indigenous medicine with modern healthcare systems. The study concludes that, there is a vast knowledge in the nature and practice of indigenous medicine in Africa, African religion has a role in healthcare management practices and there are models of integrating indigenous healing practices with modern healthcare systems. The study recommended that the Nandi people's vast knowledge and skills of indigenous medicine are significant and need to be utilized into modern health management, some of the Nandi indigenous religious teachings should be incorporated into modern healthcare and that there is need for policy reviews to assist in the integration of the Nandi indigenous medicine with modern healthcare systems. This study is significant because it provides evidence on how African indigenous knowledge and healthcare practices can meaningfully complement modern medical systems among the Nandi of Kabiyet in order to develop a more culturally responsive and accessible healthcare model that can improve patient outcomes in rural communities. The findings will also inform policymakers and healthcare providers as they work to strengthen Kenya's healthcare system, advance equity in health service delivery, and contribute to national and global health goals such as SDG 3.

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ABBREVIATIONS AND ACRONYMS

ATM	African Traditional Medicine
AIDS	Acquired Immune Disease Syndrome
ARV	Anti Retro-Viral
CDC	Centers for Disease Control
COVID 19	Corona Virus Diseases of 2019
CHV	Community Health Volunteer
CMO	Conventional Medical Officer
HIV	Human Immuno-Deficiency Virus
O.I.	Oral Interview
SDG	Sustainable Development Goals
TBA	Traditional Birth Attendant
TM	Traditional Medicine
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

OPERATIONAL DEFINITION OF TERMS

Complementary/Alternative medicine: Medication resorted to when conventional medicine is inaccessible, does not suffice, cure or is not preferred by a patient.

Conventional medicine/Modern healthcare: The officially recognized forms of medication put in place by national governments presently and are accessible to all populations irrespective of cultural backgrounds.

Healing: It is a state that encompasses physical, psychological and social wellbeing of a patient after getting a form of health care.

Healthcare management: Refers to the diagnosis, prevention and treatment of diseases and catering for health needs by providing facilities such as medicine and personnel to operationalize.

Holistic (wholistic) approach: A means that addresses physical, emotional, social and spiritual dimensions in relation to any multi-faceted approach directed to health and wellbeing.

Indigenous medicine: The medical practice initiated by the indigenous Nandi community. The term has been used interchangeably with the terms traditional, complementary and alternative medicine.

Integration: The amalgamation of indigenous and conventional healthcare systems with the sole purpose of improving the wellbeing of individuals and healthcare provision or outcomes.

Ritual: Organized symbolic ceremonies performed in a specific way, at a specific time, with a specific meaning and often in a prescribed sequence that hold cultural, spiritual or social significance.

Taboo: Taboos are cultural or religious prohibitions relating to indigenous health care practices in the Nandi community.

Traditional Nandi priest: An individual designated in Nandi community to carry out religious functions.

CHAPTER ONE

INTRODUCTION

This chapter is an introduction to the whole study. It includes the background of the study, statement of the problem, objectives of the study, research questions, significance and justification of the study, the scope, limitations and delimitations of the study, assumptions of the study, theoretical framework, literature review and the research methodology and design.

1.1 Background to the Study

Healthcare is an integral aspect of survival in all human communities globally. In the recent times there has been a heightened global concern on health-related issues due to threats posed by emerging chronic diseases and pandemics whose causes and cures are unknown. These diseases include cancer, diabetes, hypertension, HIV/AIDS, tuberculosis (CDC, 2025) and lately the COVID-19 pandemic. The concerns on healthcare may also be attributed to challenges occasioned by the modern healthcare system and demographic shift in disease pattern. It alludes to the fact that the delivery of modern healthcare is at times inaccessible, unaffordable or may lack cultural acceptance especially among the rural communities in Africa and other parts of the developing world (WHO, 2023). In such circumstances indigenous medicine is resorted to as the suitable alternative healthcare. A review of Kenya's existing legal and policy frameworks such as the Health Act 2017, the Traditional Health Practitioners Bill, and national cultural preservation policies reveals gaps in formal recognition, regulation, and integration mechanisms for indigenous healing practices, underscoring the need to examine how these systems can be effectively blended with conventional healthcare among the Nandi of Kabiyet in Nandi County.

The use of indigenous medicine dates back to the prehistoric period and has been in substantial use globally as a form of primary healthcare (WHO, 2023e). The reality of this is seen in the fact worldwide there are established indigenous healing systems with associated philosophies, customs and beliefs (Ekeopara & Ugoha, 2018). These indigenous healing systems include traditional Chinese medicine, Ayurvedic medicine of India, Unani in the Arab world, Kampo in Japan, Native American medicine and African traditional medicine in the African region (Ikhoyameh et al., 2024). Traditional Chinese medicine has been used by the Chinese people since ancient times with herbal, mineral and animal products being the primary sources of remedies. On the same note, Japanese traditional medicine (Kampo medicine) has also been in use since the 9th century while Ayurveda (Indian traditional medicine) has been in practice for nearly 5000 years (Tiwari et al., 2021).

Like the Chinese and Ayurvedic, Kampo and Native American medicine, the practice of African indigenous medicine has been in existence for many centuries (UNESCO, 2020). Some of the African cultural healing systems include the Egyptian traditional medicine, Ethiopian traditional medicine, Dinka traditional medicine, and the *Ngoma* healing tradition of the Central and Southern Africa (Kamwaria, 2022). In Kenya, it includes the Samburu, Maasai, the Keiyo and Nandi traditional medicines (Gakuya et al., 2020) which was the focus of this study. The African healing system is deeply rooted in ancient wisdom passed down through generations of the indigenous African people. This healing system is also characteristically unique in that it approaches health matters from a holistic perspective and has a significant influence of traditional beliefs in the use of its indigenous medicine in matters of wellbeing involving a whole community (Ekeopara & Ugoha, 2018).

The practice of African indigenous medicine is largely influenced by African worldview and this is reflected in the high number of users in the African countries (Mbiti, 2015). The use of this type of medicine envisioned healing in a holistic sense; encompassing the physical, spiritual, emotional and social harmony. The African healing practices are not limited to the natural product components such as the use of herbal or plant therapies, animal insect or animal sourced therapies. It includes the use of rituals performed commonly consisting of prayers, offerings and sacrifices and utterances, charm application, patterned behavioral gestures, drumming and dancing (Mbiti, 2015). Healing practices also allude to observation of taboos.

It is estimated that 80% of the world's population utilizes herbal cures for various ailments worldwide (*WHO, African Traditional Medicine Day 2022* and *WHO, Regional Office for Africa*, *2024*). Apparently, even in places where modern healthcare services are accessible and specialized, many people still consult traditional healers. In this regard, traditional medicine (TM) has achieved a remarkable success in some countries like China and India where it is well integrated with conventional medicine (Leung, 2023). Today, more than half the Chinese population regularly use traditional remedies (Gaur, 2024). During the later part of the 20th century, USA and Europe have reported an enormous growth in popularity of traditional healing methods including the use of herbal remedies. These remedies are believed by the consumers to be "natural" rather than "synthetic". In Nigeria, patients with hypertension, cancer and diabetes reportedly use indigenous medicinal plants, mineral and belief-based means to manage their ailments (*African Traditional Medicine Day, 2022,*). In South Africa, 75% of HIV infected patients take some forms of indigenous remedies whereas 60% of Ugandans depend on ATM (Wamala and Pomeroi, 2020). The Kenyan situation is not any much different as many of its communities particularly from rural areas rely on traditional

remedies. A general observation shows that patients especially those afflicted with chronic ailments such a cancer, infertility and hypertension combine indigenous herbal and modern medicine (Mutombo et al., 2023). The evident widespread use of traditional medicine has prompted the WHO to promote the integration of traditional medicine into national healthcare systems and also advocate for the development of national policies and regulations as essential indicators of the level of integration of such medicine (Ikhoyameh et al., 2024).

WHO emphasizes a structured and ethical integration of indigenous medicine into national health systems through several key frameworks. The WHO Global Traditional Medicine Strategy (2025-2034) has provided an updated Organization global framework for integrating indigenous medicine into national healthcare systems. It guides countries in strengthening research on traditional practices, establishing effective regulatory mechanisms, and promoting community-centered integration while protecting indigenous cultural knowledge and ensuring free, prior, and informed consent (WHO, 2025). Complementing this, WHO-WIPO (World Intellectual Property Organization) framework jointly advocates for legal protection of indigenous knowledge used in healthcare systems. It provides legal guidance on preventing misuse of indigenous knowledge by requiring proper disclosure of genetic resources and traditional knowledge in patents, and by promoting equitable benefit-sharing with indigenous communities (WHO, 2024). Together, these frameworks support safe, evidence-based, and culturally respectful integration of indigenous medicine. This can lead to a more inclusive and culturally sensitive healthcare system that reflects the realities of the populations it serves. However, this process presents various challenges such as standardization, regulation, intellectual property rights, and potential conflicts between traditional and biomedical practitioners.

In sub Saharan Africa, countries such as South Africa, Ghana, Rwanda and Kenya are increasingly validating herbal remedies (Asase, 2023; Kasilo et al., 2019). South Africa has officially recognized indigenous medicine as part of its healthcare system. It has put in place the Traditional Health Practitioners Act to regulate and oversee the regulation of traditional healers. It also ensures the indigenous medicine is integrated as a complementary component of the county's healthcare services. Similarly, Ghana has made a significant progress in integrating indigenous medicine into its healthcare system. Its government passed the traditional medicine practice council to oversee practitioner and in hospitals there have been established herbal medicine departments offering patients access to both types of care. In Tanzania also, the government has established policies aimed at incorporating traditional healing practices into the broader health system, fostering partnerships between modern and traditional healthcare practitioners.

In the context of the Nandi community, there is limited documented research on the current dynamics between indigenous and modern healthcare systems and the potential for their integration. Understanding how these systems interact, coexist, or conflict is critical in informing health policy, improving service delivery, and preserving indigenous knowledge. This study set out to explore the possibility of integration of Nandi indigenous medicine with modern medicine for better healthcare management among the Nandi of Kabiyet in Nandi County. It identified opportunities for collaboration, challenges to integration, and community perceptions regarding both systems. It envisioned that the findings will contribute to ongoing discussions on how culturally grounded health systems can be developed to improve health outcomes in Kenya and similar contexts.

1.2 Statement of the Problem

Despite global commitments such as the United Nations Sustainable Development Goals (SDGs) 3 and 10 -which seek to reduce mortality and improve overall health—communities worldwide continue to grapple with rising cases of chronic illnesses and pandemics, including cancer, diabetes, hypertension, HIV/AIDS, infertility, and COVID-19. Kenya faces the same escalating burden, with cancer ranked as the third leading cause of death and cardiovascular-related conditions accounting for an even greater share of national mortality (Mbau et al., 2023).

Although Kenya has an established modern healthcare system, rural populations such as the Nandi community of Kabiyet in Nandi County continue to depend significantly on indigenous medical practices for managing various health conditions. Yet these indigenous systems remain largely unrecognized and excluded within formal healthcare frameworks. As a result, patients independently navigate between the two systems, creating a fragmented and inefficient approach to disease management.

Currently, there is limited empirical evidence on how indigenous and modern healthcare systems can be effectively integrated in rural contexts like Kabiyet, despite its high reliance on indigenous medicine and ready access to modern health facilities. This gap has led to missed opportunities for strengthening healthcare delivery, improving health outcomes, and contributing to the broader national and global health agenda. Therefore, there is an urgent need to investigate the potential for structured integration between indigenous medicine and modern medical practice in Kabiyet, and to determine how such integration could enhance healthcare management in underserved communities.

1.3 Purpose of the study

The purpose of this study was to explore the integration of African indigenous knowledge systems and healthcare practices with the modern healthcare systems among the Nandi of Kabiyet, Kenya.

1.4 Objectives of the study

1.4.1 Main objective

To explore the integration of African indigenous knowledge systems and healthcare practices with the modern healthcare systems among the Nandi of Kabiyet, Kenya.

1.4.2 Specific objectives

The study was guided by the following specific objectives:

i. To investigate the nature and practice of indigenous medicine among the Nandi in Kabiyet, Kenya.
ii. To examine the role of the Nandi religion in healthcare management practices among the Nandi people of Kabiyet.
iii. To explore the integration of the Nandi indigenous medicine with the conventional healthcare management practices in Kabiyet.

1.5 Research Questions

The research process was guided by the following questions:

i. What is the nature and practice of indigenous medicine among the Nandi of Kabiyet, Kenya?
ii. What is the role of Nandi religion in healthcare management practices among the Nandi of Kabiyet?

iii. How can the integration of the Nandi indigenous medicine with the conventional healthcare management practices be achieved among the Nandi people in Kabiyet?

1.6 Significance of the Study

This study was significant in several key ways; both at the local and national levels. By focusing on the integration of African indigenous knowledge systems—specifically those practiced by the Nandi community of Kabiyet—into modern healthcare, the research aimed at making a contribution towards the creation of a more inclusive, culturally grounded and effective healthcare management system. It provided a valuable insight into the role and relevance of indigenous healthcare practices in the daily lives of the Nandi people. Understanding how these practices are used, perceived, and trusted can help health planners and policymakers appreciate the depth and continued importance of indigenous medicine in health-seeking behaviours among the rural populations.

The study addressed a critical knowledge gap by exploring practical pathways for integrating indigenous healing practices with biomedical healthcare systems. Such integration, when guided by research and community input could improve access to healthcare, patient satisfaction, contextualized health seeking practices and overall health outcomes. It can also strengthen health system resilience by leveraging on local resources and indigenous knowledge.

This research supports the preservation and documentation of indigenous medical knowledge, which is often orally transmitted and at risk of being lost due to modernization and lack of formal recognition. Preserving this knowledge not only

honours cultural heritage but also opens opportunities for scientific validation and responsible incorporation into contemporary medical practices.

This study informs the development of culturally sensitive health policies and programs that respect traditional practices while upholding standards of safety and efficacy. This could lead to the establishment of collaborative frameworks between traditional healers and modern healthcare providers, potentially enhancing mutual trust and patient referral systems.

The Kenya government in its national development plan has set goals and policies for ensuring efficient health delivery to all its citizens. This study brought forward the use of indigenous medicine as an alternative and complementary healthcare system in view of its accessibility, affordability, cultural value and relevance. This study hoped to contribute to policy recommendations to Kenya's health sector and the stakeholders.

Finally, the findings from this study will be valuable to scholars, health practitioners, government agencies, and non-governmental organizations and stakeholders interested in strengthening health systems, cultural integration, and community-based approaches to healthcare. The lessons learned from the Nandi context could also serve as a model for similar integration efforts in other regions of Kenya and beyond.

1.7 Justification of the Study

The integration of African indigenous knowledge systems and healthcare practices with modern healthcare cannot be underscored. It is increasingly recognized as essential to achieving comprehensive, culturally relevant, and accessible health services, particularly among rural communities. Among the Nandi of Kabiyet in Nandi County, indigenous medicine remains a central part of community health management. However, despite its widespread use and cultural importance, indigenous medicine

operates largely outside the formal healthcare system, resulting in parallel and often disconnected treatment approaches.

This study is justified by the urgent need to bridge the gap between traditional and modern medical systems in a manner that promotes collaboration, mutual respect, and improved health outcomes. Many patients in Kabiyet utilize both systems concurrently or sequentially, which may lead to treatment conflicts, lack of continuity in care or underutilization of available services. Understanding how to harmonize these systems can enhance healthcare delivery by improving coordination, patient compliance and cultural sensitivity in health interventions.

Additionally, there is limited empirical research specific to the Nandi context regarding how indigenous healthcare knowledge can be integrated with formal health systems without compromising its cultural integrity or biomedical standards. This study seeks to fill that gap by documenting local practices, examining community and practitioner perceptions and exploring practical models for collaboration.

The findings will not only contribute to academic knowledge but also support health policymakers, traditional healers, and biomedical practitioners in designing inclusive health care strategies that pay attention to both scientific and cultural dimensions. As Kenya moves toward achieving Universal Health Coverage (UHC), recognizing and incorporating indigenous knowledge on healthcare is critical to ensuring no section of the population is left behind.

Furthermore, this study aligns with national and global efforts, including recommendations by the World Health Organization, to recognize the value of traditional medicine and promote its safe and evidence-based integration into public health systems. The research outcomes may thus serve as a reference point for similar

initiatives in other parts of Kenya and across Africa. The study proposes that Africa needs a health care system that integrates both western and indigenous approaches in addressing medical challenges. It heeds to Sustainable Development Goal 3 (SDG3) and Aspiration 1 of the African Union's Agenda 2063 that longs for an era of a flourishing Africa grounded on inclusive development and sustainable growth. It visualizes that at then Africa will have a high standard of living, quality life, sound health delivery and wellbeing as outlined in the African Union's Agenda 2063: The Africa We Want (2022). It further recognizes the potential of indigenous medical knowledge and its approaches that needs to be brought in to the limelight in order to assist in addressing some of the medical needs in modern African society. The study contributes to the search towards the remedies for emerging diseases whose causes and cures cannot be addressed presently by the conventional medicine. It also suggests that attention needs to be directed to the practice of African indigenous medicine in relation to the social, emotional, political, spiritual and economic dimensions of individuals seeking medications for various illnesses.

The use of indigenous ways in controlling disease is reported to be more popular in Africa, Asia and Latin America since 80% of the populations continue to depend on indigenous medicine for primary health care needs (World Health Organization, 2023). The high frequency of the use of indigenous ways of control of disease in Africa is attributed to reasons such as affordability as well as social and cultural acceptability (Kasilo, 2019). However, it is not clear how the knowledge on indigenous medicine can be incorporated with modern healthcare for disease control and sound health in the modern African society which this research envisaged to address.

In Kenya, it is estimated that 70% of the population use indigenous medicine. Notably this is majorly the rural population. This form of medication is cheaper given that most conventional health facilities are concentrated in the urban areas where it takes a cost implication to access. This is coupled with the fact that most of the people have no health insurances and their poverty levels are high. Other reasons for the preference of indigenous medicine includes the fact that they are believed to have less side effects compared to the allopathic medicine, are affordable and acceptable. Therefore, indigenous medicine stands out as the alternative form of healthcare.

The use of indigenous forms of healthcare is evident in Kabiyet region of Nandi County with indigenous medicine practitioners taking a central role. Residents resort to this form of healthcare because it aligns with their cultural beliefs and is perceived as having the ability to address diseases that modern medicine cannot. It is also partly because conventional health facilities are not accessible.

This study opines that indigenous healthcare system needs to co-exist with the modern ones to play complementary roles and address the rising global health challenges. It is hoped that the findings of the study will inform policy makers in the design of appropriate frameworks to integrate strategies that are inclusive. This would in turn be realized in effective healthcare management in Kabiyet and Kenya as a whole and serve as a source of information for further research.

1.8 Scope of the Study

This study focuses on the integration of African indigenous knowledge systems and healthcare practices with modern healthcare systems among the Nandi community in Kabiyet, Nandi County, Kenya. The research specifically examines the nature, uses,

and cultural significance of indigenous medical practices within the community, as well as how these interact with or operate alongside modern healthcare services.

Geographically, the study is limited to Kabiyet Division in Nandi County, a region characterized by both rural settlement patterns and poor access to fully equipped modern healthcare facilities. The choice of this location is based on its strong adherence to traditional practices and the co-existence with biomedical health centers, making it an ideal setting to explore integration dynamics.

The study targets key stakeholders, including indigenous healers, biomedical healthcare providers, community health volunteers and members of the community who are informed on healthcare service provision in Kabiyet. It explores their perspectives, experiences, and attitudes towards the potential integration of indigenous and modern health systems.

Thematically, the research covers aspects such as the types of indigenous healthcare practices used, community trust in these practices, existing collaboration or referral systems between traditional and modern health practitioners, barriers to integration and opportunities for developing collaborative healthcare models. The study examines regulatory, ethical, and knowledge preservation issues relevant to the practice of indigenous medicine and integration.

The study does not aim to test the clinical efficacy of traditional remedies or to evaluate specific medical outcomes. Instead, it concentrates on the social, cultural, institutional, structural dimensions of the integration, drawing from qualitative data.

1.9 Limitations and Delimitations of the Study

1.9.1 Limitations

This study encountered several limitations that could affect the depth and generalizability of its findings.

First, some traditional healers and community members were unwilling to share detailed information about indigenous practices due to cultural taboos, fear of intellectual property theft or mistrust. This could limit access to crucial data. The researcher explained the importance of the study which made some of them to give information.

Indigenous medical knowledge among the Nandi is largely oral and informal, making it difficult to verify or cross-reference information obtained alongside the sources. More interviews were done to verify the information gathered.

Given the qualitative nature of the study, data collected through interviews and focus groups was subjected to personal biases, memory limitations, or social desirability responses. Findings were shared with participants to confirm accuracy and ensure their views were presented correctly.

The scope of the research was limited by time and funding, which restricted the number of participants or depth of fieldwork that was conducted across different villages within Kabiyet. This was solved by selecting key informants or participants who are most knowledgeable and can provide deep insights, rather than trying to reach a large sample.

Although most respondents may speak Kiswahili or English, some may prefer to express themselves in the Nandi language, requiring translation that may have led to

loss of meaning or nuance. The researcher sought verifications from the respondents regarding contexts that may not have been found unclear.

1.9.2 Delimitations of the Study

To maintain the focus and manage the scope of research effectively, the study adhered to some delimitations. For one, the study was confined to Kabiyet in Nandi County and did not attempt to cover other regions where different indigenous practices or integration models may exist.

The study engaged only traditional healers, biomedical health workers, selected government health official, and community members within Kabiyet. It did not include national-level policymakers or health institutions outside the study area.

The research focused on the integration process, including perceptions, barriers, and opportunities. It neither evaluated the scientific efficacy nor sought pharmaceutical opinion and chemical composition of the traditional remedies. Finally, the study centered on primary healthcare and community-level practices rather than specialized or hospital-based services, which may be less relevant in rural Kabiyet.

1.10 Assumptions of the Study

Based on the understanding that the practice of indigenous medicine is ‘alive’ among the Nandi, the study assumed that the practice occupies a significant space in matters of healthcare management in the present-day Nandi community in Kabiyet ward. As such it has a context and can be integrated with modern health care practices. It also assumed that a holistic approach to health held by the community provides an ethical standard in the practice of indigenous medicine as in other cultural aspects; as such its integration with modern healthcare is acceptable among the Nandi. This dictates that wellbeing or health needs to appeal to the physical, social, emotional and spiritual

dimensions of a human being and can only be interpreted with reference to the interconnectedness of the dimensions. This position is not subject to any challenge or negotiation because it is spelt out in the Nandi cultural system

1.11 Literature Review

1.11.0 Introduction

This section is a review of the related literature of the study. The review was aligned to the objectives of the study which alluded to its main objective and provided a background to gaps in knowledge with a framework on which the study was anchored. The review is divided into three sections that include: the nature and practice of indigenous medicine among the African people; the role of African religion in healthcare management practices and the means of integration of the African indigenous medicine with the conventional healthcare management practices.

Historically, indigenous medicine has been in substantial use in all human communities globally with its products being utilized to meet health care needs. The earliest recorded evidence of their use in Chinese, Indian, Greek, Roman, Syrian and Egyptian texts dates back about 5000 years ago. This type of medicine has also played a key role in many healing systems and this can be exemplified by reference to some of world civilizations like the Chinese, Japanese, Indian, United States of America and the African. Traditional Chinese medicine has been used by the Chinese people from ancient times with herbal, mineral and animal products being the primary source of remedies. According to WHO (2013), there are about 5000 traditional remedies available in China and today more than half the Chinese population regularly use traditional remedies. Ayurveda (Indian traditional medicine), which comprises diet and herbal remedies and emphasizes on the mind, body and spirit has also been in practice for nearly 5000 years

(Tiwari et al, 2021). During the later part of the twentieth century United Sates of America and Europe have reported an enormous growth of popularity in traditional healing methods. These remedies are believed by the consumers to be “natural” rather than “synthetic.”

1.11.1 The nature and practice of African indigenous medicine

According to WHO (2013) traditional medicine is “the sum total of indigenous knowledge, skills, and practices based on the theories, beliefs, and experiences of different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.” Indigenous medicine in Africa encompasses a rich, diverse system of healing practices rooted in cultural traditions, spirituality and local knowledge of the environment. It predates colonialism and modern biomedical systems and continues to serve as a primary or complementary form of healthcare for millions across the continent. The World Health Organization (WHO, 2023) estimates that up to 80% of the African population relies on traditional medicine for their primary healthcare needs, particularly in rural areas where access to modern facilities is limited. This study sought to show what indigenous medicine encompasses by making an investigation into the scope and inclusion of indigenous medicine with reference to the Nandi community.

Tuasha *et al.* (2023), basing on the Ethiopian indigenous medicine practice, observes that the practice of African indigenous medicine predates human history and that the African continent has a long history of holistic remedies and therapeutic techniques. Additionally, Mutombo *et al*., (2023) on his part supposes that African indigenous medicine is perhaps the oldest and most assorted of all TM systems. These assertions elevate African indigenous medicine and put it at par with other indigenous medical

systems in the world. According to Mabogunje *et.al* (2019), African indigenous medicine refers to the traditional healing systems, beliefs and practices that have evolved over generations within the diverse African cultures. The same view is shared by Ogungbemi (2019) who portends that, African indigenous medicine refers to a comprehensive healthcare system that encompasses a wide range of healthcare practices, beliefs and knowledge systems related to health and healing that are indigenous to African culture and its various communities. In his definition of African indigenous medicine, Majeed (2023) includes a unique characteristic that defines African indigenous medicine; that African indigenous medicine includes a range of practices such as the use of herbal medicines, spiritual rituals and healing ceremonies. He further explains that health is the balance between the physical body, the spirit, the social relationships and the wider community level. This view is shared by Sievert, (2024) who held that health and illness are inextricably linked with the supernatural, biological and social levels. All these ideas advanced by the scholars depict the nature of African indigenous medicine as a unique phenomenon. Such opinions drew the researcher's attention to investigate deeper on the nature and the practice of Nandi indigenous medicine in relation to healthcare management. Nandi indigenous medicine which is the focus of this study is one of the many established indigenous knowledge practices that was singled out as a microcosm of African indigenous medicine system.

Asatsa *et al.* (2025), opines that rituals play a role in healing processes. He explains that healing often involves the application of rituals and invocation of ancestral spirits with a community-oriented approach. In agreement, Emgård *et al*. (2021) adds that both herbal and ritualistic healing are integral components of ATM, reflecting the wholistic approach to health encompassing physical, spiritual and emotional dimensions. These scholars opine that the relationship shows the importance of cultural beliefs and

practices in understanding health and wellness in African communities. Their works also highlight the importance of social relationships in a healing process. By alluding to the views of the two scholars this study was lead to find out whether Nandi indigenous medicine and its practices were in line with their views concerning herbs and rituals being integral parts of healing together with a wholistic approach. The scholars have mentioned only rituals, invocation of ancestors and herbs to describe the holistic approach to African indigenous healing This study envisaged to advance the scholars views by documenting more forms of indigenous therapies that define the holistic nature of African indigenous healing which they did not discuss.

Edet *et. al* (2019), observes that African indigenous medicine reflects the diversity of African cultures and its practice trickles down to tribal community levels. This can be qualified by citing some of the long known African indigenous medical traditions which include the Ethiopian traditional medicine, the Ngoma healing tradition of the Central and Southern Africa (Janzen 2019), Dagara healing practices (Adu-Gyamfi and Lankpiere, 2023) in Ghana. Others from Kenya include the o traditional medicine (Nankaya et al., 2019), the Marakwet traditional medicine (Wanjohi *et al*. 2020) and the Nandi medical system (Snell, 1954) which is the focus of this study. As acknowledged by Snell that the Nandi indigenous medicine is a fully fledged medical system, the works of the scholars are a clear demonstration that African communities have existed alongside their indigenous medical systems. This study used the Nandi indigenous medicine to allay the empirical perception that indigenous medicine needs to measure up to certain conditions to be at par with conventional medicine (WHO, 2022). This study argues that the presence of African medical systems is a clear indication that African indigenous medicine is sufficient because it served African communities even before the arrival of modern medical systems. The study also opines

that any research on African indigenous medicine should move beyond policy analysis to investigate how it is practiced and perceived within diverse African communities. this study endevoured to fill this gap by using the Nandi as a microcosm to show the nature and practice of African indigenous medicine amid attempts of integration with modern systems.

Snell's work, *The Nandi Customary Law* (1954) describes Nandi medicine men and women as "dispensers of magic who were experts in certain medical and surgical skills and were respected members of the tribe." Though Snell describes the Nandi practice of indigenous medicine as being with expertise, he does not elaborate on the expertise or what he terms as magic in connection to the practice. It seems Snell did not have a foundational understanding on the nature of the Nandi indigenous medicine; a gap that this study set out to fill through its investigation of the nature and use of African indigenous medicine as a pertinent factor of healthcare management. The negative attitude expressed in Snell's work about Nandi medicine men and women (dispensers of magic) is seen in perceptions of some of today's African Christians. In Tanzania for example, a survey carried out in Moshi among Christian religious leaders revealed that 63% of them believe that witchcraft and African indigenous medicine are related because healers frequently employ divination techniques when providing their services (Iwata & Hoskins, 2019). This observation has also been made by Ozioma, (2019) that traditional medicine practices in Nigeria were referred to as *juju* or *voodoo,* meaning anything that is associated to magic and supernatural beliefs. The notions that African indigenous medicine is shredded with magical practices are not substantiated; shows lack of understanding and demerits African indigenous healthcare system. To fill this gap, this study sought to find out how the practice of African indigenous medicine is

effective in its use for healthcare management by making an in-depth investigation of the nature and practice of Nandi indigenous medicine.

Van der Watt, (2021) notes that before giving medication a Xhosa traditional healer probes deeply into the patient's social and psychological wellbeing in addition to the history of the present illness. This characteristic strongly attests to the expertise of the African traditional medical practitioners; that they had to establish the nature of illness before determining the diagnosis. He notes that, the application of medication to African people did not only entail the elimination of disease but to reconcile a patient's religious, cultural and ecological components. Healing therefore means restoration of a wholeness that brings about an equilibrium of interactions in the life processes and not just in terms of the physical processes only. This state may not be attained by use of natural material components and substances alone. Guided by this principle, the study proposed to carry out an exploration of the forms of indigenous therapies applied among the Nandi to find out how they can comprehensively address healthcare issues which Van der Watt mentions. The same observations made by Van der Watt (2021) concerning the Xhosa have been made about the Baganda and the Baganda. Sekagya et al.(2024) and Moonsamy & Gurayah (2024) found out that the Baganda and the Zulu respectively, believe that illness resulted from the punishing powers of the deceased ancestors. In these communities, healing is conducted by human spirit mediums who combine herbal medicines with song, drumming and dance performances. Through its investigation on the nature of the Nandi indigenous medicine, the study hoped to unveil some of the special types of healing techniques that the scholars do not show in their work while putting into consideration other causes of illness as outlined among the Xhosa, Baganda and Zulu communities. This study advances the significance of indigenous medicine by studying the Nandi community of Kabiyet to bring out a clear

understanding on the nature and use of the same in relation to its healthcare management.

African indigenous medicine is in a package of various forms which reflect the rich diversity in cultural, spiritual and environmental heritage across the African continent. These forms of therapies are deeply rooted in the cultural and spiritual beliefs of communities (Maseko, et al. 2021). The literature review made subsequently deals with the forms of indigenous therapies namely the herbal or plant origin therapies, the animal and insect sourced therapies and mineral based therapies. Indigenous medicine remains a vital and resilient component of healthcare in Africa. Its cultural relevance, accessibility, and holistic approach makes it indispensable, particularly in rural and underserved regions. There is a growing recognition of the need to document, validate, and integrate traditional practices into modern healthcare systems while respecting indigenous knowledge and community values. Continued research, policy support, and cross-disciplinary dialogue are essential for bridging the gap between these two paradigms of healing.

The use of indigenous herbal medicine in Africa prides in a rich historical background. Many African cultures have utilized plants for healing for thousands of years. Mbiti J. (2015) in his book, *Introduction to African Religion* explores African traditional worldview and explains the philosophical and spiritual foundations for the use of herbs in healing practices. Mbiti emphasizes that the African thought does not separate the spiritual from the physical and that the use of medicine is not just pharmacology but it is about invoking spiritual powers to heal. Healing to Mbiti is a communal issue which healers through their knowledge of herbs seek to restore social and spiritual order thus making healing beneficial to the entire community. Mbiti continues to explain that

traditional medicine is a divine act and that, reverence of natural resources aligns with the spiritual significance placed on herbs in healing. This study has alluded to Mbiti's view on the use of herbs that its use is influenced by African traditional worldview and is not set aside only for physical healing only but serves a purpose of its part in holistic healing. Mbiti's work is relevant to this study because it laid a foundation to the study on the use of herbal medicine in African indigenous healthcare. The work also expounded the scope of the characteristics of African indigenous healing which the study hopes to demonstrate as pertinent in understanding the use of the various forms of indigenous medicine with specific reference to the Nandi indigenous medicine.

Traditional herbal medicine remains an essential part of health care systems in Africa. This can be attested by reports that in Ethiopia 46% of the population utilizes indigenous herbal medicine (Hailu & Tefra, 2023) and 60% of Ugandans utilizes it for primary healthcare. In Lesotho, South Africa, Cameroon and Northern Morocco traditional herbal medicine is the most common form used to treat chronic diseases mainly HIV/AIDS (Tabuti et al., 2023). In support of this, some ethnobotanical studies have demonstrated that some of the indigenous medicinal herbal plants have potent therapeutic properties and further revealed that African communities have a vast ethnobotanical knowledge regarding medicinal plants (Kimutai *et al*., 2019). The ethnobotanical studies also indicated a robust use of herbal medicine in Africa, highlighting its cultural importance and therapeutic potentials. In Kenya 70% of the population use indigenous herbal medicine (Gakuya *et al*., 2020); patients are known to utilize conventional and indigenous medicine simultaneously. The studies provided baseline leads to the investigation of the Nandi indigenous herbal medicine. However, the ethnobotanical studies only focus on the curative role of the herbal medicine using the empirical outlook. It does not pay attention to the holistic mode of administration

of the therapy, religious and social attachments of the herbal medications despite crediting the African communities as having vast knowledge regarding medicinal plants. This study embarked on an exploration of the Nandi indigenous medicines; a factor not discussed in the ethnobotanical studies to bring out a better understanding of application of African indigenous medicine with reference to the Nandi of Kabiyet.

Animals and their body parts have been used as medicines across various cultures since ancient times, a practice known as zootherapy. Costa- Neto (2018) showed how Brazilian communities utilizes animals and their product for medicinal purposes while highlighting their cultural significance. In the Asian regions, zootherapy has a long history of medicinal practice (Alves et al., 2018).

The most commonly used animal products to treat ailments include milk, fats, blood, skins, horns, ligaments, hooves body organs and flesh. In most cases they are sourced from domestic animals such as camels, cows, sheep and goats and in some cases certain wild animals such as pigs, elephants and buffaloes as observed by Alves and Souto (2018). Alves and Souto enumerated the ailments treated by use of these products include asthma, cough, rheumatism and healing external injuries. Some animals were also used for ritual purposes including their products. This study wanted to find out if the Nandi TM practitioners had the same knowledge on the use of such products for therapeutic purpose. Added to the medicinal value, the study endevoured to add other uses of the products for holistic healing. This is for example their uses for ritual purposes which catered for the spiritual dimension healing and taboos attached to them which translated into environmental conservation which is an extended kind of healing recognized by indigenous medicine.

In modern societies, zootherapy remains an important alternative therapy. Wild and domestic animals and their by-products (e.g., hooves, skins, bones, feathers, tusks) are used to cure and prevent disease. For instance, traditional Chinese medicine has recorded over 1500 medicinal animal species, and in India, 15–20 percent of Ayurvedic medicine is animal-based. In Bahia state, Brazil, over 180 medicinal animals have been documented (Alves *et al*, 2018).

In modern medicine, treatment of diabetes first began with injection of crude pancreatic extracts obtained from animals before purified insulin was eventually extracted from it and revolutionized treatment of diabetes (Ib et al., 2020). There also many diseases that are treated using antibodies that are produced whole animals including horses, rabbits, cows and pigs or animal products like egg yolks Pereira et al., 2019). Though there is a demonstrated knowledge development in these endevours, the administration of this type of medicines is one dimensional unlike the African traditional medicine as shown in the reviews on African context. However, they comparatively show the indigenous knowledge the African indigenous healers possess. This study attempted to bring out the understanding on the subject of this type of in the holistic dimension.

Various African cultures incorporates the use of animal parts such as bones, hides and organs. These animal derived materials are believed to have medicinal properties and are often utilized for ritual purposes as well. Animal parts are employed by healers to treat various ailments and holistic healing is emphasized in its application. The use of animals reflects a profound connection between humans and nature, viewing animals a source of medicine for physical and spiritual well-being (Kalu and Opara, 2019). The article “Traditional medicinal animal use by Xhosa and Sotho communities in Western Cape Province of South Africa, examines the role of animal sourced remedies among the Sotho and Xhosa (Nieman et al., 2019). It outlines the significant number of animal

species used, documenting 71 species. The review also emphasizes cultural significance of the remedies detailing the common products derived from the animals such as skins, fats and bones.

The review of the article, "Use of animal products in traditional medicine in Nigeria: A review by Ntonifor and Okwuosa" (2020), offers an in-depth examination of the incorporation of animal source medicinal products in Nigerian traditional medicine practices. It underscores the significance of the cultural role that the animal products play in traditional medicine throughout Nigeria where many communities depend on these remedies. The review also categorizes the animal products. Among the Sukuma of Tanzania, animal products including gazelle flesh, rhino horn, nail of mongoose, and honey were used to treat common respiratory ailments like tuberculosis and asthma (Vats & Thomas, 2015). In a similar view according to Kaimenyi and Njiru (2018), the Maasai community in Kenya incorporates a variety of animal products in their traditional medicine, reflecting their cultural beliefs and practices. They utilize different organs of the animals such as horns, hides, bones and products such as milk and urine. Animal fats are used as ointments and liniments whereas cow urine was traditionally used to treat skin allergies and infections. Kaimenyi and Njiru also notes that the animals used to derive remedies have an essential connection with the communities' environmental cultural heritage and are so intertwined with the Maasai way of life. Basing on the observations of the African scholars, the study will attempt to document and contextualize the animals used for medical purpose among the Nandi of Kabiyet as in the Nigerian and Tanzanian communities.

The therapeutic use of insects, known as Entomotherapy, is an ancient practice with a rich history across many cultures (Dev *et al*., 2020). Insects and their derivatives possess various biological properties, including antibacterial, antifungal, antiviral,

anticancer, antioxidant, anti-inflammatory and immunomodulatory effects. They are utilized in diverse forms, such as live, cooked, grounded, infusions, plasters, salves, and ointments (Alves and Souto 2020). In Europe grasshoppers were used to treat urinary conditions and earwigs mixed with rabbit urine were used to treat ear inflammations while in Brazil ants mixed with sugar and coffee juice treat vision related diseases (Soares *et al*., 2022). The insect products include honey, venom, silk and maggots. Such therapies are now finding increased acceptance and importance in the modern world. There are also a number of new advancements in the development of insect natural compound as prospective new medicines. These advances include maggot therapy used for the selective removal of dead tissue from wounds, and apitherapy, where bee venom has shown promise in treating inflammation associated with rheumatoid arthritis (Harvey *et al*., 2021). These scientific facts guided the study in exploring the indigenous Nandi medicine of such nature and to find out whether the Nandi shared this cultural trait in its practice of indigenous medicine regarding this form of therapy.

Minerals are vital nutrients that a human body needs to function optimally and they have been used for medical purposes since prehistoric times. According to (Liu et al., 2019), ancient civilizations dispensed unique mineral preparations which include Bhasmas and Zuotai (from the Ayurvedic and Tibetian medical systems respectively). In the same way the use of medicinal earths in Mesopotamia, ancient Egypt and Greece has been proven. Minerals applied for therapeutic purposes include rocks, clay, ochres, pumice, gemstones, slates, limestone, salt licks and loam soils. Intact healthy soils provide an ecosystem yet its knowledge remains scantly explored. The use of natural minerals of soil origin for medicinal and cosmetic purposes has a long tradition. Its use and other natural substances is central to traditional Chinese medicines for over 2000 years (https://www.researchgate.net). Minerals such as clay have been used for the

same purpose and continue to be applied in modern medicine for prevention of a range of diseases, this study attempted to find out about the use of such a form of therapy among the Nandi.

1.11.2 The role of African religion in the practice of indigenous medicine.

Religion is an integral part of indigenous medicine shaping healing practices across many cultures. Many indigenous healing traditions blend spiritual beliefs, rituals and divine interventions with indigenous remedies and physical treatments. This stems from the view that health and illness are not purely physical but are also influenced by spiritual forces. Oral traditions have preserved medical knowledge for generations thereby shaping dietary laws, hygienic practices and healing ceremonies that promote wellbeing. According to Cyracom M. (2024) religion significantly influences healthcare globally, affecting patients' beliefs, treatment decisions and overall wellbeing. It also shapes ethical views on medicinal interventions and healing practices. This is such that many cultures blend spiritual beliefs with their medicinal practices acknowledging that health encompasses physical, emotional and spiritual aspects. This is echoed by Chiroma (2020) when he says that African quest for health and wellness is deeply rooted in the belief in a deity whose benevolence is relied upon. African indigenous healing does not exist separately from religion; rather it is an extension of belief systems.

Kamaara (2024) examines how African traditional medicine is linked with religious beliefs. Kamaara further examines the profound connection between traditional African healing practices and spirituality. She further adds that ancestors are deeply integrated into traditional African cosmologies and that they are intermediaries between the living and the spiritual wellbeing. She emphasizes the role played by ancestors as

intermediaries between the living and the divine highlighting their multifaceted roles as custodians of cultural knowledge, counsellors and spiritual guides within their families and communities. She further clarifies that ancestors are relied upon to facilitate communication with the spiritual world underscoring the belief that health is maintained through a harmonious relationship with the ancestors. With these views, it is seen how healing surpasses the use of physical remedies extending to addressing spiritual and social aspects of wellbeing in which the integration of the transcendental realities takes a central role in healing. The views advanced show the importance of fostering culturally sensitive health measures and how they can lead to a more comprehensive and effective healing practices and it was the objective of this study to demonstrate this practically by using the case of the Nandi people.

WHO (2013) spells that the modes of all traditional medications can be applied singularly or in combination. In line with this, in many indigenous cultures, combining healing methods was believed to address both physical and spiritual aspects and was guided by healers with the understanding of cultural significance and the needs of the patients. This is a similarity in African communities for example, the Dinka of South Sudan give health and illness a broader dimension that includes the religious, cultural and ecological components. In view of the post war experiences the Dinka seek healing holistically which involves addressing spiritual imbalances and impurities, curing and purifying people and their environments (Kamwaria, 2024). The Dinka as Kamwaria puts, use rituals as one of the ways of dealing with illness and affliction with the aim of searching for peace with the transcendental and mundane realities and to create an equilibrium in the lives of individuals. Similarly, among the Shona, (Patel V. 2024), traditional medical practices are deeply intertwined with spiritual beliefs, illnesses are often attributed to spiritual causes, such as ancestral displeasure and witchcraft. This

necessitates interventions that address both spiritual and physical aspects of health. With reference to Kamwaria and Patel, this study also sought to show the healthcare measures put in place for various contexts for example application of rituals associated with ill health, purification (as for murder, accidents, breaking taboos) and healing among the Nandi in the various dimensions with the holistic principle.

The practice of African indigenous medicine is influenced by its worldview (Mbiti, 2017). Mbiti explores African traditional worldview and explains the philosophical spiritual foundations for the use of herbs in healing practices. He explains that the interconnectedness of the spiritual, social and natural worlds in the African thought underpins how traditional healers approach medicine, integrating physical treatment with spiritual rituals to restore balance and health. He emphasizes that African understanding does not separate the spiritual from the physical and expounds that the use of medicine is not just pharmacology but it is about invoking spiritual powers to heal. Health according to Mbiti is derived from the community. Therefore, herbs (perhaps representing all types of medications), are used to restore social and spiritual order thereby making healing beneficial to the whole community. Mbiti also puts across that traditional medicine operates within a religious framework and healing is seen as a divine act. He adds that reverence to natural resources aligns with the spiritual significance placed on herbs in healing. This study sought to bring an understanding on the uniqueness of the Nandi traditional medicine as explained by Mbiti in the context of African indigenous medicine. However, Mbiti does not explicitly mention other forms of indigenous remedies (animal, insect sourced, and minerals) which this study sought to bring out.

African scholars have extensively examined the integral role of religion in health care across the African continent. For instance, according to Van der Watt A. (2021), the natural and supernatural are inextricably interwoven. He demonstrates this by explaining how Xhosa traditional healers diagnose and treat mental disorders; that health is not merely a biological matter but is the wellbeing of the human body and soul in total harmony. The study emphasizes the fact that healing in African view is not only physical dimensional but concerned also the emotional, social and spiritual dimensions. In her view, Ayanga (2016), echoes this that understanding African religious beliefs is crucial for addressing healthcare challenges as these beliefs significantly influence health perceptions and practices. Similarly, Janzen (2019) portends that, religious beliefs and practices are deeply intertwined with health and healing processes in African communities thus underscoring the importance of integrating spiritual considerations into healthcare delivery. The perspectives of these African scholars lay emphasis on the need to incorporate religious and spiritual considerations into healthcare practices in order to offer culturally competent and effective care.

Maua *et al* (2023) discusses the significance of Nandi traditional beliefs on traditional medicine with focus on the Nandi of Uasin Gishu County. The discussion elucidates the curative significance of the religious beliefs and their uses in religious and cultural activities. Maua further demonstrates how the Nandi attached certain tree species of medicinal value to taboos, totems and ritual functions. However, the work focuses only on religious practices attached to medicinal plants and gives a brief general information on taboos, rituals and totems thereby leaving a gap. This study envisaged to find out in detail the role the Nandi religious beliefs and practices may have played in the dispensation of the practice of indigenous medicine as a whole and not just herbal medications. Recognizing the interplay between religion and healthcare is vital for

delivering culturally sensitive care and ensuring that medical practices align with the patients' values and traditions. Whereas indigenous belief systems in Africa often attribute illnesses to supernatural causes, there is a notable gap in understanding the intersection of religion and health in African contexts and the extent of influences of religious beliefs and practices. This is owed to limited data, which at times has inaccuracies. With reference to the Nandi, this study hoped to make a contribution by investigating and documenting how religious beliefs and practices can influence health outcomes. The studies of the African scholars also offer generalized views on the subject and this study looked forward to advancing the studies by examining localized differences in religious beliefs and healing practices with specific reference to the Nandi community.

Rituals are also central to therapeutic process in African religion and may include libations and offerings to appease spirits or deities, purification ceremonies to cleanse individuals believed to be affected by curses or witchcraft and community rituals to address collective misfortunes, such as disease outbreaks or droughts (Awolalu, 1976). Rituals are organized symbolic ceremonies performed in a specific way and often in a prescribed sequence that holds cultural, spiritual or social significance. They can be religious or secular in nature These rituals reinforce communal solidarity and re-establish moral and spiritual order, thereby promoting both individual and social health. This study has singled out healing rituals for study using the case of the Nandi community.

Emile Durkheim (1954) in his study, *The Elementary Forms of Religious Life,* defines that a religious ritual is a 'set of practices through which the participants relate to the sacred." Ninian Smart (1989) outlines ritual as a critical dimension that defines religion

and all religions exhibit its importance and is therefore a characteristic that any religion must possess to be considered thus. The thoughts of Durkheim and Smart show that ritual belongs to the spiritual realms and is a vehicle through which people relate with the mundane realities.

Marx Webber (1905) and Victor Turner (1969) find a connection between rituals and taboos. Speaking from an economic standpoint Webber focused on religion in shaping taboos arguing that religious doctrines and rituals dictate taboos, enforcing morality hence shaping ethical and social systems. Turner in his study of rituals and symbols explained that taboos are often linked to transitions in life such as puberty, marriage and death. He suggested taboos function to separate an individual from the larger social context during these liminal phases thus ensuring integration and stability to the social group. In this study rituals and taboos were chosen as integral aspects of religion. The study advanced the ideas of Webber and Turner by venturing to show the place of ritual and taboo in the perspective of indigenous healthcare management.

The origin of the use of rituals in human society sprung from afflictions that faced proto–cultural humans and with time resulted in health seeking behaviour (Katz, 1982; Gumede, 1990). The authors see rituals as resulting from social events undertaken by a community to deal with stressful situations that threaten harmony and stability. Going by the ideas advanced by these scholars, it may be correct to say that rituals were adopted by human society to ensure its survival and have occupied a special place in human society from time immemorial. The scholars' ideas are relevant to this study because they view rituals from a religious perspective and agrees with the fact that African religion supports various ways of preserving health and dealing with illness and affliction through rituals (Kamwaria, 2024). This served to enhance the focus of this

study on examining the role of religion in the practice of indigenous emphasize the importance of indigenous healing methods which includes application of rituals.

The rituals performed in indigenous religions were with expectancy to bring good health, soil and livestock productivity and many offsprings (Gumede, 1990). This is supported Van der Watt (2021) when he asserts that on a wider perspective of African religions, there is evident interwovenness in the approach to all aspects of health with indigenous religious practices permeating into all the aspects of life. This is relevant to the perspective of this study about rituals that they are religious procedures having spiritual character. As a matter of interest to the study, rituals associated with disease and health management and dispensation of therapies is an aspect the study endevoured to establish by exploring its influence on indigenous healing practices of the Nandi. The works of the scholars have gaps; for one the definitions advanced by the scholars are universal in which case this study sought to give a cultural specificity by referring to the African community and extending to the Nandi specifically. The study sought to find out how the Nandi conceptualize and experience the sacred in healthcare issues. The scholars also see rituals as static but this study seeks to interrogate how health related rituals may adapt in response to integration with modern healthcare systems.

Rituals play a central role in healing practices across many African traditional religions, where health is often viewed holistically, encompassing physical, spiritual, and communal dimensions. Among the Baganda of Uganda, Nakazibwe *et al* (2024) found that training for traditional spiritual healers involves elaborate initiation rituals, including the use of sacred herbs and communication with ancestral spirits, which form the basis of their healing efficacy. In cancer care across sub-Saharan Africa, traditional healers utilize rituals involving chants, offerings, and sacred plants to address the

spiritual causes of illness (Mulemi & Onoka, 2024). Maphumulo and Mkhize (2024) further highlight the importance of dreams and ancestral communication among the Xhosa and Zulu, where rituals facilitate the interpretation of dream messages as a form of spiritual diagnosis. In South Sudan, healing among the Faratit communities also depends on spiritual protection rituals, herbal remedies, and ancestral mediation, which reinforce community cohesion and spiritual well-being (Jok, 2024). Collectively, these works illustrate that ritual is not merely symbolic but serves as a powerful therapeutic mechanism embedded in African cosmologies of health and illness. This study borrowed from the scholars the ideas of rituals expressed about the mentioned African communities. It endevoured to examine how the Nandi people carried out rituals of appeals to spiritual forces in attempts to source for healing from the supernatural world albeit the holistic approach attached to the practice of African indigenous medicine.

Various African scholars have advanced different views about taboos. Fayemi A. (2018), in his focus on Nigerian communities reported that taboos have a regulatory mechanism and as such regulate behaviours associated with health, illness and medical treatment. He adds that there are taboos in many African cultures that govern the harvest, preparation and use of medicinal plants. Fayemi further explains that this extends to the use of certain herbs by certain individuals, gender, age and social status. On another point of view Chebii *et al* (2020), supposes that indigenous medicine is governed by complex system of taboos that regulate access to specific plants, animals or spiritual practices. He adds that certain plants may be restricted for use by certain healers or elders with deep understanding of their spiritual significance. According to Mbiti J. (1969), taboos are sacred prohibitions that are deeply integrated into the spiritual and social structures of African societies. These prohibitions play a significant role in shaping health seeking behaviours across African communities. Taboos are

typically passed down through generations and vary significantly from one ethnic or cultural group to another. They have a cultural significance in that they are embedded in the spiritual and moral fabric of a community and relate to various aspects of life such as religion, family, food, health and morality. The views of the cited works enriched this study with information on the roles of taboos on indigenous medicine practices; some of which have an implication on environmental conservation. They also showed the sacredness of the practice of indigenous medicine among African communities. This is a lens that was used in this study to investigate the practice of the Nandi indigenous medicine. However, the subject is underexplored and has limited in-depth analysis as is evident in the similar opinions given by the scholars. The study found it necessary to fill the gap by carrying out a deeper exploration of cultural variations that would provide a richer understanding of the diversity of practices and beliefs surrounding indigenous medicine.

1.11.3 Integrating African indigenous medicine practices with the conventional healthcare practices

This section reviews key literature on the integration of African Traditional Medicine (ATM) with modern healthcare systems. It explores the contributions of ATM, the opportunities and challenges of integration, existing models, and policy efforts. Importantly, the review identifies gaps in current research and outlines how the present study—using Nandi indigenous medicine as a case—seeks to address them.

According to WHO reports indigenous medicine is assuming greater importance in the primary health care of people. It has encouraged developing countries to use traditional plant medicine to fulfill needs unmet by modern medical systems (WHO, 2023). The importance of indigenous medicine as a source of primary health care was officially

recognized by WHO in the primary health care Declaration of Alma Atta in 1978 and has been globally addressed since then by the Traditional Medicine Programme of WHO. Subsequently the Astana Declaration of 2018 included the appropriate use of Traditional Medicine as one of the strategies to achieve Universal Health coverage (Von Schoen-Angerer *et al.*, 2023). Between 2005 and 2018 WHO carried out a survey aimed at monitoring trends and developments in the use of Traditional Medicine among member states. The survey revealed that a number of countries had adopted national policies and regulations on Traditional Medicine (Ikhoyameh *et al*., 2024). These initiatives however, do not discuss how to contextualize the use of indigenous medicine in order to achieve better healthcare at the local stakeholder level. Policy execution at the community level remains unclear because most work is limited to national-level assessments with little attention paid to grassroots experiences. The study will fill this gap by finding out the presence of policy awareness and implementation in Nandi County by engaging with local health officials, traditional healers, and community members.

The use of indigenous medicines has also received attention due to epidemics and emerging diseases such as HIV/AIDS, cancer, hypertension, diabetes mellitus, malaria and tuberculosis (WHO, 2023). Although a diversity of material-plants, animals and inorganic materials are used in traditional medicines, plants dominate. Herbal medicines are frequently used to self-medication to alleviate symptoms or shorten recovery time in self-limiting ailments. On the other hand, allopathic medicine is preferred for the treatment of serious diseases and conditions. The practice of self-medication is popular in many parts of the world including Africa where health infrastructure is poor or where people have a negative attitude about the quality of care provided by modern medicine or can ill afford the levies of modern medicine (WHO,

2023). This shows there is a need for a middle ground on the use of indigenous and modern medicines. This study agrees with the findings put forward and endevours to make contributions through this research for the integration of indigenous healing practices of the Nandi as a microcosm with the conventional healthcare systems.

The practice of traditional medicine practice is boosted by WHO when it recognizes and encourages developing nations to use plant medications to fulfill needs unmet by modern systems (WHO Global Report on Traditional and Complementary Medicine, 2019). The study echoed WHO encouragement and made suggestions on the possibility of integrating ATM with the conventional medicines. This increasing widespread use of traditional medicine has also prompted the World Health Organization to promote the integration of traditional medicine into national healthcare systems and to encourage development of national policies and regulations as essential indicators of the level of integration of such medicine within national health care systems (WHO, 2015 and 2023). Based on this encouragement by WHO, this study sought to propose an all-inclusive medical system that will result in better healthcare management through the study of the Nandi community.

ATM is a vital healthcare resource in many African communities, particularly in rural regions where biomedical services may be scarce. It offers holistic healing approaches that address physical, emotional, and spiritual well-being (Ozioma et al., 2019). Traditional healers are often the first point of contact for health issues because of their accessibility, affordability, cultural congruence and are deeply trusted figures in society. To demonstrate that indigenous medicine is widely used in Africa, Ozioma et al. drew examples of some African countries including Ghana, Zambia and South Africa. In Ghana indigenous medicine often rooted in spiritual healing, is a primary

health care option. Taboos and spiritual beliefs play a crucial role in health, in Zambia herbal remedies are blended with rituals whereas in South Africa the traditional healers (*sangoma or inyanga*) offer a wide range of indigenous remedies which include medicinal herbs, animal parts and minerals to 80% of the population. This is further reinforced by the rates given by WHO (2022) that indicate a popularity and high rates of the use of this form of therapy: 90% in Ethiopia, 70% in Rwanda, 60% in Uganda and 70% in Kenya. In concurrence, Benkhaira, *et al.* (2021) adds that in sub-Saharan African countries like Nigeria, Lesotho, South Africa, Uganda, Rwanda, Tanzania and Kenya, indigenous herbal medicine is the most common healing system used for treating chronic diseases such as HIV/AIDS, diabetes, cancer, epilepsy, hypertension and complications related to pregnancy and pediatric conditions and lately COVID. A large percentage of the population adopt indigenous therapies to manage common illnesses such as flu, common cold, headaches, indigestions and stomach problems.

Throughout the region, traditional healers are often the most accessible source of medical care particularly in rural areas where access to medical care is often limited according to (Ahmed *et al*., 2023). Independent of costs, distance, socio-economic or education strata African people still consult traditional healers in preference to or in conjunction with conventional doctors. While the significance of ATM is acknowledged, there is lack of detailed understanding of how specific traditional systems, especially the holistic models can be integrated systematically and sustainably to complement modern medical structures. An understanding of how integration can be undertaken with respect to cultural and epistemological contexts is wanting. This study will document the health, practices of the Nandi people, including plant, animal, insect and mineral sourced remedies, diagnostic methods, and spiritual rituals, to enrich the understanding of indigenous medical knowledge and its relevance to integrated care.

James et al. (2022), records that the use of herbal medicine is followed by belief and faith-based healing methods (rituals, prayer and spirituality) and mind-body therapies (massage, sauna, meditation and yoga). In the African continent, conventional health care delivery is hampered by lack of adequate number of doctors in that there are few serving a large number of patients. Estimates indicate that one conventional doctor serves twenty-five thousand patients (1:25,000). Comparatively, the traditional healers are more with one healer attending to two hundred patients (1:200). This scenario makes traditional medicine more accessible and preferred than the conventional medicines. In Kenya the ratio is 1:833 in the urban areas and 1:378 in rural areas for traditional healer against 1:7,142 for the conventional doctor (Gakuya, 2020). This also makes traditional healing methods the most accessible source of medical care particularly in rural areas where access to medical care is often limited (Gakuya, 2020). This scenario favours integration of indigenous and modern healthcare systems. Integration can broaden healthcare coverage, improve patient trust in healthcare system and provide culturally sensitive care and support the management of emerging health issues as opined by Gyasi et al. (2022). On this, Bamidele et al. (2021) envisions that with indigenous knowledge, development of novel pharmaceutical treatments is promising. Despite the foreseeable potential advantages, few studies provide concrete localized data on how integration affects patient outcomes or healthcare accessibility. This calls for the need for studies of evaluation of patient outcomes in real-world settings. The study will investigate how Nandi community members use both traditional and biomedical services and evaluate perceived benefits and challenges from a specific rural context.

Traditional medicine is dispensed by designated people in African community set up. One cannot talk about indigenous medicine without mentioning the healers. These were

the key players in the practice of indigenous medicine. It is a revered office in many indigenous cultures. This office was acquired through an elaborate and somewhat divine involvement. Among the Aboriginals of Australia for example, a medicine person is known as *Kunki* but commonly referred to as a *Shaman* (Asamoah *et al,* 2023). Asamoah narrates that *Kunki* is an outstanding individual in society and is believed to have been created with the power to communicate directly with the divinities known as *Kutchi* and *Mura Muras*. The *Kunki* is said to derive his powers from supernatural beings and his power is symbolized in the magical items that he keeps which include quartz, crystals and bones. The call of *Kunki* is experiential and was said to occur at teenage with the initiation being characterized by striking features such as unusual physical appearance, epileptic seizures, unexpected recovery from illness, dreams, visions. Asamoah further describes that the individual may be subjected to striking features or experiences such as curious symptoms, feelings and behaviours. This is similar to the indigenous African understanding of the making of a medicine person which this study will use the Nandi to demonstrate their roles. The study will further seek to redefine their roles in the context of integration of indigenous medicine with modern healthcare systems.

Mbiti (1969) gives four broad categories of African healers as the pure herbalists; who use herbs for healing purposes, the herbalist-ritualist who use herbs and rituals, the ritualist-herbalist who builds therapy around rituals, the ritualist or spiritualist who uses trance or spirit mediums for healing purposes. The medicine persons are referred to as *sangoma* among the Nguni of South Africa and *inyanga* among the Zulu (Mothwa, *et al.*, 2023) and among the Swahili medicine persons are known as *waganga* (*mganga* in singular). In many African societies, religious functionaries such as diviners, spiritual mediums, and traditional priests play vital roles in health management. These figures

are often consulted first when someone falls ill, especially when the illness is believed to have spiritual or supernatural causes. Diviners diagnose the spiritual cause of illness through rituals and consultations with spirits or ancestors. Traditional priests or spiritual healers may perform sacrifices, prayers, and cleansing rites. Ancestral veneration is commonly practiced, with the belief that ancestors provide protection, healing, or punishment based on the moral behaviour of the living (Ramohlale *et al.*, 2024). The traditional practitioners often feel marginalized and excluded from formal health discussions. Their perspectives are vital to any meaningful integration effort (Langwick, 2020). Current literature largely overlooks the views and contributions of traditional healers regarding integration. There is need for inclusive research that pays attention to their voices. This study will center the voices of Nandi traditional healers, exploring their concerns, expectations, and willingness to engage in structured collaboration. The study will also seek to redefine the roles of the specialist of the Nandi community in the face of modern healthcare challenges.

Integrating indigenous medicine with modern healthcare is an increasingly important global debate that is driven by the recognition of the benefits of traditional medicine practices. Traditional medicine, also referred to as Complementary or Alternative medicine is still used in most parts of the world. Worldwide, it is estimated that 80% of the population use herbs. This could be as high as 95% in developing countries. In China for example, traditional preparations account for 30-50% of the total medicinal consumption. In Europe, North America and other industrialized regions, more than 50 percent of the population have at least once sought to use alternative medicine and in Germany 90 percent of people take natural remedies at some point (WHO, 2022). This gave the study the motivation to carry out this study on indigenous medicine because it is widely used.

The percentage use of ATM is relatively high in Africa due to lack of access to public healthcare (WHO, 2019). In Ethiopia the use of traditional medicine is not only attributed to lack of access to modern health services. Even in places where modern health services are accessible and specialized, many people continue consulting traditional healers (Legesse & Babanto, 2023). Kabyemela, M. (2023) recounts another example that can demonstrate this fact whereby a scenario arose in 2012 when a healer popularly known as Reverend Ambilike Mwasapila aka Babu wa Loliondo attracted many people to his remote village of Samunge in Tanzania. Babu claimed to heal a wide range of diseases by offering his clients a cup of a mixture drawn from extracts of the *mugariga* tree (*Antaris toxicana)*. In South Africa, 75 percent of people living with AIDS seek help from formal TM (Khumalo and Nhlapo, 2021). However, the demonstrated popularity of has not prompted the formal health sectors to work towards its inclusion in formal healthcare strategies. With reference to these cases, this study will find out the possibility of integrating TM with the conventional ones using the case of the Nandi.

Traditional medicine has maintained its popularity and relevance as evidenced by the fact that there has been a global interest in the use of traditional medicine as an alternative to modern health care systems. Civilizations like the Chinese and the Indian have maintained, developed and integrated their traditional medical systems with the conventional ones and their patients choose whether to consult the traditional or conventional doctors when they visit their health institutions (Ikhoyameh et al., 2024). In these civilizations traditional medicine is taught in medical schools as part of their curricula and traditional modes of treatment are used in conjunction with modern medicine to provide holistic care (WHO, 2019). These systems regard both traditional and conventional systems as complete and equally sufficient in efficacy. Moreover,

traditional medicine is the origin of modern medicine. Despite of this, there are no known integrated healthcare systems in most African countries. This study suggests that the African continent can borrow from other civilizations as it seeks to propose a middle ground between indigenous medicine and modern medicine through integration by using the case of the Nandi community of Kabiyet.

Gathara, (2018) argues that western medicine is based on science, infrastructure and costly hospital based curative care that puts undue premium on expensive technology and the meeting of international health standards while ignoring local disease problems. This study opines that Africa needs an integrated system that puts into consideration the aspects forwarded by the scholars with a careful customization can be drawn from many opportunities for innovation and healing. As such the study seeks to make attempts to find out whether the integration of Nandi indigenous medicine with the conventional systems fits well in the context of the community and therefore needs to be considered for good integration programs.

According to a report by Kenya Medical Research Institute (KEMRI, 2014), many Kenyans believe in the potency of herbal medicine and it is not uncommon to find patients combining traditional medicine and conventional ones especially when attempting to manage chronic diseases such as diabetes, hepatitis, cancer, infertility, allergies and HIV/AIDs. On account of the popularity traditional medicine is gaining, it can be noted that though the emphasis is majorly on the herbal, ritual healing is still applied as well. Patients have been known to frequently use both traditional and modern care health systems based on cultural preferences and accessibility (Amegbor & Rosenberg, 2021). Their decisions are influenced by beliefs, cost, and service availability. However, this health seeking behaviour practice poses a danger in that it

can lead to conflicting treatment and delays in appropriate care. Patient experiences, health seeking behaviors and dual-system usage remain underexplored, especially in rural settings. Through interviews and surveys, this study will explore how the Nandi community navigates between Indigenous and biomedical care, providing nuanced insights into patient behavior and preferences.

Integration models—such as parallel, collaborative, and incorporative systems—exist in some African countries, though with varied success. Uganda for example has implemented community level programs in which traditional practitioners are trained to identify and refer cases like those of HIV/AIDS to biomedical facilities (Akol et al., 2022). However, there is inadequate documentation and contextual analysis of how these models function on the ground within specific communities or cultural settings. Not much is known about their adaptability and viability in varied cultural and policy settings. The study will examine whether any informal or formal integration efforts exist in Nandi County and analyze how they operate, providing a grounded evaluation of integration models in practice.

There are numerous challenges that hinder integration efforts. Among them are the methodological and philosophical differences, legal framework ambiguities, professional mistrust, lack of mutual respect, skepticism and anxiety over ownership of traditional knowledge (Langwick, 2020). Some indigenous medical practitioners express concern about the theft of indigenous knowledge and the dominance of biomedical models and resistance from some religious groups. Although these challenges are well documented, there is minimal exploration of how such barriers manifest in local healthcare environments or how local healthcare systems address them at community level. This study will assess the attitudes of both traditional healers and

biomedical health workers in Nandi County to identify areas of tension and opportunities for collaboration, thereby illuminating real-world integration challenges.

1.11.4 Conclusion

This literature review was guided by the following specific objectives: to investigate the nature cand practice of indigenous medicine among the Nandi in Kabiyet, Kenya; to examine the role of the Nandi religion in healthcare management practices among the people of Kabiyet and to explore the integration of the Nandi indigenous medicine with the conventional healthcare management practices in Kabiyet. This literature review sought to fill knowledge gaps on the stated objectives as: nature and practice of indigenous medicine among the Nandi in Kabiyet, Kenya; the role of the Nandi religion in healthcare management practices among the people of Kabiyet and how to promote the integration of the Nandi indigenous medicine with the conventional healthcare management practices in Kabiyet. Most of the existing literature lacks community specific in-depth studies to understand the uniqueness of African healing systems. Secondly, the studies do not clearly show how religious beliefs affect diagnosis, treatment choices and integration practically. Lastly, there is lack of empirical and community-based evidence on how indigenous and conventional medicine can be integrated.

1.12 Theoretical Framework

A theoretical Framework is an important structure in any research study because it is applied elementarily to ensure that the research is carried out systematically, contextually and relevantly. It provides explanations about a phenomena or abstract generalizations that cater for the relationships that exist in any phenomena under study. According Tromp et al (2006), a theoretical framework is not just a theory but it is guide

on how research reconciles the underlying assumptions in investigating a research problem. This study was guided by the Holistic theory in the context of the practice of African traditional medicine in health management.

The concept of Holism has ancient roots in classical traditions such as the Ayurveda, Traditional Chinese medicine and African indigenous medicine. These traditions understood health as a balance between the body, the mind, the spirit and the environment. Jan Smuts (1870-1950) is regarded as the father of Holism although he was not the first one to reflect on the relationship between parts and wholes. Smuts in his book *Holism and Evolution* (1926) defined holism as a natural tendency to form wholes that are greater than the sum of their parts. Other proponents of Holism include, Ludwig von Bertalanffy (1901-1972), David Bohm (1917-1992) and the anthropologist Gregory Bateson (1904-1980).

Holism is an interdisciplinary approach that operates on the premise that systems are wholes made up of interconnected elements. These elements whether physical, social, religious, economic or political cannot operate independent of each other. It emphasizes further that parts of a whole are intimate and no part can exist independent of the whole. In simple terms Holism holds that the functioning and the meaning of a system is irreducible to the meaning and function of any single element in isolation. A part or an element of a system can only be understood with reference to the whole. Therefore, Holism suggests, understanding the functions in any system or phenomenon requires consideration of the functions of all its composite elements and their relationships. If one element is destabilized or fails to function, there will occur a general disturbance that will affect every other element of the whole. The elements can be likened to the parts of a human body that functions interdependently for the well-being of the human

person wholly. If one of the body parts is disturbed by any means, then the human person will fail to function normally or die. The elements can also be likened to the strands of a spider web which when one strand in the web is interfered with echoes on all the other strands.

In the context of the human person and health, Holism views that a human person is a system of interdependent and interconnected dimensions that make up his/her wholeness. These dimensions include the physical, social, emotional and the spiritual. The holistic framework recognizes the connection and the balance in these dimensions. Applied to health, the theory presumes that the wellbeing of a person is interpreted considering all the dimensions and realities of interactions. Wellbeing or being healthy is when there is an equilibrium of all the dimensions making up the human person. In this regard, dealing with illness needs to involve addressing all the dimensions inherent in the human person not just the physical infirmity. This is such that physical illness is either an indicator of an imbalance in the dimensions or a cause of the imbalance. Treating the physical illness alone is incomplete because treatment should target to address, reconcile and restore the balance of all the dimensions. In the context of society, Holistic framework looks at African society and its communities as wholes made up of the past, present and the future

The Holistic framework was found suitable to this study because of its congruence with the traditional African understanding (by extension the Nandi) of illness and the human person. On the other hand, African traditional medicine is designed to address all the dimensions of a human person. It can be hypothesized that the traditional medicine therapies ensure for a patient an equilibrium, survival, sustenance and wholeness thereby bringing about a state of harmony within the individual and community that he

/she ascribes to hence health. The postulation is that traditional medicine is the vehicle by which wellbeing is facilitated and the past, present and future is acknowledged in matters of health.

It may be further brought in to the context of the study that together as a unit, Nandi traditional forms of therapies provide the equilibrium, survival and wholeness (health to an individual, family and community). Holism approach validates traditional medicine by showing that it has a long-standing tradition of practice and proven ability to provide cures relative to the changing health conditions or environmental factors. Holism guided this study to bring out the understanding on how to facilitate the integration of TM with modern healthcare systems in order to meet the contemporary health needs. It also provided a framework of interpreting how ATM systems function within cultural context and how to integrate cultural values and fulfill societal needs.

1.13 Research Methodology and Design

1.13.0 Introduction

This section discusses the research methodology that was employed during this study on the integration of Nandi indigenous medicine with the modern healthcare among the Nandi of Kabiyet in the Nandi County of Kenya. The section encompasses the philosophical paradigm study design, the study area, target population, sample size and sampling techniques, data collection instruments, validity and reliability of the data collection instruments and analysis.

1.13.1 The Philosophical Paradigms

A philosophical paradigm primarily is a set of beliefs that guide conduct, epistemologies (theories of knowledge) and ontologies (inquiries) in research (Creswell & Clark, 2017). It has an implication on the researcher's understanding of the extent of

the dynamic nature of the world which in turn dictates the choice of the methodology applicable to any given study. This study adopted the constructivism paradigm to guide its methodological approach from the four philosophical paradigms that may be referred to as world views. They include pragmatism, constructivism, post positivism and advocacy (participatory). For the purpose of relating the paradigms to this study, a brief definition of the paradigms is found necessary.

Pragmatism argues that for any form of study to yield a meaningful result diverse approaches need to be applied. The implication in pragmatism is that triangulation approach better informs the research being undertaken. On the other hand, Post positivism supposes that the causes of a phenomenon determine its outcome. It further explains that the outcome can only be ascertained through a well thought observation and valid measurement of the objective realities. The paradigm therefore concerns itself with testing laws, theories and principles. The testing of such variables usually yields quantitative data hence the approach or design applied in positivism is quantitative. This worldview could not match the study because there was no law or theory being tested and is not scientific research hence not quantitative research.

Advocacy and Participatory paradigm ‘‘holds that research inquiry needs to be intertwined with politics and political agenda’’(Ivankova & Creswell, 2009). This approach aims at coming up with an action agenda for change and reformation by creating political debates. This was found to be unsuitable for the study since the practice of indigenous medicine exists as a phenomenological entity. The study neither sought to find means of changing or reforming the phenomenon of indigenous medicine because they are not subject to any change and have their cultural ascribed roles and

therefore beside the objectives of the study. The study only sought to redefine its role in the modern society in coexistence with modern healthcare practices.

Constructivism paradigm posits that people construct their own understanding of the world through experiencing and reflecting on those experiences. It further seeks to understand the meanings that people attach to those experiences and seeks to answer 'why' of the experiences. This implies that the interaction between the researcher and the participant (respondent) in the context of the experience of the interaction and culture contribute to the establishment of meaning (Creswell, 2017). Qualitative approach techniques such as interviews and case studies are usually applied in this paradigm.

In view of the above paradigms, Constructivism as a methodology or worldview suited the qualitative nature of this study and was found suitable for this research. This owes to the fact that in its nature as a social research, the study gave room for a practical approach (Creswell, 2013). The paradigm further suited well whereby the research engaged in extensive interactions with the respondents with the aim of understanding their experiences on healthcare practices within the cultural context of the study population- the Nandi of Kabiyet.

1.13.2 Research Design

Research design is the road map followed by a research process and a scheme developed to generate answers to research problems (Khanday & Khanam, 2019). This was a qualitative study that adapted the exploratory approach.

Exploratory research design is applied in studying indigenous medicine and healing among the people of Kabiyet, Nandi County, by employing methods such as semi-structured interviews and guided field observations to gather in-depth insights into

traditional medicinal practices and the cultural significance of healing rituals. This approach facilitates the documentation of indigenous knowledge, including the identification of medicinal plants, their preparation methods, and therapeutic uses, thereby preserving valuable ethnobotanical information for future research and potential integration into broader healthcare systems.

The design targeted information from medicine practitioners and the repositories of the knowledge being sought in Nandi County such as the elders and traditional priests of the community. A probe of the activities in line with the objectives of the study was done to saturation using interviews and focus group discussions. This was in order to find out the reasons, processes and courses of the various dispensations and the corresponding medications which provided the opportunity to exhaust the available information from the respondents.

The researcher described the experiences, perceptions, and the corresponding prescriptions drawn from the forms of indigenous medications and all information from the respondents of the study.

1.13.3 The Study area

The area of study was Kabiyet Ward of Nandi County, Kenya. The ward consists of four sub locations namely Kabisaga, Ndulele, Kabiyet and Kebulonik. The area was chosen purposely because it is predominantly inhabited by the Nandi and the population is characteristically homogenous. Historically, this population was banished from Tindiret Hills (popularly referred to as Taptengelei) to their present area of occupation during the building of the Uganda railway in the 1900s. The area is located in the interior parts of Nandi County, Kenya and this population to a high degree have lived with minimal interference to their culture by aspects such as modernization and

westernization. The infrastructure in the interior parts of the ward is poor and poses a challenge of accessibility to conventional health services at the main medical center at Kabiyet town.

The practice of indigenous medicine among the Nandi was crucial because the practice has exhibited a resilience and attracts patients from even outside the Nandi community. The choice of the study was also influenced by the fact that the practice of indigenous medicine is carried out and appreciated alongside conventional medicine.

1.13.4 The Target Population

According to Olive and Mugenda in their work *Research Methods, Qualitative and Quantitave Approaches* (2003), a target population is the population that a researcher would like to use to generalize results to the absolute population (Mchopa, 2021). Mchopa adds that a target population is the collection of all units of study from whom a researcher wishes to make specific analysis and conclusions.

In this study the target population was the Nandi people of Kabiyet ward. The population comprised of the repositories of indigenous knowledge on the subject area of indigenous medicine the study was investigating, the conventional medical personnel and the local administration. The indigenous medicine category included the indigenous medicine practitioners comprising of herbalists, priests, diviners, ritualists and traditional birth attendants. The practitioners were perceived to be a repository of the cultural and customary practices of the community hence provided information about the practice of indigenous medicine and the related practices. The conventional medical personnel included a clinical officer, a nurse and Community Health Volunteers working at Kabiyet Sub- County hospital. A local government administrator was also included.

1.13.5 Sample Size

Olive and Mugenda (2003) further states that a sample size is a finite sub group of a stratified population whose properties are studied to gain information about the whole population. A sample size is used in research because an entire target and accessible population cannot constitute a realistic study and cannot meet the time span of data collection. This dictates that a representative sample needs to be identified to generalize the findings for the entire target population.

Purposive sampling was employed to select a representative sample of twenty- five (25) respondents. This technique was preferred because it allowed the researcher to make a personal judgement in selecting the size of the sample required (Creswell, 2013; Peters, 1994) and as argued by Creswell (2013), purposive sampling was used in the selection of individuals and sites which understand the central phenomenon hence those with the desired characteristics.

1.13.6 Sampling Procedures and Techniques

According to Kothari (2019), a sampling technique is a definite plan for obtaining a sample from a given population. It is a technique that the researcher adopts in selecting items for the sample of the study.

First the study area was selected through cluster sampling and purposive sampling was applied to identify the initial respondents with the desired information and characteristics. This technique was instrumental to the researcher in that it made it easy to identify reliable and relevant informants with the desired information.

1.13.7 Sources of Data

This study was informed by the secondary and primary sources of data. Secondary data involved reviewing relevant literature regarding the topic of the study. The sources for

secondary data included reports, theses, journal articles, books and internet sources. These provided a base of reference for the study. The secondary data provided information on the components of indigenous medicine which included the plant based, the animal and insect based, the mineral and spiritual sourced components. These provided a foundation and a guide to the study of indigenous medicine and the corresponding diseases which supplemented the primary data. The secondary data was also used in the literature review section in order to contextualize the study and identify the gaps of knowledge.

Primary data was collected from the sampled population through face-to-face interviews, observation and focus group discussions. The application of the mentioned data collection instruments enabled the researcher to get first-hand information.

1.13.8 Methods of data collection

Putting into consideration exploratory research design of the study and the philosophical paradigm of constructivism, the research adopted two instruments for data collection. These were face to face interviews and focus group discussions (Refer to Appendix I).

1.13.8.1 Face to face Interviews

Purposive face to face interviews were subjected to eleven (11) key informants. This was guided by an interview schedule which consisted of questions set thematically according to the objectives of the study. The interviews were administered on four (4) herbalists, two (2) midwives one (1) traditional priest, one diviner (1), one medium (1)one, (1) clinical officer, one (1) community health volunteer (CHV). They were interviewed on: the nature and practice of traditional medicine among the Nandi people of Kabiyet, Kenya; the integral role of indigenous religion in healthcare management

and avenues for integrating Nandi indigenous medicine with conventional healthcare practices.

1.13.8.2 Focus Group Discussions (FGDs)

Two focus group discussions were conducted. The first focus group comprised of seven (7) respondents who included four (4) elders, one (1) medium, two (2) traditional priests. The second one was made up of two (2) traditional herbalists, two (2) traditional birth attendants, one (1) diviner, one (1) traditional priest and one (1) community health volunteer. They provided information on: the nature and practice of traditional medicine among the Nandi people of Kabiyet, Kenya; the integral role of indigenous religion in healthcare management and avenues for integrating Nandi indigenous medicine with conventional healthcare practices.

1.13.8.3 Direct Observation

An observation schedule served as a vital data collection instrument when examining indigenous healing and medicinal practices among the Nandi community in Kabiyet, Nandi County. This structured tool enabled the researcher to systematically document various aspects of traditional healing, including the preparation and administration of herbal remedies, the conduct of healing rituals, and the interactions between healers and patients. By employing an observation schedule, the researcher captured nuanced details such as the specific plant species used, methods of preparation, dosage, and the cultural contexts of healing ceremonies. This approach facilitated a comprehensive understanding of the indigenous medical practices, ensuring that the rich ethnobotanical knowledge of the Nandi people is accurately recorded and preserved for future generations.

1.13.9 Data Analysis and Presentation

The qualitative data was processed to bring a logical and meaningful pattern of relaying information. The data collected was recorded in short notes and audio forms was reduced to manageable proportions by editing, sorting as per themes, summarizing and tabulating. The data was then arranged and analyzed according to the objectives of the study. Discussions of the findings was done and inferences were drawn to make interpretations and test the assumptions of the study. Assumptions of the study was that indigenous medicine still plays a significant role in healthcare management and is still used by the modern-day Nandi people of Kabiyet. This therefore influences its integration with the mainstream healthcare system. The data has been presented in qualitative narrative form to convey the findings of the study.

1.13.10 Ethical considerations

The study began by addressing the logistical issues that included seeking consent from Moi University as the awarding institution and the National Commission for Science, Technology and Innovation (NACOSTI). The research was carried out while upholding the ethical considerations as beneficence of treatment of respondents, respect of participants and their rights (Creswell, 2012).

The researcher sought the informed consent of the respondents by giving them a brief summary of the purpose of the study. Respecting the autonomy of individuals and communities is paramount. During this study, the researcher obtained informed consent from traditional healers and community members. This included transparent communication about the purposes of integration, potential benefits, and any associated risks. The researcher ensured that participation is voluntary and based on a clear understanding that fosters trust and upholds ethical standards.

The researcher ensured there was protection of Indigenous Knowledge and Intellectual Property Rights. Traditional medical knowledge among the Nandi is often transmitted orally and considered communal property. The researcher promised to safeguards this knowledge from misappropriation. Implementing legal frameworks that recognize and protect the intellectual property rights of indigenous practitioners ensures that their contributions are acknowledged and that they benefit from any commercialization of their knowledge.

The researcher-maintained confidentiality and privacy. Maintaining the confidentiality of sampled population and the privacy of traditional practices was crucial. Any documentation or dissemination of traditional knowledge was conducted with the consent of the knowledge holders and in a way that did not compromise the secrecy or sacredness of certain practices. The researcher explained to them their role and right to terminate interviews if they wished and their voluntary participation in the study and assured them that there were no risks or payment involved in participating in the study. This was to maintain the ethical spirit of openness and honesty in research as advised by Tromp and Kombo (2006). The study has respected and protected the works of other scholars by citing as sources of authority to avoid plagiarism. It has also concealed respondents' identity.

1.13.11 Piloting

Before the commencement of the actual study a pretest was carried out, commonly referred to as a pilot study. This was carried out before the actual data collection so as to check on the feasibility of the study and the appropriateness of the selected research instruments for the targeted population. It also assisted the researcher to get acquainted with the overall research modalities; with ambiguous questions being reframed to

convey the same intended meaning for all cadres of the respondents. Some information gathered during the pretest enabled the researcher to further adjust considerably and incorporate to the final data collection instruments.

The pilot study was done in Kuinet Ward in Soy subcounty. This pilot study area has the same population characteristics with the one of the study areas. By this it is implied that there are also Nandi indigenous medicine persons and mainstream health personnel in the area as there are in Kabiyet. This served the purpose of making an authentic generalization for the whole population sample which in essence is homogenous.

1.13.12 Reliability and Validity of the research instruments

Any data collected needs to be tested for reliability and validity checks so as to yield what the study wishes to assess (Kothari, 2019). According to Kombo and Tromp (2006), reliability is the level at which a research tool measures and produces the same findings in successive trials. An instrument is therefore considered reliable if it yields consistent results from different population with similar characteristics after repeated tests (Kothari, 2019). This was realized during the pilot study when interview questions were administered repeatedly in a paraphrase to some informants. When the responses were compared it was ascertained that the degree of margin error was minimal because there was consistency in the responses. The data collection instrument was therefore deemed reliable for the data collection of the study.

McMillan & Schumacher (2010) explains that validity is the extent by which scientific explanations of a phenomenon match reality to prove the authenticity of the findings. The pilot study conducted in Uasin Gishu County established the validity of the instruments of data collection. The tools were found suitable and valid because the

results obtained from the data analysis was a true representation of the phenomenon under study.

1.13.13 Conclusion

This chapter formed an introductory part of the study which is basic in the understanding of the researcher's main intention in carrying out the study. This has been demonstrated in the subsections concerned which encompassed the background of the study, the problem statement, objectives of the study, the research questions, significance and justification of the study, its scope, limitations and delimitations, assumptions of the study, the theoretical framework, the literature review, the research methodology and ethical considerations. The literature reviewed majorly focused on the objectives of the study and from the reviewed literature gaps were identified. On the other hand, on the research methodology the subsections discussed included the philosophical paradigms, the research design, target population, sample size, sampling procedures and data analysis and presentation. The main purpose of this chapter was to provide direction for the study so that a clear understanding of the intention of the researcher is realized.

CHAPTER TWO

THE HISTORICAL BACKGROUND OF THE NANDI COMMUNITY

2.0. Introduction

This chapter is a prelude to the research findings and is important in that it highlights part of the institutional frameworks of the Nandi community as a target population of the study. This study explores the practice of indigenous medicine within Nandi community and connects it with the population under study by providing its background. The background is a highlight of the institutional framework that governs and sustains the practice in the community thus giving the community its uniqueness and identity. Traditional institutions such as clan elders, herbalists and spiritual entities play a pivotal role in the preservation, regulation and transmission of medicinal knowledge. Understanding the institutional contexts of such structures is pertinent to appreciating the resilience and relevance of indigenous healing practices at an era of cultural changes. The chapter encompasses the geographical location of the Nandi, their indigenous worldview and institutional frameworks. Further, it hints on how the institutions bear an implication on any endeavors that may be undertaken in a wider perspective. In the context of this study, the historical background plays a role in understanding the practice of indigenous healthcare practices within the community.

As attested by Mbiti (2015), indigenous healing in African societies is intricately connected to their cultural heritages, historical experiences and relationships with their natural world. Therefore, investigating the historical background of the Nandi people facilitates a deeper appreciation of their origins, evolution and their indigenous health practices. Situating indigenous healing practices within a historical context enables a sound understanding of its development, continuity and adaptation over time. This

justifies the need for a thorough understanding of indigenous healing practices among the Nandi.

2.1 Geographical location of Nandi County

Nandi County occupies an area of 2,884 KM^2 and lies between the Longitude of 35.0860 00° E and Latitude 0.0100° N. With a land elevation averaged between 1300-2500 meters above sea level, the county receives an annual rainfall between 1200-2000 mm and its temperatures range from mean annual minimum of 12°C to a maximum of 23°C (https://nandicounty.go.ke). By geographical setting, the Nandi County is situated on the western part of the Rift Valley and borders Kakamega County on the north-western side, Uasin Gishu to North Eastern side and Kericho to the south-eastern, Vihiga to the west and Kisumu to the south. The southern and western limits of the Nandi plateau are well defined by granite escarpments rising steeply from the plains and an easy access is available only from the extreme south west, in which a series of hills are dotted throughout. The northern region was an open grassland with occasional patches of forest cover to the west and central areas. The vegetation of the southern region ranged from dense forest, thorn tree thickets, secondary bush and grass parklands to the sparsely covered hillsides on the edge of the southern escarpments (Greenstein, 1981) as seen in the map in Appendix V. The Nandi people occupy the North Western region of Kenya and are neighbors of the Luo and Luhya people. According to Elders in FGD 1 and Traditional Priest 1 (2022, June 24th) some of the Nandi people also inhabited the isolated pockets of Arusha in Tanzania, Tororo and Soroti in Uganda up to the early 1980's when most of those inhabiting the areas relocated back to Kenya.

2.2 The Nandi Traditional Worldview and the Philosophical Understanding of Existence

A world view is made up of a set of fundamental beliefs, acts and values determining or constituting a comprehensive outlook on life and the universe. It is a comprehensive conception of the image of the universe and the relationship of humanity towards it. It describes a sense of existence and a framework for sustaining knowledge of the universe.

Worldviews are expressed in ethics, religion, sociology and philosophies among other institutions of a society. It is comparable to a grid by which values about the world and the Supreme Beings, time, space and the universe derive meanings with purposes and interactions with realities of life. Generally, it is a carriageway in understanding human actions and the motivating factors behind such actions. It is on this grounds that the Nandi traditional worldview is explained in this study as a prelude to the understanding of the subject of its indigenous medicine and healthcare practices.

One fundamental question that worldviews attempt to answer is where humans and things originated or how they came into being. This question is answered in African oral narratives such as myths, stories, legends, proverbs, tales and riddles (Omare, 2024). In the context of this study, a brief explanation of the identity and myth of origin of the Nandi people is provided with reference to the information gathered from scholars and the respondents of the study.

The Nandi is a sub community of the Kalenjin people who are a Nilotic ethnic group and speak the Nandi dialect. According to Hollis (1909), the term ‘Nandi’ was adopted in the mid19th century by the community but originally they referred to themselves as Chemwal or Chemwolindet (Hollis, 1909). Matson (1972) notes that the reference

'Nandi' was coined by the Arabs and Swahili coastal traders because of the resemblance between these people's voraciousness to the Arabs and the habits of the preying cormorant (type of bird) called 'Nandi' in Kiswahili (Matson, 1972). It is probable that the term was coined due to the lootings and attacks launched over a long period of time by the Nandi warriors against the Arabs. As the name Nandi became popular among Arabs and Swahili, other neighboring communities came to call them Nandi.

TBA 2 (O.I. 2022, July 22nd) recounted a myth of how the Nandi people came into being. The myth holds that the Nandi originated from a swollen knee that burst and people came out of it. No further elaborations are contained in the myth. The respondents also narrated that that the Kalenjin people migrated from Egypt to Mount Elgon (which they referred to as *Kapkugo*) and at that point the subtribes dispersed to various places. As they dispersed, each subtribe was given a sendoff command by unnamed entity. The respondents reported that the Keiyo were told to go and become milkers, the Kipsigis were told to go and bear many children, the Nandi to inherit widows while the Sabaot were wished prosperity. The respondents also informed that the subtribes derive their names from the verbs of the activities they were commanded to engage in: *Kei* for Keiyo, *Sob* for Sabaot or Sabiny, *Sigis* for the Kipsigis and *ndii* for Nandi.

The elders, (FGD, 2022, June 24th) referred to an oral narrative told among the Nandi that once upon a time a certain man walked to a river and prayed to it to part its flowing waters to make a path for him to cross and fill back when he had crossed (*ainaneb kamama le saa! ang ya lande ile kirking!*). The respondents thought the narrative bore strong elements of resemblance with the biblical narrative of the Israelites and the crossing of the Red Sea under the leadership of Moses attesting to the fact that the Nandi

originated from Egypt. Snell (1954) records that the Nandi migrated from Egypt into their present areas. It is generally held that the migrations were caused either by natural calamities, insecurity due to raiding from neighbouring communities or the desire to seek better grazing and more congenial habitats (FGD, 2022, June 24th).

African people see the universe as being populated with spirit forces thus giving the universe a spiritual realm (Bett, 2018). This gives African traditional worldview a uniqueness in the sense that existence of things is in a hierarchal order with belief in supreme beings commonly held among communities across the continent. Supreme beings are perceived to bear a distinct and unique quality in the cosmology as the originators of the universe through creation (FGD, 2022, June 24th). This perception culminated from human reflections about the universe whereby the human beings found that the universe is complex and operates systematically. Because of this it was supposed that there must be an extraordinary force behind the universe and its order. Added to this is the realization of their limitations and observations of the forces of nature such as lightning, seasons, the phenomenon of day and night and the cosmic realities which according to Nandi Traditional Priest 1 (O.I. 2022, June 24th) attest to the presence of a supernatural force.

Among the Nandi, the hierarchical order has it that God or a Supreme Being known as *Asiis* is the top most followed by the spirits including ancestors to the human beings, living things, the non-living and the inanimate objects. According to Traditional Nandi Priest 1 (O.I. 2022 June, 24th) *Asiis* is described by the Nandi as omnipotent, Omniscient, Omnipresent, Benevolent, all-knowing, creator and sustainer of life. *Asis* is considered by the Nandi to be the highest and most powerful deity described as the wise One or Omniscient (*chepongolo),* the eternal One *(chepokipkoiyo),* the ultimate

controller from whom all things proceed *(cheponomuni)* and the One whose holiness dazzles like the nine feet of the sunrays *(chepokipk lyen sogol).* The spiritual leader further explained that the Nandi people believed *Asis* was accessible directly through sacrifices or divinities and ancestors who were offered libations on his behalf. In other times, the Traditional Priest said, ancestors and other spirits referred to as *oik* were called upon to present petitions of the living to *Asiis*. He asserted that human beings are solely dependent on *Asiis* for all needs in life including knowledge.

The ancestors (*oik)* were next to spirits in the hierarchy of command in the Nandi worldview (Maua et al.,2023). They are the dead relatives to the living who exist in spirit form and the world of spirits is summarily referred to as *oi* by the Nandi. They play a crucial role in the lives of the living and are the most consulted mediators of the world of the living and the dead being regarded as custodians of life and occupying a position of dignity among their descendants (Mbiti, 2015). The living maintains a close contact and communication with them by pouring libations, prayers and performance of rituals. They are invoked in times of calamities to offer reprieve and appeased when wronged (Elder 3, O.I. 2022, June 24th). To the Nandi people, ancestors and the spirits have superhuman capabilities and are not bound by limitations and weaknesses of human nature. Bett (2018) recounts that the ancestors and spirits play roles such as unifying families, bestowing blessings, protecting families from evil, illnesses and enemies, enforce discipline and justice if social values are not adhered to and facilitates healing from diseases, curses and calamities. As well, they are believed to have demands and it is the responsibility of the living to meet these demands as dictated by these beings. Elder 3 confirms Bett's views that, failure to carry out their dictates may result in punishments in form of diseases, calamities, bad luck and misfortunes. The presence of ancestors is known to the living through manifestations such as visions,

dreams, certain animals and birds, persons such as diviners and strange occurrences. At times they were thought to appear embodied in certain animals, plants or objects. Usually, the living keenly avoided offending the spirits and ancestors and incurring curses by such means as naming children after them and appeased them by carrying out wishes they may have made while alive. The elder asserts that this is why incases of chronic or unknown illnesses the ancestors are pleaded to for forgiveness if they may have been offended and asked to convey petitions to the supreme being as opined by community.

Human beings occupy an important position in the hierarchy of existence and the Nandi have a philosophical understanding of the human person. Kibet Seurey (2019) explains that human beings are said to be the center of the universe and stands above the plants, animals and the inanimate objects. Because of their position in the universe, the human being gives the universe an anthropocentric character and are a link between the universe and the spiritual world and God. To the Nandi, as Seurey further explains, the human person exists in three elements namely the head, the heart and the spirit usually referred to as a shadow. In the Nandi perception shadows are representations of spirits, TBA 4 (O.I. 2022, February 12th). The three elements make the human person a complete being called *chi* (person or being). The head and the heart make up the living physical self of a person and is thought to harbors the thinking, actions and emotional capabilities. These characteristics give individuals the social dimensions of integration which partly define good health. The elements are symbolically used to denote rationality, vice and virtue and makes the character of an individual. The shadow element known as *tamirmiriet* is important in that it is what makes up the spiritual nature of a human being that connects with the spirit world and seems to suggest that it is the 'being' or the immortal part of a person. Shadows are associated with remote

powers and people avoid shadows resting on them believing they may carry ill luck, disease or could transfer harmful objects. TBA 1 (O.I 2022, June 10th) gave an example to demonstrate belief in remote powers in shadows. This is the belief that the condition of a sick person worsened if the shadow of a pregnant woman rested on him or her. The respondent also added that among the Nandi there are stories about the *Orkoiyot's* ability to manipulate shadows to change courses of certain events.

The human beings *(chi)* have a role to play in healing in that they constitute family, clan and community institutions. This seems to echo Mbiti (1969) that 'I am because we are and, since we are, therefore I am' on his emphasis on African communalism. Life, immortalized by having children, is lived in the community with observation of taboos, avoidance of curses and development of people through rites of passage. This makes the totality of life and gives it meaning as put across by Elder 2 (FGD,2022, June 24th).

After the human being in the hierarchy of existence were the living things. These are plants, animals and insects. They were under the control of human beings apart from being a source of food, shelter, energy and medicine. It has been recorded in this study that certain plants provided herbal cures whereas the animals and insects were also a source of therapies. At the bottom of the hierarchy was inanimate objects made up of phenomena such as earth, hills rivers, certain rocks, caves and sites. It is also recorded that types of earth (soils) provided minerals for use as a type of traditional medicine (Herbalist 2 and TBA 1&2, O.I., 2021, June 10th). The continued use of these objects for therapeutic purposes among the Nandi seems to be due to the influence of its worldview beside other contributing factors. Reverence to nature was also one of the characteristics of the Nandi worldview. Due to this, the Nandi exhibit a reverence for

certain plants, animals, insects and certain phenomena. The human person made effort to conserve them by attaching sacred regards and taboos on them as shown. Conservation and management values have grown out of everyday living with the understanding that they are part of an environment that they can neither control nor create. The spiritual connection with these is seen in the fact that spiritual beings may reside in such phenomena and contain mystical forces or serve as altars and shrines (Ritualist 2, O.I., 2022. July 2nd). Man therefore as a key player in the realm of existence has a priestly function and is a beneficiary.

To be able to interpret the Nandi worldview on healthcare management there are fundamental questions that stem from the worldview (Omare & Koech, 2025) that can be reframed to bring the context of the subject under study. These questions include: what is the origin of their indigenous medicine? what or where is this type healthcare found? what is right or wrong about indigenous medicine? How shall indigenous medicine be handled in relation to individuals and community or how shall we act on knowing what is right or wrong about it? Where are human beings going after the medicine and lastly what is true or false in the indigenous medicine?

2.3 The Nandi Understanding Of The Concept Health And Illness

The African community's concept of illness encompasses a wide spectrum ranging from the supernatural involvement, folk beliefs, natural causes and witchcraft. According to respondents in FGD (2022, July 22nd) among the Nandi there are various causes of illness in their scope of understanding of disease and health. They include natural causes which could be mild or complicated and those that have no identifiable spiritual cause attributes for example malaria, flu, allergies, arthritis. These are said to be caused by natural agents such as germs, bacteria, viruses or are of zoonotic nature.

The cause of illness is also attributed to natural physical causes, psychological disharmony, failure to observe taboos, poor relationships and disharmony with ancestors and members of the community, curses and witchcraft (TBA 2, Herbalist 2 and 3 in O.I. 2021, June 10th, 2021 June 24th and 2022, June 24th respectively).

Apart from these causes there were also conditions that may be termed as threats to healthy living generally and these included accidents such as drowning, being struck by lightning or falling victim of wild animal attacks, falling into a pit or falling from a tree and other kinds of accidents (FGD, 2022 June 24th). Any condition or occurrence that threatened the wellbeing or translated to loss of life in the community or its members was viewed as an illness and was handled with concern and measures being taken to ensure safety and prevention. Unusual occurrences were perceived as having of spiritual involvement, hence were thoroughly probed to establish the causes and to determine befitting measures which in most cases involved ritual performances for preventive and protective purposes. Anti-social behavior was also assessed critically, the culprits probed well and prescribed measures meted with due respect. Such behaviour was thought to be an indicator of unaddressed failure and in a way is a call for attention.

Some illnesses had spiritual involvements and in this it is evident that the Nandi hold the belief that spirits have the capacity to cause and end illness. The condition referred to as *kokulgei oik* (literally translated as disharmony of spirits within a person) in the study is one such example. According to TBA 3 and Ritualist 1 (FGD 2 2022, July 22nd), witchcraft is another known cause of illness which was handled with seriousness. The respondents also indicated that an individual is not a passive being; his or her

behaviour and interactions with others and the environment may have a significant influence in relation to illness.

2.4 A Description Of The Nandi Indigenous Health Specialists

There are various categories of African indigenous medicine persons also referred to as healers. They are charged with treating illnesses and dispensing indigenous therapies and are classified into categories according to specializations known by various names among the ethnic communities in Africa. They include the herbalists, diviners, ritualists, bonesetters or surgeons. The description of the traditional medicine persons in the Nandi community given in FGD 2 (2022, July 22nd) held that the herbalist is known as *chepkerichot,* the diviner is *kiparpariat,* a midwife (TBA) is known as *korgopsikisio* whereas *kibungut* and *kiboreniot* are ritualists with defined roles to play. It is noted that the medicine persons are specialists who are well versed with the culture of their communities and they practice within the cultural demands. The FGD also informed that the specialists have extensive knowledge and experience on the use of herbal medicines, insect, animal and mineral sourced therapies and that midwifery was performed by women. The traditional birth attendants are specialists in matters of pregnancy, child birth and pediatrics (TBA 3 during FGD 2, 2022 July, 22nd) while diviners (*kiparpariat*) unravel difficult causes of illnesses that prove hard to discern. They attempt to discover the hidden causes of such illness and at the same time act as consultants to the herbalists. At times diviners act as herbalists and would provide preventive medicine. Diviners communicate to the ancestors or the supreme beings through prayers concerning the illness affecting individuals. The *kiboreniot* and *kibungut* are ritualists with different specialities. The *kibungut* is more concerned with issues regarding witchcraft whereas the *kiboreniot* dealt handled occurrences such as

lightning strikes, drownings and accidents; more so the extraordinary happenings (TBA 4 and Elder 4 in FGD1and 2 respectively).

During FGD 1 (2022, July 22nd), the study learnt that among the Nandi the office of a medicine person was acquired through various means. For one, it may be passed from parent to child or runs in the family. Usually, a practitioner nominated an apprentice to train to take after him or her. In most cases the nominee was a relative of the practitioner. The training usually began with the nominee accompanying the parent or relative to the harvesting sites and would learn to identify plants, later would be sent to harvest and later dispense. The nominated member stayed close to the mentor and grew with the practice. The second way of acquiring the knowledge to practice the art is through 'buying' it from a medicine person and this usually happened after an individual had experienced healing of a condition after being medicated by a particular medicine person. In this method, the popular form of payment was the offering of livestock in exchange so as to be put on apprenticeship. Some individuals have a historical reference as to how they became medical practitioners known as *chepkerichot*. All the respondents concurred with this arrangement of acquiring the art; that it did not involve any elaborate steps but the apprentice stayed in close consultation with the mentoring medicine person. The same was applicable for the office of *kibungut, chepsogeiyot (*also known as *kiparpariat* FGDs (2022, July 22nd and 2022, June 24th). The art of dispensing particularly the office of *chepkerichot* was accessible for anyone who wished to acquire. The offices of *kibungut, kiboreniot* and *chepsakeiyot* were familial.

According to Herbalist 1 (O.I. 2021, March 14th), there would be no traditional medicine person if the practice was no longer relevant. This view was also echoed by

Herbalist 4 (O.I. 2022, June 14th) who attested that his patients were drawn from all parts of Kenya. The two practitioners enumerated that they use herbs, animal products, special earth (soil) and mineral components. They also said that they do not involve themselves in performing rituals to provide therapies but advice their patients if ritual was needed so that their families would organize for the same.

2.5 The nexus between spirituality and healthcare practices among the Nandi

Like other African communities, the Nandi approach to healthcare is based on the philosophical understanding of the human being and human nature. The human person referred to as *chi* exists in a total integration of the spiritual, physical and social dimensions. This is such that the physical being alone does not exist in isolation of spiritual or social parts and therefore the three aspects constitute the *chi.* This indicates why illness warranted a thorough probe to establish the cause since it was believed physical illness could be a manifestation of imbalances within the dimensions that constitute the *chi*- human being. Healing therefore was aimed at restoring the balance to bring about a reconnection and a harmonious equilibrium. The state of disharmony or a spiritual illness is known as *kogulgei oik* among the Nandi and this state is said to be a worse condition than physical sickness. This condition is a result of imbalance or disharmony in the expected set up that translates to harmony hence health.

Health in the Nandi worldview is a state of harmony and wholeness in a *chi* (human person) in relation to the physical, psychological, social, economic, political and spiritual levels. When ill health afflicts an individual, it echoes in the family, clan and the community at large. The causes of ill health could be related to ancestral displeasure, evil spirits or natural circumstances. This fact called for a healer; someone who is endowed with the ability to interpret the complexities (FGD 1, 2022, June 24th).

According to Ritualist 2 (O.I., 2022, June 10th), the role of a healer is said to be *Asiis* directed through ancestral involvement. As recorded from respondents, medicine persons at times receive revelations of medications for various ailments through dreams or divinations and behind this were supernatural powers. Although invisible, the spiritual or supernatural powers exert a powerful influence over the living. It is even believed the invisible world is responsible for what goes on in the natural world. When a disease is associated with supernatural causes, the healer uses means to reconnect the affected to the spiritual world to attain complete healing. Hence spirituality is an embedded ontology in the healing process.

As discussed in FGD 1 (2022, July 22nd), the Nandi people identified various causes of illness which among them is the natural causes which could be mild or complicated. There are those which are attributed to spiritual causes and those which have no identifiable spiritual causes and attributes for example malaria, common cold, stomach aches, pneumonia and gout. Such are said to be caused by natural agents such as germs, bacteria, viruses and could be communicable or non-communicable. The complex natural causes include psychological disharmony, broken taboos, poor social relationship with ancestors, family, clan or community members, curses and witchcraft. Accidents and natural calamities are also regarded as threats of good health and therefore are regarded as a type of illness as well. It was explained that if illness had a spiritual association, rituals could be performed to address the condition (TBA2, O.I., 2021, June 10th).

According to FGD 2 (2024, June 22nd) among the Nandi, disease and illness is associated with pollutants, curse, *bondit* (witchcraft) or misfortunes. This scenario is common also witnessed among the Nandi (Ritualist 1 in FGD 2 2022, July 22nd)

whereby witchcraft cannot be avoided and is one of the much-touted causes of illness said to involve use of charms, harmful magic and other means or devices which causes illnesses, misfortunes or death. Ritual performances were prescribed to mitigate against such conditions. Rituals belong to the spiritual realms and its involvement in medications shows that spirituality cannot be isolated from health practices.

Among African communities mitigating measures were always put in place to ensure good health; good health can only be preserved by the observance of social norms and taboos (Herbalists in FGD 2022, July 22nd), maintenance of harmonious relationships with members of the supernatural world and resolution of interpersonal and intergroup tensions. This view echoes what Kamwaria (2022) says about the Dinka people of South Sudan who use rituals as one way of dealing with illness. The Nandi people like the Dinka performed rituals to deal with illness and search for peace with mundane realities which would in turn create an equilibrium in the life of an individual (Elder 2 and Ritualist1 in FGD, 2022, July 22nd).

It is also evident that social relationships were regulated in order to prevent diseases and maintain the physical and psychosocial wellbeing. This can assume the example of exogamy whereby it was strictly maintained to avoid resultant birth defects by observing totemic and age set system restrictions. Disobedience to this attracted the cursing ritual of *injooket*. As well harmonious social relationships were encouraged for example a couple expecting a baby were discouraged from teasing persons living with disability; believing that the expected baby would be born with such a disability as suffered by the teased individual (Elders in FGD 2022, July 22nd).

According to the Nandi understanding, the role of indigenous medicine is to cause healing which encompassed the physical, social, emotional, ecological and spiritual

dimensions as envisaged in the indigenous notion of holistic health. African traditional medicine takes into consideration the beliefs and practices of indigenous people about existence and destiny of a human person referred to as *chi*. But in human life at times illness does not heal despite various cures being administered. Elders in FGD 2 (2022, July 22nd) explain that the family and community may try all means ranging from consulting the *Orgoiyot,* diviners, seeking supernatural interventions by performing rituals such as *keterechbei* and exorcism in an attempt to unravel possible causes. In the event that all attempts fail then human limitation is conceded and the patient is counseled to accept death. This counseling among the Nandi entails a ritual performance called *kiil* (to anoint) to prepare the individual to transit to another stage of life in the spiritual world and begin the life of ancestor hood.

2.6 The Institution of the *Orgoiyot* (or *Orkoiyot)* among the Nandi

The Nandi had the *Orgoiyot* institution considered central in the political, military and spiritual endeavors of the community. *Orgoiyot* was the overall religious and political leader of the community advising the council of elders on matters of the daily running of the community. As well, the Orgoiyot was the chief medicine man of the community who was at times consulted to prophecy causes of illness, pandemics and their remedies. The equipment of the office of Orgoiyot includes three batons (*samburto*), a wooden box (*keteet),* lots for divination (*barbarek)*, bamboo stick (*soyieet*)and charms (*ndasimutik*) according to Traditional Priest1(O.I 2022, June 24th). *Orgoek* (plural) subscribes to the *Talai* clan and doubled up as a spiritual and military leader who was consulted for security and war decisions. As a spiritual patron he performed prophetic roles and mediated between God (*Asiis*) and the people.

The community held the *Orkoiyot* position with reverence and was consulted for various issues. Elder 3 during FGD (2022, June 24th) added that before venturing into any raid the advice, blessing and goodwill of the *Orkoiyot* was sought. He also named the notable persons who have held this office among the Nandi who included Kimnyole, Koitalel Samoei and Barsiran arap Manyei. Though they wielded "supernatural powers", the *Orkoiyot* was subject to ordinary tribal rules, rites and sanctions. Notable characteristic about the *Orkoiyot* was his power to prophesy. Apart from being consulted on matters of local and individual concern, the *Orkoiyot* was considered paramount and on him the power to rule was vested. As the chief medicine man, the *Orkoiyot* was trusted to have the ability to reveal causes of sickness, prevent, prescribe treatment or advice on the same.

The powers claimed by *Orgoek* (*Orgoiyot* in singular) were said to be inherited, endowed to the sons born to the lineage of the *Talai* clan whose totemic symbol is the lion. To this day the Nandi recognize the *Orgoek* and reserve for them a special standing in the community.

2.7 The Social Institution of the Nandi in Relation to Health Management Practices

The family is the basic social unit among the Nandi and genetically related families formed a clan. The clans among the Nandi are identified by totemic symbols and representations (usually animals, insects, birds and weather patterns).

According to TBA 1 and 2 (2021, June 10th) there are examples of the totemic symbols such as *Kipoois* (fox), *Mooi* (elephant), *Kipyegen*(crane), *sekemiat* (bee), *solob* (cockroach), *Toiyoi* and *kuchwa* (rain). This had the importance that it regulated marital customs apart from serving as a symbol of identity and genetic relationships. Marriage

among the Nandi is exogamous and therefore, marriage between those subscribing to the same totemic symbol is prohibited and keenly checked.

Among the Nandi, marriage is regulated by kinship system referred to as *tiliet. Tiliet* is a term that describes the relationship between members bound by the same descent and marriage and are prohibited from intermarrying. In connection to this, marriages between certain clans are discouraged for example *Kibasiso* clan was prohibited from marrying from the *Kibois* clan and vice versa.

The Nandi people also had an institution of age grade system (*Ibinda*). The age grade system is also a regulator of marital customs. A woman would marry a man from any age grade so long as he did not ascribe to the same age grade with her father; or else would be considered as incest (Elders in FGD, 2022, June 24th). This system was cyclic and only males ascribed to an age grade. There were seven age set grades namely; *Kaplelach*, *Kipnyigei*, *Nyongi*, *Maina*, *Chuma*, *Sawe* and *Kipkoimet*. Adultery, fornication, rape, incest and sexual perversions such as homosexuality and bestiality were acts with implications on social and physical health and were severely punished.

Every stage of life of a Nandi individual is marked by rites of passage as told in FGD 2, (2022, June 24th). At birth, purification, naming and other related rituals were performed, at puberty initiation rites, at adulthood marriage rites and at death there were funeral rites. In addition, in the Nandi community gender roles were defined and strictly adhered to. Men had the roles of protecting their families against attacks, providing for them, located pastures, herded livestock, generated wealth through raids and trading activities. The women's role was to care for the children, cook, do the milking of animals and carry out household chores. Boys assist their fathers to carry out their duties such herding, taking care of the security of their homes and livestock whereas girls

assist their mothers in carrying out household chores. The old people are a source of knowledge, experience and wisdom to the community: give advices, tell stories of moral lessons and entertainment to the youth. They also officiate family, clan and community rituals and ceremonies such as those of naming, blessings, curses. They also officiate undertakings aimed at ensuring good health, welfare and prosperity of the whole community.

2.8 The Religious Institution of the Nandi

Nandi traditional religion exhibits monotheistic elements and has no written scriptures or sacred writings. Like other African religions, this religion neither seeks to make converts nor preaches a paradise after death; but believes life continues beyond death and reincarnation. This is demonstrated in their practice of naming children after their dead members (as per family and clan lineages) and observance of rites of passage.

As seen earlier, the Nandi supreme deity is known as *Asis*. The term is derived from two words *A* and *siis*. *A* is a reference to oneself equivalent to 'I' in English whereas *siis* means quite or calm. Combined and put into context the word is a reference describing the deity as the silent One, unseen yet an omnipresent reality; that 'I' is the indelible Being or Reality according to Traditional Priest 1 (O.I. 2022, June 24th).

The Nandi supreme deity is associated with the sun- *Asis* which is one of the creations of *Asiis*. *Asiis* is the power behind everything in the world and is the source of all life and fertility. The Nandi equates the reality and beneficence of *Asiis* to the sun and is believed to be good and, of impeccable moral standing. *Asis* is actively beneficial and a source and sustainer of life and healthy living. The spiritual leader further informs that *Asis* -sun -is one of the descriptive attributes of praise termed as *salanik* of *Asiis* like the others that were descriptive attributes which included *Chepbonamuni,*

Chepkelyen sogool, Cheptaleel, Chebokipkoiyo and *Chebo ngolo. Chebonamuni* means that *Asiis* is the creator and controller of all existence and destiny and is a giver of life, health, wealth, wisdom and blessings as (Mugambi, 1976 and Bett, 2018) observes. *Chepkelyen sogool* (literally the Being of nine feet) describes the perfection of God as informed by Traditional Priest 1 (O.I., 2022, June 24th).

The highest digit in the Nandi arithmeticis the number nine (9) and when used means complete and perfect. Nine is used in reference to: *mencheiywek sogool* (nine fires), *kigiirei kiptaman ak sogool,* (in its context swearing never to repeat a mistake), *mokindoitoe sogool tai* (nine comes last and no other after it) and *Asis chepkelyen sogool* (*Asis* is perfect, radiant and is the end and the highest in everything). This attribute describes the boundless blessings that *Asiis* can bestow. *Chebongolo* describes *Asiis* as all-knowing of all that surpasses human comprehension whereas *Chebokipkoiyo* describes the peace and eternity of *Asis.* To praise and describe the holiness of *Asis*, the attribute *Cheptalel* is used. The spiritual leader also informed that *Asiis* can be angered and displeased leading to diseases, droughts, pandemics, deaths, accidents, loss of victory in battles and wealth. A healthy person and community must acknowledge this attributes to remain healthy by not engaging in activities that profane the being of *Asis.*

FGD 2, (2022, July 22nd) reported that in worship among the Nandi, knowledge about the *Asis* is articulated through prayers and invocations, myths, rituals, observance of taboos and cultural beliefs. The Nandi community has two phases of worship: the daily worship and annual worship. In the daily worship prayers were offered at family level led by the father or grandfather as the head of the home. Normally at sunrise, the family elder faces the East and spits as a way of offering prayers on behalf of his family for

good health. On certain occasions a family would pitch a shrine at the homestead referred to as *korosio*. This is done especially during initiation and this would be when appeasement sacrifices and prayers were offered for the family and the initiates. There are other ritual ceremonies performed at family level for propitiation and in cases of illness before medications were sought or undertaken. These are specifically the *keterech bei* and *kataataetab chego* (milk libation) rituals.

Snell (1954) observes that there are various religious ceremonies observed by the Nandi people, key among them; chiefly consecratory and proprietary. Further, Snell identifies *Kambakta*, a religious ceremony whereby intercessory prayers were offered to mark annual harvest at around the month of July known as *buret* season. Before *Kambakta* a process of accumulating grains referred to as *kebasbeek* was conducted.

TBA 1and 2 (2022, July 10th) identified other religious ritual ceremonies held for different purposes such as the cursing ceremony called *Injoket* and the *Ingoo* prayer procession held by women at night to beseech God for rains in case there was drought and need for appeasement. These rituals were exclusively carried out by women. They also included the birth rituals called *kosergonisiet* and the *kin g'eet asiis* performed by women folk and that these rituals were led by midwives. It was considered a communal affair for all women in an immediate neighbourhood to participate in these events.

The annual worship usually involves the whole community through the *bororiet* level (the sub localities). Each *bororiet* had its own priests and sacred places -*kapkoros*- within their territories. An example of an annual communal worship festival was one that was observed during the months of September and October known as *saetab kipsunde.* In this festival the first proceeds of annual harvests which are called *tongoanik* are offered for thanksgiving for blessing of good health among other

blessings. The Traditional Priest during FGD 1 (2022, June 14th) led the group in reciting this prayer as an example of prayers offered during such worship sessions. It ran thus:

> *Ng'wektointolei ole tolei!* (May a betrayer be destroyed) Then the people respond as……*tolei!*
> *Ng'elyeptab Nandi, baibai ole baibai* (Nandi wisdom be blessed always)! .....*babai!* (is blessed)
> *Tinyei muitaap kuto ole tinyei* (Nandi people Aare endowed with endurance) .....*tinyei!* (they are)
> *Mi murenik ole mii?* (is blessed with warriors) .....*mii!* (they are there)
> *Mi chepyosok ole mii* (is blessed with women) …… *mii!* (it is so)
> *Mii cheplagook ole mii? (*is blessed with young girls) …… *Mii!* (it is so)
> *Mii boisiek ole mii*? (is blessed with elders) …… *mii!* (it is so)
> *Tinyei sambut boisiek ole tinyei*? (is blessed with leadership) …… *tinyei!* (it is so)
> *Tinyei waleel murenik ole tinyei?* (are able) .....*tinyei!* (it is so)
> *Tinyei chepyosok kariikwak ole tinyei*? (have weapons ..... *tinyei!* (it is so)
> *Tinyei Nandi kipsegoi ak suiye ole tinyei?* (have a culture) ..... *tinyei* (it is so)
> *Isuldoi ole isuldoi?* (will succeed*)* …… *isuldoi!* (it will be so)
> *Borei eng tai ak katam ole borei?*.....(will succeed in all endevours) …… *borei!* (may it be so)
> *King ole king?* (It is sealed, amen!) .....*king!* (amen).

Source (FGD 1 2022, June 24th).

The above is an example of a prayer recited during community social gatherings before the commencement of any function. It is usually considered an opening prayer of supplication for blessings to the community. The reciting of this communal prayer is led by an elder or a priest and men are supposed to squat while the women sit or kneel when it is recited. Since it is a communal prayer, those present chorused affirmatively to what the priest or elder was praying for. This shows the Nandi people place the

supreme being a head of any undertaking they have. Other prayers would follow if need be.

Elder 3 during FGD 1, (2022, June 22nd) talked about cosmic phenomena such as moon, stars, clouds, lighting, and thunder that they were thought to have an association with *Asiis*. They said that astronomers of the community could "read" the behavior and appearance of these objects and make interpretations. The interpretations would range from impending wars to pumper harvest and natural calamities. By these interpretations pre-emptive measures would be taken if necessary or possible and this usually involved ritual performance.

Asiis is also the final arbitrator of justice and upholder of sanctity. Any one unyielding to normal social functions was committed to the judgement of *Asiis*. *Asiis* is responsive to intercession and his displeasure could be appeased by making sacrifices, giving offerings and libations such as *kitaata chego* and *keleeta kipsongik* (broadcasting millet) as narrated by Ritualist 2 (2022, June 10th).

During FGDs and individual oral interviews (O.I), it was noted that, the Nandi community believed in the influence of spirits referred to as *Musambwanik* or *Oik* believed to belong to the ancestors. The general social order of families and clans was believed to be perpetuated by these ancestral spirits together with *Asiis*. The ancestral spirits constituted a repository of authority and a compelling sanction for reverence thought. There are aspects of animism associated with sacred hills, caves, cliffs valleys and rivulets. This also extended to include certain trees, animals, and insects. It is believed that killing, cutting or tampering with such in any way would inflict misfortune. They gave the example of trees such as *simotwet, kokorwet* and Kapsimotwo cliff site in Nandi Hills where old men went for ritual suicide.

2.9 The Status of Traditional Medicine Among African Communities

Muchiri (2000) reports that with the coming of Christianity and colonization in the 19th century, there occurred a decline in the practice of African traditional healing. The Christian missionaries looked down upon the African practices and perceived that Africans were superstitious, pagan, ignorant and 'lost in darkness'. The missionaries thought they needed to evangelize the African in order to come out of this situation and as such sought the assistance of the colonial administration which in response put up statutes that forbade Christian converts to consult their traditional healers. One such statute of 1926 outlined that, pagan practices included believing in things forbidden the church such as dreams and divination. Muchiri also records that the 1947 Catechism Statute no. 140 termed traditional medicine as forbidden pagan practice false medicine and amulets or to divine. On the same note in Kenya, the Witchcraft Act of 1925 had an implication on traditional healing procedure with ritual involvement. Parrinder (1963) adds that in Uganda it was illegal for anyone to claim to be a healer and those who defied risked five years' imprisonment. In Tanganyika the situation was no different; anyone who claimed occult power or knowledge was imprisoned for one year or fined. From these statutes, it is clear that the white man-made efforts to disintegrate the African social and religious values.

The missionaries preached against the traditional African healer. Bascom and Neville (1959) recounted a sermon delivered by a white priest to the Kikuyu people ad vising them, ''trust in God, do not trust the medicine man…I know some of you are hiding amulets beneath your garments. Those cannot protect you. 'and as Jomo Kenyatta observes in *Facing Mount Kenya*, the ''missionary set out to uproot the African body, mind and soul from old customs and beliefs… with all his tribal traditions shattered and his institutions trampled on.'' The Europeans viewed the African traditional medicine

as fetish as seen in Snell's (1954) description of the practice of Nandi indigenous medicine persons as dispensers of magic.

However, among the Nandi the practice of traditional medicine is held with high regard as much as the health sector in today's governments. The life of an individual in the community was lived observing hygiene (avoiding *kereek*), preventing and curing diseases. The aim of the practice was to maintain good health. Traditional medicine and its rituals are the vehicle by which life in totality is realized and reality of living sealed. The faculty was held with esteem and every negative happening befalling an individual physically, mentally or psychologically was cured by use of the traditional kinds of medicinal sources and rituals. Each home had a special pot called *tereb sagit* for boiling herbs not necessarily during illness but continuously to maintain health and prevent diseases or ailments (Herbalist 5, in FGD 2, on 2022, July 22nd). At times one wore charms or applied ointment generated from animal fat as a guard against evil eye and rituals could go alongside these forms of medications. In essence traditional medicine practice was held sacred because it was seen as a way of preserving and maintaining health and it extended to promoting life perceived as sacred because life is from God. The respondent further explained that herbs used as sources of medication were preserved, harvested, handled, dispensed and discarded with care. Some of the trees would not be used as firewood because it implied destruction and some used for medication would be used to perform other rituals not necessarily related to the medical practice.

Medicine persons and ritualists were endowed with a big role to play in the Nandi community. It was noted that medicine practice was acquired through certain means and was a reserve; not everyone would practice. The office is either inherited or

'bought' (acquired) from his paternal grandmother, Herbalist 3 from his aunt, Herbalist from his father and Herbalist 5 (FGD 2, 2022, July 22nd) from her grandmother. For Herbalist 6 (FGD 2), after she was treated and healed of a disease, she had suffered she decided to acquire the knowledge on how to treat such diseases as she had suffered. She paid a heifer as a token for her treatment as well as to be shown the medications and obtain permission and blessing to dispense (FGD2 2022).

It was reported that at times application of rituals was recommended for treatment of certain diseases especially the chronic ones, madness or some unexplained illnesses and pandemics. There were medicines prescribed for various ailments and together with this there were specialists such as pediatricians, obstetricians and gynecologists, midwives and ritualists. Nandi Traditional Priest (O.I., 2022, June 24th) laments that white people *chumbek* and Christian converts condemned the Nandi traditional healers as devilish and this regrettably led to the loss of valuable knowledge on traditional medicine. According to the respondents the Nandi people today still use traditional medicine as an alternative to the conventional therapies especially where modern cures do not suffice. The respondents of this study are practicing traditional medicine persons. Herbalists 5 and 6 (FGD 2, 2022, July 22nd) asserted that traditional medicine use is currently on the rise especially because of rising cases of cancer. Concerning the need for rituals during treatment, the respondents informed that they refer patients back to their families if there was need. When asked about ritual practice in the modern context Herbalist 5 during FGD 2 posed, "Supposing you are desperate for healing, would you refuse a ritual if it were the only way to survive?"

2.10 Conclusion

The foregoing chapter is an overview of the institutional framework of the study population. This overview is a limelight that facilitates the understanding of the Nandi in relation to the attainment of the stated objectives of the study. It demonstrated that the historical foundation of the Nandi peoples is rooted in a worldview that emphasizes interconnectedness of all existences whether physical, spiritual and natural worlds. The approach to the practice of indigenous medicine as an aspect cannot be fully appreciated without prior consideration of such historical experiences. These experiences are essential for understanding the continued practice and significance of indigenous medicine. This may shape the knowledge systems, other emerging issues that may be occasioned by cultural dynamics, authority and trust that underpin indigenous healing.

Cultural dynamics such as the introduction of western medicine have challenged indigenous practices including indigenous medicine. Despite this, the Nandi people's historical resilience is evident in their continued use of their indigenous healing systems. By resisting and coping with external pressures the Nandi have affirmed their cultural identity and preserved their holistic understanding of health. The historical understanding therefore underscores the importance of viewing indigenous medicine not just as a medical system but as an integral part of their cultural heritage.

The background information in this chapter has presented a harmonious equilibrium of the institutions of the Nandi community and their existence as a whole unit. It is seen how the institutions operated dependently or as a unit such that each was understood with reference to the whole. This is explained by the theoretical principle of Holism applied to guide this study; that the institutions of the Nandi people integrate to promote balance, interconnectedness and wholistic wellbeing. As a prelude to the research

findings, this chapter leads to the probe on the practice of indigenous medicine and the related religious beliefs and practices of the Nandi people. This was the main focus of the subsequent chapters.

CHAPTER THREE

THE NATURE AND PRACTICE OF INDIGENOUS MEDICINE AMONG THE NANDI OF KABIYET, KENYA

3.0 Introduction

This study made an investigation into the forms of therapies prescribed by the Nandi indigenous medicine practitioners and this informs the major focus of this chapter. In line with the first objective of the study, the aim of investigating the forms of the Nandi indigenous medicine is to answer the first research question. This chapter aims at investigating the nature and practice of indigenous medicine among the Nandi of Kabiyet, Kenya. While focusing on the objective, the section also records information from respondents on the forms of indigenous therapies in the Nandi *pharmacopeia*. The record bears tabulated inventories of some of the indigenous plant medicines, animals, insects and mineral sourced therapies defining the Nandi indigenous medicine. Alongside the sources of medication are the corresponding health conditions each of the medications were reported to be used for their treatment. Respondents in this section were practicing indigenous medicine specialists comprising of Traditional Birth Attendants (TBAs), Herbalists, Traditional Priests, Elders, Ritualists Conventional Medicine Officers (CMOs). The practice of indigenous medicine among the Nandi was held with sacred regard because it was seen as a way of preserving and maintaining health explaining why the respondent's offices were esteemed.

The Nandi indigenous medicine incorporates the application of natural remedies sourced from the local environment referred to as *kerichekab gaa* (homegrown medicine) according to Herbalist 1 (O.I. 2021, February 27$^{th.}$). These include plants, animals, minerals and insects as indicated above. The healing practices among the Nandi are deeply embedded in cultural rituals, myths and ceremonies that affirm their

identity and continuity and according to Ritualist 1 (O.I 2021, March 17th) is referred to as *biton* or *bitetab Nandi* (meaning it is a tradition). The main actors in the practice of the indigenous medicine are the religious specialists who include the *Orgoiyot*, medicine persons, ritualists, herbalists, and diviners and priests. They provide physical and spiritual remedies, counselling and mediated between the natural and supernatural realms. *Per se* their work embodies the holistic philosophy of health.

3.1 The role of Indigenous medicine persons

African indigenous medicine persons are traditional healers or dispensers of medications. As observed by Edet et al. (2019), they serve as vital custodians of health, spirituality and cultural heritage within their communities. Their roles encompass diagnosing and treating physical, emotional, and spiritual ailments often through methods such as herbal remedies, divination, and ritual practices. The practitioners, known by various titles across different cultures—such as *sangoma* among the Zulu, *inyanga* among the Nguni (Mothwa, *et al.*, 2023), and *chepkerichot* among the Nandi—are deeply respected figures who not only provide healthcare but also uphold and transmit indigenous knowledge systems. Their practices are integral to the holistic well-being of their communities, addressing not just the physical symptoms of illness but also the underlying social and spiritual factors (Mbiti, 2015). In many African societies, especially in rural areas, these traditional healers remain the primary healthcare providers, reflecting their enduring significance in the cultural and health landscapes of the continent.

Among the Nandi, indigenous health practices are deeply rooted in the cultural and spiritual fabric; offering holistic healthcare that encompasses physical, emotional, and spiritual aspects. The practices include *chepkerichinik* (plural for *chepkerichot*) who are

practitioners skilled in the use of medicinal plants, animals and insects to treat various ailments as described by Herbalist 1 (O.I. 2021, February 27th.) and respondents in FGD1 (2022, July 22nd). The respondents further explained that the practitioners possess extensive knowledge of local flora and fauna and their therapeutic properties, often passed down through generations. *Chepkerichinik* are known to perform minor surgical procedures, such as scarification, cupping, and bone-setting and their services are typically compensated only upon successful treatment (Herbalist 2, O.I. 2021, June 24th). This category also includes *korkopsikisio* (traditional midwives) who are female specialists charged with assisting in childbirth and provide care related to women's reproductive health matters. They are entrusted with ensuring safe child births and may also offer herbal remedies to support maternal and neonatal health as informed by TBA 4 (FGD 2 2022, July 22nd). Another category of healers is that of the ritualists and priests; individuals who address the spiritual causes of illness often believed to stem from disharmony with ancestors or breaches of cultural norms (Traditional Priest 2, O.I 2022, June 24th).

The Nandi consider life sacred because it is believed to be given by God. Perhaps this is what made the medical practitioners to be accorded a special consideration; because they deal with diseases and attempts to restore health hence promoting life according to Herbalist 1 (O.I. 2021, February 27th.) and Elders in FGD1 (2022, July 22nd). The medicine persons were charged with the responsibility of preserving life and were therefore expected to be of high moral integrity for the same reason that they were charged with diagnosing and treating illnesses to preserve and promote life. To bring out the role of the medicine persons explicitly, it is necessary to make a detailed account on the stages of diagnosing any illness.

According to Herbalist 2, (O.I. 2021, June 24th) in the event that the illness was not understood or known to the practitioner, he or she would seek the opinion of fellow practitioners or elders to recommend further steps to be taken. If the ailment still proved complicated to diagnose the patient was referred to a diviner-*kiparpariat* or *chepsogeiyot*- who would attempt to unravel the cause of the disease by seeking the intervention of the supreme powers. As already noted, health complications were attributed to broken taboos, actual physical sickness, witchcraft, mental disorders, neglecting rituals, breaking oaths, neglecting one's parents, disobeying elders or disregarding cultural norms or contravening them (TBA 2, Herbalist 2 and 3 in June O.I. 2021, 10th, 2021 June 24th and 2022, June 24th respectively). This is the core reason why a detailed probe had to be carried out: to establish the actual cause of the illness. The diviner's advice was acted upon and if the illness still persisted a thorough probe continued to be carried out with concerted efforts being put up and wide consultations made with all possible causes being assessed. Factors such as existence of a curse were checked and in this case family members were asked to investigate with members of their respective clans. If the family members of the patient found out that the illness, accident or unusual condition exhibited by a patient could be due to a curse or broken taboo, then it was upon the concerned person to organize for a cleansing ceremony or take any measures as may be deemed necessary.

If the *chepsogeiyot, kiparbariat and kibungut* were unable to tell the cause of an illness other measures would be taken. One well known measure was the performance of a ritual called *keterech bei*. This ritual was convened as the last resort; all other efforts having been attempted and failed. *Keterech bei* ritual as narrated by Ritualist 1 (FGD 2022, July 22nd), involved breaking fresh castor oil stalks into four pieces of about five inches, putting water into a calabash pan and erecting the stalks on the water. If the

stalks stood perpendicularly assuming an upright position, it meant the disease could be cured. If the stalks fell lying horizontally, then it showed the disease is incurable. A ritualist, a priest, a diviner or an elder completed the ritual by sprinkling the patient's head with milk carried in a calabash while calling upon the spirits to relieve the patient of the disease.

The medication stage involved dispensing medication as prescribed which was undertaken in a ritualistic manner. A consultation fee called *cheprewo* was levied on the patient by the medic and this was the remuneration payable at the beginning of treatment. It was meant to show appreciation to the practitioner for the efforts made to search for herbs or any other form of medication (herb harvesting was scheduled to be done in the mornings) or any other intended medication (Herbalist 2 and 3, O.I on 10th, 2021 June 24th and 2022, June 24th respectively). All types of medication were subject to a token payment (*cheprewo*) before being initiated.

The term '*cheprewo'* is derived from the noun '*rewo'* meaning the morning dew and is used to refer to the token payment made at the onset of any kind of medication. The token was exchanged directly with the medications being handed over to the patient or representative. The practitioner spat on the medicine before handing over as a sign of activating the potency of the medicinal items. The *cheprewo* payment would be followed by other remunerations when the patient healed (Herbalist 2, 2021, June 24th). The patient or a representative gave the *cheprewo* token with two hands and opened the palm of the hands for the practitioner to place the medicine while spitting on it and uttering the word '*sere'* meaning it is blessed in the context of efficacy. The receiver would reply back with the same word (*sere)* to show positive concurrence. It was emphasized that the receiver was not supposed to express gratitude in any way until

healing had been achieved. Dispensing medication would not be undertaken unless the *cheprewo* fee was paid. Respondent TBA 4 (FGD 2 2022, July 22nd) further pointed out that it was believed that medicine taken without observing the payment would have no efficacy. In cases of pandemics the services of *Orgoiyot* or traditional priests were sought. This was mostly in cases where the whole community was involved according to Traditional Priest 1 (O.I on 2022, June 24th).

This study learnt that there are diseases and health conditions that are endemic to the Nandi people; may be due to their natural environmental influences. The table below shows some of the diseases.

Table 3.1 Examples of some of the endemic diseases and health conditions that afflict the Nandi people

Disease or health condition	**Indigenous name**
Malaria	*Cheptigonit*
Wounds	*Mook*
Allergies	*Askenutik*
Arthritis	*Kimakunok*
Pneumonia	*Kipruteit*
Cancer	*Seriat*
Common cold/flu	*Tung'uek*
Mumps	*Kipsebetaik*
Benign swellings	*Amdautik*
Boils	*Kondiroik*
Epilepsy	*Kiptoleit*
Convulsions	*Tonuito*
Psychological imbalance	*Kokulgei oik*

Source: Herbalist 1 (O.I 2021, March 14th) and Herbalist 2 (O.I. 2021, June 24th), Herbalist 6 (FGD 2, 2022, July 22nd).

According to TBA 4, Ritualist 2 and Herbalist 6 (FGD 2, 2022, July 22nd), the Nandi have a different understanding of the causes of illnesses which range from natural causes, curses (*ng'oki*), breaking taboos by engaging in antisocial acts *(kigireiywek* or *etanutik)*, witchcraft (*bondit*) and neglecting obligations to ancestors.

3.2 The use of Indigenous Therapies among the Nandi of Kabiyet

Indigenous therapies refer to traditional healing practices and knowledge systems developed by indigenous communities over generations. These therapies are deeply rooted in cultural beliefs, spiritual practices, and a holistic understanding of health that encompasses physical, emotional, mental, and spiritual well-being. They often include the use of medicinal plants, rituals, ceremonies, and other culturally specified methods applied to prevent, diagnose, and treat illnesses.

As already noted by Tuasha et al (2023), the practice of indigenous medicine in Africa is an ancient art and practice that may be as old as society. In the rural community of Kabiyet, Nandi County, traditional medicine remains a cornerstone of healthcare, deeply rooted in cultural and spiritual practices. Similarly, the Nandi people have utilized diverse medicinal plants to treat various ailments since ancient times. For instance, in Mosop Sub-County, an ethnobotanical study conducted by Maiyo et al (2024) identified 253 plant species across 74 families used for treating diseases such as malaria, respiratory infections, and gastrointestinal disorders. These plants are prepared through methods like boiling, crushing, or drying, and administered as decoctions, infusions, or topical applications.

During FGD 2, Ritualist 1, (2022, July 22nd) reported that among the Nandi medication can be prescribed singly or in combination with other types of medications. As noted in the Nandi understanding of the causes illness, the medications preferred by the practitioners were meant to meet the physical, social and spiritual needs of a patient thereby bringing about a state of a balanced wellbeing in a holistic sense. To the respondent, the inclusion of rituals, observation of taboos and other religious practices were understood to be the linking factor of the spiritual and physical components of

wellbeing. It was also the main accompaniment of the herbal, animal, insect and mineral therapies prescribed where it was found necessary. To demonstrate this the respondent cited the following case study. This case study follows the healing journey of one Kirui (not his real name), a 35-year-old teacher who sought the expertise of a traditional healer after experiencing a persistent health issue. The respondent narrated thus:

> "Kirui began experiencing chronic fatigue, unexplained weight loss, and recurring fevers. Despite multiple visits to the local clinic and courses of antibiotics, his condition did not improve. Concerned about the lack of progress and influenced by his family's belief in traditional healing, Kirui decided to consult a local *chepkerichot* (traditional herbalist) known for treating ailments unresponsive to conventional medicine. Upon arrival at the healer's homestead, Kirui was welcomed and invited to share his symptoms and personal history. The *chepkerichot* conducted a thorough assessment, which included: Observation of Kirui's physical appearance, demeanor, and any visible signs of illness. He made an inquiry by asking detailed questions about his lifestyle, recent events, and emotional state. The healer used traditional methods to seek insights into spiritual or ancestral factors contributing to the illness. The healer concluded that Kirui's ailment was not solely physical but also spiritual, possibly resulting from a disrupted relationship with his ancestors or a breach of cultural norms. The *chepkerichot* prescribed a multifaceted treatment plan: a concoction was made from locally sourced medicinal plants was prepared to address the physical symptoms. Kirui was instructed to take the remedy twice daily. Thereafter, a ritual was conducted to appease the ancestors and restore spiritual harmony. This involved offerings and prayers performed under the guidance of the healer. Lastly, Kirui was advised to observe certain cultural practices and avoid specific behaviors believed to have contributed to his condition. Over the course of several weeks, Kirui reported significant improvements. His energy levels increased, fevers subsided, and he regained his appetite. Follow-up visits to the *chepkerichot* confirmed his recovery, and he expressed gratitude for the holistic approach that addressed both his physical and spiritual well-being".

Kirui's case illustrates an observed case of the efficacy of traditional Nandi medicine in treating ailments that may not respond to conventional medical interventions. The integration of herbal remedies, spiritual practices, and cultural guidance provided a comprehensive healing experience. This underscores the importance of recognizing and respecting indigenous healing systems as vital components of healthcare in

communities like Kabiyet. As evidenced it is also an alternative healthcare where conventional medicine does not suffice.

Herbalist 2, (O.I. 2021, June 24th) reiterated the above information given by Ritualist 1, (O.I. 2021, March 17th) that illnesses are often perceived as manifestations of spiritual disharmony or ancestral displeasure. This brings about a state of an imbalance to an individual. To address this, the respondent explains that the concerned traditional medicine specialist performs rituals and ceremonies to appease ancestors and restore the balance lost. These practices may involve making offerings, sacrifices, prayers. The respondent further added to the study that the traditional physical therapies include bone-setting, massage, and minor surgical procedures. Healers employ techniques such as cupping and cauterization to treat musculoskeletal issues and wounds.

Notwithstanding the above, the practitioners in all categories concurred that on the whole, the healing practices are often complemented by herbal, animal, insect or minerals believed to possess protective or cleansing properties prescribed to enhance healing. The practitioners also said that they put into consideration spiritual dimension of illness and that healers may outline restrictions which bear spiritual connotations for the patient to observe during treatment. These included compulsory acts such as the spitting on medication by the medicine person, opening of the palms by the patient and the utterance of the word *sere* (may it be well) while handing the medication to the patient or receiver who was in turn careful not to reply back *kongoi* (thank you). They affirmed that other healing practices were in forms of sacrifice, prayers, chants, utterances, actions or use of specified objects.

TBA1, 2 (O.I. 2021, June 10th) informed the study that it is believed herbalists have God given knowledge on which plants are poisonous and further explained that plants

used to treat particular illnesses tend to resemble the body organs they are specified to treat in case of sickness. The respondent also gave examples that *kaboroon* herbal plant used for deworming resembles worms in its structure and the ones used to treat blood related conditions have reddish veins and barks. In a rejoinder TBA 4 (FGD 2) emphasized that herb harvesting was done secretly with care and herbalists rarely disclosed the medications they administered for medications sought by their patients. The harvesters removed barks, roots, berries, stems and gums of trees with care. If it was necessary to cut; they did so in such a way that the same plant would regenerate. It was asserted that it is a taboo to dispense medication on one self without notice of the medical practitioner in charge of the patient. Because it was held that herbalists were ordained by God, no one could assume their role unless by agreement or arrangement (Herbalist 2, O.I. 2022, April 4th) with the herbalist concerned.

3.2.1 The use of herbal medicines in Kabiyet

One of the major forms of indigenous medicines dispensed by the Nandi medical practitioners is medicinal plants. The plants were sourced from the local environment and are the most utilized of all the forms of medications in the Nandi indigenous medicine pharmacopeia. The parts of the plant utilized were either the leaves, roots, barks, whole plant, seeds, stems, sap or flowers and were dispensed as concoctions, ash (powder), paste or broken into whole chewable pieces (Herbalist 1 2021, June 24th). It was observed that the respondents divulged the information selectively on the subject due to fear of piracy. Table 3.2. presents an inventory of some of the medicinal herbs alongside the medical conditions they are prescribed to treat, the botanical and vernacular names of the plant. The following table shows some of the indigenous medicinal plants among the Nandi and diseases they cure.

Table 3.2: Some of the indigenous medicinal plants, botanical name, diseases or health conditions they cure.

Indigenous name	Botanical name	What it cures
Manereriet	*Cucurbita pepo sp.*	*Amdautik* (swellings)
Kuriot	*Teclea nobilis*	Malaria
Tebeswet	*Croton macrostachyus*	Diarrhea
Silipchet	*Dombeya torrida*	Ulcers and diarrhea
Cheptenderet	*Momordica foetida*	Tonsils and throat infections
Sesiat	*Clematis hirsute*	Meningitis
Teldet	*Toona ciliate*	Diarrhea
Botkawet	*Phytolaca dodecandra*	To treat rheumatoid arthritis
Kipkoleit	Black jack *(pidens pilosa)*	Wounds
Seet	*Albicia gummifera*	Headache
Rerendet	*Euphorbia tirucalli*	Tonsillitis, ear, nose and throat infections
Tebeng'wet	*Vernonia sp.*	Swellings due to sprains
Chelelkatiat	*Ajoga remota*	Immunity booster
Labotwet (its fruits)	*Sodoms apple*	Used to treat *kiptingtingitn* (A condition of abnormal palpitations which usually affects children) under ten years.
Cheporusiot	*Eucalyptus sp.*	Flu, measles and headaches
Tendwet	*Prunus Africanus*	Gout and stomach disorders
Uswet	*Euclea schiuperi*	Laxative; also used for deworming
Sagawatiet	*Figara macrophylla*	Tonsillitis
Sasuriet	*Ensente Ventricosum*	Female infertility
Kokorwet	*Eryrhrina Abysinica*	Gout, a range of pediatric diseases including thrash, colic, pneumonia
Siriat	*Rhus Natalensis*	Treats stomach ulcers, venereal diseases, flu, antidiarrheal
Tamuriakiat	*Carissa edulis*	Venereal diseases, epilepsy, heartburns, malaria, arthritis, cancer
Cheptenderet	*Barleria grandcalyx*	Snake bite
Tangaratwet	*Aloe kedongensis*	Malaria, typhoid, wounds
Cheborusiot	*Eucalyptus sp.*	Flu, Measles, unexplained headaches
Emtit	*Olea eoropaea*	Treats impotence

Sources: Herbalist 2 (O.I 2021, June 27th), Herbalists 4 and 5 (O.I. 2022, April 26th).

The above inventory shows that herbs are actively used by the Nandi of Kabiyet to treat some of the endemic diseases that commonly afflict the Nandi of Kabiyet. Respondents of this study reported that they dispense herbal cures mostly and that a large proportion of the population relies on the herbal practitioners in order to meet their health needs.

Herbalist 2 (O.I. 2021, June 24th) informed the study that he administers herbal laxatives to at least five (5) patients in his weekly diary. He claimed:

> "When patients report to my house very early in the morning I know they need laxatives. At times patients invite me to their homes to administer this medication which has to be taken in the morning. Most patients believe indigenous herbal laxatives are effective. You know herbs help to remove worms, clear the chest in cases of asthmatics, purifies blood and removes toxins from the body and checks constipation. They also have no side effects." (Herbalist 2, O.I. 2021, June 24th).

The informant above shows the extent of the popularity of the indigenous medication. Most patients would always fear the side effects that are associated with conventional medicines. This also shows that patients have confidence on the herbalist and his medical practice. The same case applied to the TBA2 (2021 O.I., August 10th) who believes conventional medicine at times brings about complications in some conditions such as thrash unlike indigenous therapies which have no side effects. She narrated a case as follows:

> *''At one time a baby was brought to me after being referred from hospital. The baby was so weak and had chest congestion. On examining the baby, I found he had thrash and was going down to the chest. I gave the baby medication in form of ash and asked the mother not to breastfeed because I realized she was passing it to the baby through the breast milk. On receiving medication, the baby developed diarrhea and about three hours later the child had improved. By the following day the baby had made a big improvement but still had a heavy chest congestion because of the injections that had been given in hospital. I had to make the child vomit so as to remove the toxins of the medicine injected. The baby got well after a week of taking my herbal medication. You know this thrash (mirutik) can kill a baby if an injection is administered on him or her. Most mothers know this as a common illness affecting infants and they always seek advice from me before heading to hospital."* TBA 2 (O.I. 2021, August 10th)

Herbalist 5 believed herbal medicine were effective that,

> *"I treated one woman in 2015 who was suffering from infertility. She had undergone two operations but there was no change. I gave her herbs to take for three months and she conceived."* (FGD 2, 2022, July 22nd)

On the same note Herbalist 3 (O.I. 2022, June 24th) also gave his treatment case using herbal medicine that,

> *''there was this boy of about 15 years who had a deep wound that was not healing. They had recommended amputation. I pounded herbs and pasted on the wound and it slowly began to heal. By the end of one year later the boy had become well despite having a big scar.''*

From the above, it is evident that it is believed that indigenous herbal medicine can treat some conditions that conventional medicine cannot. The informants (herbalists) further reported that they received patients on a daily basis seeking treatment and they rated the indigenous herbal medicines as the most utilized form.

According to CMO 2 indigenous cures (he liked to refer as *miti shamba*) were resorted to by patients especially for complications related to pregnancies, pediatric conditions, chronic illnesses and venereal diseases. She further explained (based on her opinion) that she has observed that for pediatric conditions specifically thrash, sunken fontelle and *mirutik* patients rarely visit the hospital because they believe such diseases are effectively treated by indigenous herbal cures,

> *"I have known that for many pediatric cases like mirutik and sunken fontelle, most patients prefer to consult herbalists for miti shamba. The same also applies for cases of complications related to pregnancy. It is also a common belief held among venereal disease patients that it is only by taking herbal medicines do they get a complete cure."* (O.I. 2022, August 28th).

From this, one can deduce that herbal cures are seen to be of higher potency in managing some diseases and is recognized even in the conventional circles.

The CMOs said they have on some occasions suggrsted to patients to seek indigenous herbal cures as alternatives especially for chronic cases such as cancer. CMO 1(O.1. 2022. August 28th) opined:

> *"The indigenous practitioners can help in some cases, but a patient needs to be careful; I don't refuse patients to seek alternative treatment especially for terminal illnesses. I know of a case of hepatitis that has been successfully treated by herbal."*

In a rejoinder the CMO1 added,

> *"I know of several cases of people with cancer who were referred home from hospital to try indigenous herbal medicine. Some get well but others don't. The indigenous herbalists believe that if they can be given an opportunity at early stages, they can cure cancer patients."* (O.I 2022, August 28th).

From the two excerpts of the opinions expressed by CMOs it is clear that indigenous herbal cures are suggested as the suitable alternative medication. They also informed that on many occasions; expectant mothers have been advised to consult Traditional Birth Attendants some of whom are recognized in the conventional facilities. CMO 2 (O.I 2022, August 22nd) narrated a scenario that demonstrates why TBAs are consulted thus:

> *"One day as I went about my routine duty, I received a distress call from one of the homes around. They wanted me to call for an ambulance to rush a mother who was in labour to the Kabiyet health facility but it was not available. At that time coincidentally the road was impassable. We had no other option but to call for the assistance of local TBA. In fact, most expectant mothers discredit the services of the health facility; some complain that at times they may take the trouble to reach the facility only to be attended to poorly. Because of such cases they would prefer to familiarize with TBAs at their vicinities."*

The scenario describes what happens where accessibility to the health facility may not be convenient. The study further learnt that in the subcounty hospital there was only one physician with the rest of the medical personnel being nurses and clinical officers thus justifying one reason why patients usually turn to traditional practitioners. It is a common scenario to find long queues of patients waiting for treatment. At times the situation is worsened by lack of drugs in these facilities and are at times unaffordable to some of the patients.

However, there are instances when the CMOs advice against the use of traditional medicine methods. The CMOs gave the example of HIV infected persons who may at times miss to take ARV drugs because of taking herbal concoctions, praying and undertaking rituals. Same applies to cancer patients who may miss out on early treatment because of the same reasons. The CMOs further informed that because it is at times hard to convince some patients against the use of TM in some cases; in which she advices them to visit health clinics for laboratory tests to avoid misdiagnosis as reported thus,

> *''You know there are some patients you cannot convince to go to hospital; they believe contact with any metallic instruments aggravates cancer conditions and will not respond to any treatment if they are exposed to such in hospital. Some believe HIV/AIDS can be resolved by certain herbal medications, by undertaking prayers and rituals."* CMO1 (O.I. 2022, June 24th).

On his part the area government administrator (O.I 2022, August 22nd) reported that the use of traditional medicine is a common practice; that many herbalists approach him for help to access certificates of recognition from government authorities as certified traditional medicine practitioners. It was found that herbal medicine was widely used by the Nandi of Kabiyet ward. The excerpts are testimonies of some of the medicine persons on the present use of Nandi indigenous herbal medicine whose efficacy cannot be underscored.

3.2.2 Use of animal and insect medicinal products

In Kabiyet, Nandi County, Kenya, traditional medicine encompasses not only plant-based remedies but also the use of animal and insect-derived medicinal materials. The materials included fat and organ extracts, dung, bones, fur, skin ligaments or the whole animal or insect itself. Some of the examples of specific animals that provided this part of the medicinal sources included the elephant t, sheep, goat, cow, donkey, chicken,

warthog, camel, ground squirrel, agama lizard and mole. The insects comprised of the ants, spiders and the cricket. Table 3.3 and 3.4 is a record of some of the medicinal sources (animal or insect), the medicinal product alongside health condition the product is used to treat (Herbalist 2 O.I. 2021, June 24th, TBA 2 O.I. 2021, February 12th). Unlike the herbal medicines, this category did not contain many sources. However, it is an integral segment of indigenous healing system. The following table indicates some of the animal therapies among the Nandi of Kabiyet.

Table 3.3: Animal-Based Therapies in Kabiyet, Nandi County

Animal Product	Traditional Use	Preparation Method	Ailments Treated	Cultural Significance
Cow's milk	Nutritional and medicinal purposes	Consumed fresh or fermented into *mursik*	General health, digestive issues	Symbol of purity, appeasement and sustenance
Goat's milk	Nutritional supplement	Consumed fresh or used in decoctions	Respiratory ailments, malnutrition	Associated with vitality and healing
Animal fats (e.g., Cow, Goat)	Base for ointments and balms	Rendered and mixed with herbs	Skin conditions, muscle pains	Believed to transfer strength and resilience
Animal bones and horns	Used in rituals and as medicinal powders	Ground into powder	Spiritual ailments, protection rituals	Symbolize ancestral connection and protection
Animal blood	Used in specific rituals	Mixed with milk or consumed directly	Anemia, spiritual cleansing	Represents life force and vitality
Beeswax	Base for salves and balms	Melted and combined with herbs	Skin ailments, burns	Symbol of healing, cleansing and protection

Source: Herbalist 2, (O.I. 2021, June 24th), (TBA 2 O.I. 2021, February 12th).

The table above shows how this form of medication was administered. Like the herbal medication, its administration met the threshold of the holistic approach. The products used for therapeutic purposes included fat extracts, milk, blood and soups generated

from boiling some of the organs of the particular animals. Herbalist gives examples of how some of the animals and insects were applied for therapeutic purpose:

> *"Soups generated from boiling the intestines of a goat was mixed with herbal concoctions to treat measles, arthritis, pneumonia and flu whereas fats extracted from sheep is taken in combination with bitter tasting herbs whereas milk served the purpose of being an accompaniment of certain herbs and used to carry out rituals for offering libations. Fat extracted from pigs was also applied a charm to prevent harm from witches. With some animals like the elephant and donkey, dungs are pounded into powder. In the reptile category the python and the lizard in particular provided fats and ashes respectively that were dispensed to treat severe burns, tuberculosis and consumed as a broad spectrum. The rodents: squirrels and moles were also utilized in the treatment of types of coughs*," as recounted by Herbalist 2 (O.I. 2021, June 24th).

Herbalist 2 further gave an example that:

> *"Squirrels and moles are burnt whole and used to treat types of coughs and the common insects used for therapeutic purposes included the bee, spider and its web, cricket dung beetle larvae, termites formicide ants and the black ants. Honey is the most popular type of medication which operates as a broad-spectrum medication and was taken as an immunity booster,"* (O.I. 2021, June 24th).

In the Nandi community, insects have long held a unique place in its indigenous medicine; serving the nutritional value, therapeutic and symbolic roles. Rooted in indigenous knowledge systems passed down through generations, the use of insects for healing reflects the community's deep connection to nature and its resources. Certain insect species are utilized for treating ailments. This practice is not only based on empirical observations but are also embedded in cultural beliefs and practices that emphasize holistic wellbeing. As such, the therapeutic use of insects among the Nandi exemplifies the intricate interplay between biodiversity, health and their cultural heritage. Following is a table showing insect-based therapies in the study area.

Table 3.4: Insect-Based therapies in Kabiyet

Traditional Use	Preparation Method	Ailments Treated	Cultural Significance	Traditional Use
Honeybee (*Apis mellifera*)	Antibacterial and healing agent	Raw honey applied directly or mixed with herbs	Wounds, sore throats, respiratory infections	Symbol of purity and healing; used in rituals
Propolis (Bee Resin)	Antimicrobial agent	Extracted and mixed with other substances	Skin infections, oral health issues	Considered a protective substance
Termites (*Macrotermes spp.*)	Nutritional supplement and medicinal use	Roasted or ground into powder	Malnutrition, anemia	Associated with strength and vitality
Ants (*Formicidae*)	Pain relief and anti-inflammatory	Crushed and applied to affected area	Joint pain, arthritis	Believed to transfer strength
Silkworms (*Bombyx mori*)	Treatment of skin conditions	Dried and ground into powder	Eczema, rashes	Symbol of transformation and renewal

Source: TBA 1(O.I. 2021, June 10th)

In addition to this, TBA 1(O.I. 2021, June 10th) added other examples on insect use:

> *"The spider and its web are burnt to ashes and used to treat spider bites even today. The species that stay in holes are burnt whole and their ashes mixed with ewe fat and applied on rashes caused by spider bite. Then there is one with a white web. You burn this house (web) for the same treatment. The cricket is also used to treat infertility and is a taboo to kill it.''*

From the excerpts above it can be noted that the medicine persons had detailed knowledge on the dispensing of the medicinal material generated from various sources.

3.2.3 The use of the mineral sourced therapies

Mineral items are derived from types of soil such as ocher (*ngariet*), soils from termite hills (*kibukangwet*), salt lick (*ngenda*), soils inhabited by red ants (*gotab birechik*) and formicide ants (*gotab chelilik*) as narrated during an oral interview Herbalist 2 (2021,

February 17th), TBA 1 and 2 (2021, June 10th). The health conditions these minerals were used to managed is shown in the table below.

Table 3.4: Some of the sources of mineral therapies and the corresponding health conditions managed by the mineral.

Vernacular term	Type of soil	Health condition
Ngariet	Ocher	Pimples, chickenpox and measle rashes and sunken Fontella (*kambaut)*
Kibukangwet	Termite hill soil	Distracted bowel movement
Ngenda	Salt licks	Bloat and acute diarrhea
Gotab birechik	Red ant soil habitat	Treating burns
Gotab chelilik	Formicide ant soil habitat	The habitat soils with the ants were burnt to ashes for treatment of tuberculosis
Kimindet	Clay	Taken with laxatives and mixed with ashes to skin infections

Source: Herbalist 2 (2021, February 17th), TBA 1 and 2 (2021, June 10th).

As noted in the table the sources of the minerals were assorted soils. The soils are also habitats of the sources of the minerals. The respondents explained that the use of soil minerals was common knowledge. The continued use of this form of indigenous medication can verified by the statement of Elder 1 (FGD 1, 2022, June 24th) who said, *"The mineral sources are not only appreciated for their cultural and spiritual meanings. However, the sources of the therapy as recounted is slowly being lost due to organic farming, soil erosion and land overuse and it calls for measures to preserve this valuable knowledge and guard against the impending loss."*

3.3 Conclusion

In all aspects the nature and practice of indigenous medicine among the Nandi of Kabiyet, Kenya, exemplify a holistic healthcare approach deeply rooted in cultural traditions, spiritual beliefs, and ecological knowledge. This approach is like a health model because it is a framework that explains how health and illness are understood and diagnosed.

Traditional healers in their medical practices employ an array of therapies sourced from their environment which include herbal remedies, animal and insect-based treatments, and mineral application. These therapies are directed to address physical, emotional, and spiritual ailments. The therapies together with its practices are transmitted through generations via apprenticeships and familial lineages, often guided by ancestral revelations and community rituals. This aligns with the Holistic theory because there is an interconnectedness of all aspects of life thereby positing that health results from an equilibrium among the physical, social, spiritual, emotional and environmental elements. Among the Nandi, healing is a comprehensive process that incorporates the use of natural remedies, communal relationships, cultural practices and not just the treatment of physical symptoms.

Despite the influences of colonialism and modernization, which introduced biomedical healthcare models that altered some traditional practices, the Nandi community continues to value and utilize indigenous medicine as a complementary approach to health and well-being. The resilience and adaptability of these practices underscore their significance in the community's identity and their potential role in integrated healthcare models that respect and incorporate traditional knowledge systems.

CHAPTER FOUR

THE ROLE OF THE NANDI RELIGION IN INDIGENOUS HEALTHCARE MANAGEMENT PRACTICES AMONG THE NANDI OF KABIYET.

4.0 Introduction

This Chapter deals with the second objective, which was to examine the role of the Nandi religion in healthcare management practices among the Nandi people of Kabiyet. Data informing this chapter was collected using the preferred data collection instruments which included purposeful face to face interviews and Focus Group Discussions (FGDs). As observed by Kothari (2019) about interviews as a data collection instrument, it produced a reliable and authentic information evidenced by the fact that respondents gave similar or identical and generally consistent responses to questions asked during the interviews. The discussions were also based on the data collected through the Focus Group Discussions from which information concerning the practice, beliefs and thoughts of the Nandi people about their practice of indigenous medicine was generated.

Religion is a fundamental aspect of the Nandi people's cultural framework and plays a significant role in shaping their traditional health practices. For the Nandi, spiritual beliefs are intertwined with everyday life, influencing how health and illness are interpreted and managed. Exploring the influences of Nandi religious beliefs and practices is key to understanding the holistic nature of the practice of their indigenous medicine. The objective focuses on investigating how spiritual values and cultural values contribute to the preservation and application of indigenous healing methods among the Nandi.

The practice of Nandi indigenous medicine faces influences of foreign cultures such as Christianity, modernity, science and technology and climatic changes among others. Despite these influences, the practice of indigenous medicine has remained resilient and the Nandi people still maintain their indigenous cultural practices blending them with the new beliefs in some cases. This study makes a discussion on the influences of the Nandi indigenous worldview on indigenous healthcare practices. In carrying out these practices specialists who include the elders, the medicine persons, the diviners, ritualists and the religious personages led the community. Each category of the specialists had mandated responsibilities to carry out for the wellbeing of the entire community.

The demonstrated resilient use of indigenous medicine is attributed to the religious significance and benefits indigenous practices hold in various societies. The strong belief in indigenous medicine also shows that health management is filtered through religion as expressed by the holistic view of health (Tuasha *et al,* 2023 and Mbiti, 2015). Good health and wellbeing in the traditional African perspective is interpreted to extend to various dimensions which included the religious, cultural and ecological components. For the purpose of this study the discussion will encompass some of the identified Nandi indigenous religious practices that are observed alongside the practice of indigenous medicine as stated above. The identified practices include the worship of God *Asiis,* observation of taboos and performance of rituals.

As already stated in Chapter Two, the use of indigenous medicine among the Nandi existed many years before contact with Christianity and western medicine. This is attested by the responses collected. Nandi indigenous medicine is referred to as *kerichekab gaa* (homegrown therapies) according to Herbalist 1 (O.I. 2021, March 14th). The herbalist explained that its practice dates back to ancient times and is no

wonder it is said to be *biton* (has been there since existence began hence a tradition). It was the sole medical system by which all health-related issues were addressed before the advent of Christianity and other foreign cultures. This system (the Nandi indigenous medicine) uses medicinal flora and fauna and spiritual means anchored on the customary beliefs of the community. Today the Nandi people of Kabiyet combine their indigenous medicine with the western or conventional ones for the treatment of illnesses. Diagnosis of disease by the community is approached on the basis of their philosophies and theories emanating from their culture. These bases are holistically tiered on the human nature, the environment, the spiritual world and the understanding of health and illness from a holistic perspective.

4.1 The Nandi Indigenous Worldview on Health

The Nandi community has a deeply rooted traditional world view that shapes its understanding of life, health and the cosmos. Myths and oral traditions play an important role in shaping this worldview. At the heart of this world view is the belief in the interconnectedness of the physical and spiritual realms where human beings coexist with ancestral spirits, deities, nature and other unforeseen forces. The community's understanding of life is that it is not a series of isolated events but a continuous flow shaped by moral conduct, communal responsibilities and spiritual alignment. Additionally, healing and medicine are deeply intertwined with spiritual practices, ancestral reverence, and community rituals. The Nandi people understand health not just as the physical state of the body but as a holistic balance between the individual, the community, the natural world, and the divine forces. Healing is often seen as a spiritual journey, where illness can be the result of spiritual imbalance, the displeasure of the ancestors, or a disruption in the cosmic order. To restore harmony, the Nandi perform elaborate rituals, which involve not just the application of medicinal

remedies but also the appeasement of spirits and ancestors (Elders in FGD 1, 2022, June 24th).

The Nandi indigenous worldview, emphasizing an equilibrium among individuals, community and the spiritual world is holistic in its perception. This perspective influences the community's institutional frameworks and the spiritual world. This is such that every aspect of wellbeing is seen as a reflection of an individual's relationship with the community and the ancestors, making indigenous health practices an integral expression of cultural identity and spiritual understanding. Unlike the western biomedical models that usually isolate illness within the body, the holistic view perceives health as a state of a n equilibrium between an individual and the wider cosmos. This perception leads the Nandi to seek healing and restoration of harmony through natural remedies and spiritual interventions such as prayers, offerings and ritual performances. Preventive measures are also rooted in this worldview including strict adherence to cultural taboos and moral codes to avoid illness (Elders in FGD 1, 2022, June 24th and FGD 2, July 22nd respectively). To be able to interpret the Nandi worldview in the context of this study, there are fundamental questions that stem from the worldview which this study will attempt to answer. They include: what is the origin or source of the Nandi indigenous medicine? How should the Nandi handle its practice of indigenous medicine in relation to individuals and community? and what is the human destiny?

4.1.1 The Origin of Nandi Indigenous Medicine

In its creation myths, the Nandi have an oral narrative that explains the origin of ill health and indigenous medicines. Recounted during FGD 2 (2022, July 22nd), the narrative ran thus according to respondents in the FGD: long ago, when the world was

still young and the Nandi people walked in harmony with nature, there was no sickness, no pain, and no death. The animals spoke the language of humans, and the spirits of the land walked among the people. The Nandi lived in peace, and every creature knew its place in the great cycle of life. At the center of this harmony was *Cheptalel*, the sky maiden, guardian of life and health. She carried with her a sacred gourd filled with the *beekab soboon* (the Water of Wholeness)- a magical liquid that kept all beings free from illness. She sprinkled the liquid over the earth each morning as the sun rose, and the land would flourish. But among the spirits was *Chepkelien*, the spirit of jealousy and disruption. She was angered that human thrived without fear, pain, or weakness. “They do not respect the balance,” she whispered into the wind. “They must know suffering, or they will forget the sacred ways.”

One morning, as *Cheptalel* descended to pour the Water of Wholeness, *Chepkelien* appeared as a wounded bird. Moved by pity, *Cheptalel* bent to help her, placing her gourd on the ground. In that moment, *Chepkelien* struck. She shattered the gourd, and the Water of Wholeness spilled into the soil. The earth drank it, but it could no longer protect all beings. From that day forward, sickness began to creep among humans and animals alike. The Nandi cried out in anguish; children fell ill, hunters grew weak, and women died in childbirth. They pleaded with *Cheptalel* to restore their health, but her power had been bound to the sacred gourd. She wept, and her tears became the first healing herbs — *soget*, *kokorwet, turmanyat* and many others — each growing where her tears touched the ground.

In order to assist her people*, Cheptalel* chose a few wise men and women and whispered to them in dreams. She taught them how to find the healing plants, how to speak to the spirits of sickness, and how to call upon her in ritual. These became the first *kosobik* or

chepkerichinik-the medicine people, keepers of health and balance. Thereafter, it was that ill health came into the world through betrayal, but medicine was born from compassion. The Nandi remembers this tale not just as a warning, but as a promise — that healing always follows suffering, and the spirit of *Cheptalel* still watches over those who seek her wisdom.

Rituals are also a source of healing and are believed as per the myth to have been designed by *cheptalel* and passed down to the human beings through ancestors. Rituals serve as a wrap up in the healing processes and is an expressive link to the spiritual world (FGD 2, 2022, July, 22nd).

The myth validates and legitimizes the Nandi beliefs and practices on indigenous healing. The healing rituals performed are a re-enactment that gives the myth a sacred meaning and hence a holistic approach to health. The source of healing according to the Nandi myth lies in addressing illness holistically. To be healthy is to be in a state of equilibrium between the physical, social, emotional, environmental and spiritual dimensions. As such any medication was administered with a holistic approach and from the myth the practice of indigenous medicine derives meaning among the Nandi. Indigenous medicine describes therapies other than the conventional or western medications. WHO (2008) describes traditional medicine as "the sum total of the knowledge skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement and treatment of physical and mental illness." This definition clearly emphasizes that indigenous medicine is rooted in the worldviews and cultural heritages of specific communities. This can be used to explain the context of Nandi indigenous medicine which has been developed

over generations within cultural practices of the community. *Asiis* is thought to be the author of Nandi indigenous medicine and the knowledge and as such the practice is regarded as divine knowledge bestowed on certain individuals. Preservation of life is key in the Nandi outlook and good health is ensured by management of diseases. The Nandi worldview is characterized by a series of beliefs, practices and regulations relating to healthy living. In this context, the practice of indigenous medicine is part of life and is believed to be as old as the community itself. According to Herbalist 1 (O.I. 2021, February 27th) the practice of traditional medicine is *biton* (divine and naturally part of their lives) or *kikimwae kuut* (it was passed or decreed and has been practiced throughout generations). The two terms describe the traditional medicine practice as a unique practice which forms part of the identity and culture of a people and is an ancient art that is anchored on the culture of the Nandi and refers to their indigenous medicine as *kerichekab gaa* (homegrown therapies). The herbalist further explained that herbal cures have a characteristic resemblance with the ailing body organs or conditions. For example, *kaboroon* herbal plant used for deworming are elongate in structure like worms whereas herbs used to treat blood related conditions produce a red concoction when boiled.

According to Herbalist 5 (FGD 2), there are certain cures that are established through trial-and-error method known as *ketamtam.* The herbalist explained that the trial-and-error undertaking is partly a motivation of an individual herbalist to use his or her knowledge to discover a cure but also alluded the motivation to a compelling force (he supposes spiritual intervention) that directs the medicine person on the types of medication to dispense. This happened when there were new diseases whose cures were not previously known or when an illness was not responding to known medications. This shows traditional medicine is truly dynamic and with time newer treatments may

be discovered. Most of the respondents of the study narrated how other cures originate from visions and revelations through dreams and trances after prayers and meditation appeals to the spiritual beings through rituals.

Traditional Priest 1 (O.I. 2022, June 24th) testified how he encountered a personal experience in which he was led in a trance to a site where he collected certain herbs he needed to treat a certain disease. The respondent said it took him four days of seclusion and prayers after which he underwent a cleansing ritual before being led to the site of the herbs. In another recount, Herbalist 2 (O.I. 2021, June 24th) informed the study that other therapies were sourced through prophecies; either by consulting the *Orgoiyot* or a diviner. Most respondents reported that they inherited the knowledge and practice of indigenous medicine from their ancestors.

Among the Nandi the source of medicine is *Asiis* as the origin and creator of all things. *Asiis* also gives knowledge on what should serve as medicine for various diseases from what he has created.

What makes up indigenous medicine? WHO outlines that it is, “health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicine, spiritual therapies, manual techniques and exercises applied singularly or in combination to diagnose, treat and prevent illness and maintain wellbeing. ’During FGD1 (2022, June 24th) the study was informed that according to the Nandi, nature as created by *Asiis* has an abundance of medicine. These include the plant materials composed of barks, stems, roots, flowers, berries, saps and leaves. Animals are also a source of medicine. The use of animal products, zootherapy, for therapeutic purposes is generated through animal products such as fats, flesh, urine, bones, horns, dung, bile, organs, ligaments, milk, fur, hooves and skins. Insects are also a source of medicines.

They include certain types of ants, bees, crickets, and grasshoppers. The insects were used whole, their webs, honey or their habitats. Another category of cures is the mineral cures. They were sourced from intact healthy soils such as termites, anthills, ochre, salt licks and clays (Ritualist 2 and FGD 2, 2022, June 10th and 2022, June 22nd respectively).

It can be seen that certain artefacts remain influential in the lives of people despite modernity and western influence and this is noted in the fact that even with the presence of conventional medicine, the Nandi people still use indigenous forms of cures to manage health related problems. Indigenous medicine has a demonstrated resilience owing to the fact that the Nandi indigenous medicine is a cultural system and is influenced by what emanates from its worldview. Connected to the worldview also is the environment from where the medical practitioners generated therapies: herbs, animal, insect and mineral based products and performance of ritual

4.1.2 How the Nandi handle their practice of indigenous medicines

With the apparent rising use of TM in the world today and cases of quackery, it is necessary to elaborate on the culturally stipulated way of handling the practice of indigenous medicine among the Nandi. It has become a common sight to find mainly herbal medicines being hawked and displayed along streets and market places in Kenya today.

In the African context, indigenous medicine refers to the forms of healing that are applied by the individual African traditions to treat diseases and are designed to meet the spiritual, physical and psychosocial needs of patients. The knowledge to practice the indigenous medicine is said to have been passed down from ancestors. This is why most indigenous medicine practitioners claim to have inherited the practice from their

living and departed relatives as attested in responses recorded in this study during FGD 1 (2022, June 24th).

The vocation and the power to practice medicine is bestowed by God, spirits and ancestors. Herbalists 3 and 5 (O.I. 2022, June 24th), informed the study that they inherited the practice from their paternal grandfathers. On her part Herbalist 4 (O.I. 2022, June 24th) reported that she acquired the art after she was treated and healed of a disease she had suffered. When she got well, she made arrangements to 'buy' the art from the herbalist who had treated her. She gave a token payment of a heifer so as to be given the right to dispense the type of medication she had been prescribed for her illness. On the same note, Traditional Priest 2 (FGD 2, 2022, July 22nd) said that he received nomination to undertake priestly functions because his clan subscribes to the totem symbol of the hyena. The respondent explained that among the Nandi, the members of a clan known as *Tungo* had express permission from the community to occupy the office of a spiritual leadership. According to most of the respondents of the study other cures also originate from visions and revelations through dreams and trances after prayers, meditations and appeals to the spiritual beings through rituals.

In the context of the Nandi, indigenous medicine refers to other therapies other than the conventional medications. According to one Herbalist 1 (2021, March 14th) Nandi indigenous medicine referred to as *kerichekab gaa* (home grown therapies) stems from the community's indigenous cultural system. He further explained that the *kerichekab gaa* are mostly harvested within the environments of practitioner following cultural stipulations (*bitetab* Nandi) regarding the manner of handling. The herbalist lamented that before the environmental changes the Nandi had vast forested areas where medicinal plants grew, animals and insects resided and earth minerals remained rich

due to non-exposure. The informant narrated that, medicinal products used varied according to environments. He lauded traditional practitioners for having knowledge on cures used in different environments and the herbalists had knowledge to that effect. He gave an example that herbs used to treat malaria in Kabiyet may not be the same ones used in Uasin Gishu or even other parts of Nandi. The idea was that practitioners knew about the properties of various products even in different ecological environments and this are the right medicine persons.

Herbalist 4 (O.I. 2022, June 24th) reported that effective Nandi traditional medicine was administered only by a recognized medical practitioner. The practitioners in the community were identifiable and were the ones who had undergone an initiation to practice the art. The practitioners were also said to be endowed with knowledge from God or their ancestors. The indigenous medicine practitioners also had God given knowledge on which trees were poisonous and which ones were not. True traditional medicine practice according to TBA 1, Elder 2 in FGD I (2021, March 21st, 2022, June 24th respectively) is the one that entailed adherence to the cultural code of conduct. The respondents reported that this code had outlined taboos to guard the practice from abuse. The code, among they asserted, forbade the hawking of medicine, displaying in public places or prescribed for commercial purposes. It was believed that such exposed the medicinal products thus making them loose potency due to lack of privacy. In market places and streets, a patient may not be well probed for the nature of illness to be well understood.

According to Herbalists 3 and 5 (O.I. 2022, June 24th), there is an ethical code to be adhered to when handling medicine that,

> *"Before giving treatment, a true traditional practitioner probed a patient thoroughly and extended the same to the family of the patient. The nature of illness needed to be understood clearly whether it is spiritually caused, a curse, due to poor social relationship or somatic. The environment for the probe needs to be conducive and does not entail commercial gains as a priority. A prescription given without due process of probing, token payment and ritual 'spitting' on the medicines and a follow up would not yield any healing. On top of this, genuine traditional practitioners do not solicit for clients to use their products. Such products were never supposed to be peddled or used to solicit for money and medicines prescribed without following a culturally laid down process were null and void in efficacy".*

Figure 4.1 below shows one of the unethical practices of handling indigenous medicine considered unethical by the standards of Nandi indigenous medicine practice.

Figure 4.1: Traditional medicine openly displayed in the open.

It was common for medicine persons to receive visions or revelations of certain medicine for certain conditions as attested by Traditional Priest 1 (O.I 2022, June 24th) in his personal experience. Nandi medicine is the one that has been passed from

generation to generation and has ancestral blessing as told by Elder 4, (O.I, 2021, January 8th) and the revealed ones are divinely oriented and therefore by all standards are genuine and free from human errors. The respondent observed that the medicine hawkers and vendors concentrate on herbal barks and stems but the spiritual part is totally out of their minds. On the same note traditional medicine practitioners who do not maintain secrecy are considered fake. Herbalists 4 and 5 in FGD 2 (2022, July 22nd) concurred that the idea of secrecy has been misinterpreted to mean withholding knowledge but in genuine practice secrecy is used to protect the potency of spiritual healing and the healer's track record. Apart from being a professional ethic, secrecy was maintained because incase an illness was attributed to mystical causes (like witchcraft), the witch would always fight the healers and use means to hamper treatment.

Elders in FGD 1 (2022, June 24th), emphasized that taboos help to control and protect the practice from abuse and unethical practices. They further explain that it is the duty of every individual to guard indigenous therapies against abuse. It requires that before accepting medication from those purporting to be indigenous practitioners, scrutiny must be carried out to ascertain the background of such a practitioner. Medicines from unidentified sources may be harmful or ineffective and may adulterate the nobility of indigenous medicines. The FGD advice that indigenous practitioners need to observe taboos and ethics related to the practice; that it should always be remembered that ancestral blessing should never be abused lest the ancestors are angered. The practice of indigenous medicine should be upheld with the ethics and regulations decreed by God and ancestors. The respondents in the FGD1 stressed that the ethics related to health practices are not negotiable and are also binding to members of the cultural group whether educated and imbued with western lifestyle.

It is seen that certain facets like the practice of indigenous is an ever-present reality that cannot be ignored because violations can draw an angry reaction from the supernatural beings. Members of society are expected to train the young on sanctity of indigenous medicine and its practice.

4.1.3 The Nandi philosophical understanding of a human being and his destiny

In the traditional African worldview, man is the center of all existences in the universe. Because of this position, the human being gives the universe an anthropocentric character and are a link between the universe, the spiritual world and the Supreme Being *Asiis*. Elder 4, in FGD 1 (2022, June 24th) described, the elements defining the human person; that the being exists in three elements namely the head, the heart and the spirit usually referred to as a *tamirmiriet*. In the Nandi perception a human shadow is a physical representation of the spirit part of a human being. The three elements make the human person a complete being called *chi* or *kimgulmet* (human being). The respondent, Elder 4 during FGD 1, continued to expound that the head and the heart make up the living physical self of a person and is thought to inhibit the thinking, actions and emotional capabilities. These characteristics give individuals the social dimensions of integration which partly defines good health. The elements are symbolically used to denote rationality, vice and virtue and also makes the character of an individual. The *tamirmiriet* element is represented by physical shadows of human beings, animals and even objects and that is what makes up the spiritual nature of that connects with the spirit world and seems to suggest that it is the 'being' or the immortal part of a person.

Shadows (*tamirmiriet*) are associated with remote powers and people avoid shadows from resting on them believing they may carry ill luck, disease or could transfer harmful

objects into them. TBA 1 (O.I 2022, June 10th) gave an example to demonstrate that shadows inhibit remote powers and by manipulating shadows diviners, ritualists, prophets and spiritualists can chance the cause of events or perceptions of people. The respondent narrated that,

> *"The condition of a patient deteriorates if the shadow of a pregnant woman rested on the patient. In fact, it is believed that Orokoiyot has ability to manipulate shadows to change the course of certain events. Take a case of someone who disappears; diviners can summon them to heed to searches being undertaken"* TBA 1 (O.I 2022, June 10th).

The human beings *(chi)* have a role to play in healing in that they constitute family, clan and community institutions. On his emphasis on African communalism, Mbiti (1969) observes that 'I am because we are and, since we are, therefore I am'. Similarly, the life and identity of an individual among the Nandi is deeply rooted in the community. Life, immortalized by having children, is lived in the community with observation of taboos, avoidance of curses and development through rites of passage. This is what makes the totality of life and gives it meaning as put across by Elder 4 (FGD 1,2022, June 24th). This meaning also translates to sound health or the wellbeing of individuals in the community.

In the same way that worldviews interrogate the origin of things and human beings, they also do the same concerning human destiny. According to the traditional African understanding, the role of indigenous medicine is to cause healing (Mbiti, 2015) which encompassed the physical, social, emotional, ecological and spiritual dimensions as envisaged in the indigenous notion of holistic health. The Nandi indigenous medicine takes into consideration the beliefs and practices about existence and destiny of a human person referred to as *chi* or *kimugulmet*. In human life illnesses may at times get cured after a long period of medication or may not. In the event that they get cured, among the Nandi, such a scenario is associated with the luck of a particular medicine person

and this situation is known as *kiptingchin* (FGD 2, 2022, July 22nd). In instances where an illness does not respond to medications the family of the patient and community tries all means ranging from consulting the *Orgoiyot,* diviners, seeking supernatural interventions by performing rituals such as *keterechbei* and exorcisms. Should all the attempts fail then human limitation is conceded and the patient is counseled to accept death. This counselling among the Nandi entails performing a ritual *kiil* (to cleanse and anoint). The purpose of this ritual is to prepare the individual to transit to another stage of life in the spiritual world and begin the journey ancestor hood as informed by the respondents in the FGD 2.

The Nandi people hold a deeply holistic and spiritual understanding of the human being, viewing each person as a composite of physical, spiritual, and communal elements. In Nandi philosophy, a human being is not just a body, but a soul (*tamirmiriet*) connected to the ancestors, nature, and the divine orders by *Asiis* (the sun deity, representing the Supreme Being). Life is seen as a journey marked by key rites of passage—birth, initiation, marriage, old age, and death—each stage governed by specific rituals, responsibilities, and protections. Health is therefore not merely the absence of disease, but a state of harmony between the individual, the community, the spirits, and the natural world.

Destiny is believed to be divinely drawn yet influenced by personal conduct, ancestral favour and ritual observance. Misfortune or illness is often interpreted as a disruption in this balance—caused by neglect of taboos, spiritual offense, ancestral displeasure, or sorcery. Healing, in this context, is not just physical treatment but the restoration of spiritual order. Medicine is thus intertwined with destiny: the *chepkerichot* (medicine person) acts not only as a healer but also as a spiritual guide who helps to realign a

person's life with their intended path. The Nandi also believe that each individual has a purpose, and illness may serve as a spiritual warning or a turning point meant to redirect someone back to their destiny. Healing rituals, sacrifices, herbal remedies, and divination are all employed not only to cure but to seek understanding of a deeper cause behind suffering. Therefore, the Nandi view healing as a sacred act that affirms one's place in the world and re-establishes a broken link with his or her destiny.

To further show how the Nandi indigenous worldview influenced the practice of indigenous medicine, the study has selected key indigenous religious practices. They include the worship of God *Asiis,* performance of rituals, observation of taboos and offering of prayers.

4.2 God -*Asiis* and Indigenous Medicine among Nandi

In Nandi traditional religion, *Asiis*, symbolizing the sun and embodying the source of life and well-being is revered as the supreme deity (Traditional Priest 1, O.I. 2022, June 24th). The Nandi people engage in daily prayers to *Asiis*, often conducted under sacred trees, and perform rituals such as the slaughtering of a white sheep, whose entrails are examined by elders to foresee potential calamities. This spiritual framework is deeply intertwined with the practices of indigenous medicine. Traditional healers -*chepkerichinik*-, often seek guidance from *Asiis* through rituals and prayers to diagnose and treat illnesses. Diseases are sometimes perceived as manifestations of spiritual disharmony or ancestral displeasure, necessitating both herbal remedies and spiritual interventions. For instance, certain illnesses are treated with herbal concoctions prepared during specific times deemed auspicious by spiritual leaders, aligning the healing process with divine will. Herbalist 2 and Ritualist 2 (in FGD, 2022, July 22nd) added that the Nandi people observe various rituals and taboos that are believed to

maintain communal health and prevent disease. These include rites of passage, environmental preservation practices, and moral codes, all of which are underpinned by the worship of *Asiis.* In all situations *Asiis* believed to provide potency to the medicines prescribed, appoints healers and gives the wisdom to heal and restore spiritual balance within individuals and the community

The African indigenous worldview is unique in the sense that the existence of all things is in a hierarchical order. Like other African communities, the Nandi people believed in the hierarchy of existence with *Asiis* being the ultimate reality. Their indigenous religion centers around the belief in a supreme being known as *Asiis* often symbolized by the sun as explained in FGD I (2022, June 24th) that;

> *''Our religion is characterized by reverence to a supreme being known as Asiis who is closely associated with the sun. At sunrise a family elder went outside and facing eastward direction of the sun, spat and uttered words of thanksgiving to Asiis for protection, good health and asked for providence. The same was done in the evening at sunset facing the westward direction.*''

In the context of this study, *Asiis* is an eternal being believed to be the source of all existence whether living, nonliving or inanimate. This creator being is believed to be sustaining the universe and is described by use of attributes which portray His nature. According to Traditional Nandi Priest 1 (O.I. 2022 June, 24th) *Asiis* is described by the Nandi as omnipotent, omniscient, omnipresent, benevolent, all-knowing, creator and sustainer of life. *Asiis* is considered the highest and most powerful deity. The Nandi describe Him as the wise One or omniscient (*chepongolo),* the eternal One *(chepokipkoiyo),* the ultimate controller from whom all things proceed *(cheponomuni),* the One whose holiness dazzles like the nine feet of the sunrays *(chepokipkelyen sogol).* The prefix *che-* attached to each of the attributes describes the benevolence of *Asiis.* From these attributes it is clear that all worship is directed to *Asiis* the final arbiter and

giver of life and good health, *Asiis* is unmatched and beyond human comprehension. It is not uncommon to find prayer sessions organized to pray for the sick to get divine healing. Even without invoking divine intervention the African people and by extension the Nandi believe all healing comes from God *(Asiis)*. They content that human beings have limitations which they can only find solutions by turning to God. This is because of the fact that human beings are dependent on God for all needs including knowledge and understanding on how to treat certain diseases including the medications that treat the particular diseases.

As earlier said, among the Nandi the source of medicine is *Asiis* as the origin and creator of all things. *Asiis* gives knowledge on what should serve as medicine for various diseases from what He has created including the poisonous plants. To the Nandi nature as created by *Asiis* has an abundance of medicine. These include the plant materials composed of barks, stems, roots, flowers, berries, saps and leaves, animal products, certain types of insects and minerals cures (Ritualist 2 and Herbalists in FGD 2, 2022, June 10th and 2022, July 22nd respectively). The respondents explained that knowledge on the therapies are sourced from *Asiis* through prayers, prophesies, revelations and dreams. These are believed to be some of the means through which *Asiis* manifests his knowledge to human beings. Seemingly, *Asiis* is the embodiment of divine energy and the cosmic order that governs both the physical world and spiritual realms. The Nandi believe that *Asiis* created life and sustains it, providing health, growth, and prosperity to the people and the land. The sun is seen as a direct manifestation of *Asiis'* power, bringing light, warmth, and vitality to all living beings. This connection to the sun also signifies healing and regeneration, as the sun's rays are believed to have both physical and spiritual properties that can cure ailments and restore balance.

According to herbalists in FGD 2 (2022, July,22nd) healing in Nandi society is not solely the work of natural remedies and medical knowledge but is deeply intertwined with spirituality and the worship of *Asiis*. Illness is viewed as a disruption of the balance between an individual and the divine forces, including Asiis. The physical body is believed to be a vessel of spiritual energy, and when this energy is blocked or disturbed-whether by spiritual causes, witchcraft, or a breach of taboos-it leads to illness according to Herbalist 1 during FGD 2 (2022, July 22nd). For the Nandi, healing is a restoration of the individual's harmony with the cosmos, and this restoration can only be achieved through both physical treatment and spiritual intervention, often invoking the blessings of *Asiis.*

During FGD 2 it was further learnt that the *chepkerichot* (healers or medicine people) in Nandi society play a crucial role in the healing process. They are considered intermediaries between the human world and the divine realm of *Asiis*. These healers often perform rituals, offer prayers, and use medicinal herbs that have been blessed by the sun or are believed to carry the essence of *Asiis'* life-giving power. According to Herbalists 1 and 2 during the FGD (2022, July 22nd), the use of herbs and other remedies is seen as a channel for invoking the blessings of *Asiis*. For instance, the Nandi herbalist may harvest certain herbs during specific phases of the sun's journey across the sky-believing that the plants have the most potent healing power when the sun is in a certain position. The respondents further narrated that healing practices often involve rituals that are directly connected to the worship of *Asiis*. For example, at sunrise, a healer may prepare medicinal herbs by laying them out in the sunlight, allowing them to absorb the sun's energy, which is believed to imbue them with healing power. During important healing ceremonies, offerings to *Asiis* are made in the form of prayers, sacrifices, or gifts (such as milk, cattle, or grain). The sun is not only a source of light and warmth

but is also seen as a divine presence that must be honoured in all acts of healing (Ritualist 2, O.I. 2022, June 10th). Ritualist 2 further brought to the attention of the study that in addition to using physical remedies, the Nandi also seek divine healing through direct communication with Asiis, especially during times of serious illness or epidemic. He explained that elders and spiritual leaders of the community will often call upon the name of *Asiis* during healing rituals, asking for guidance, protection, and restoration of health. This is because they believe that *Asiis* has the power to cure ailments that human medicine cannot, and it is through the intercession of the deity that healing is fully realized. The healers themselves may enter a trance-like state to communicate with the spirits of the ancestors or Asiis, seeking divine insight into the causes of an illness and the proper course of treatment.

The overarching theme in the Nandi relationship with *Asiis* in the realm of healing and medicine is the restoration of balance. Illness is not viewed simply as a malfunction of the body; it is seen as an imbalance between the individual's body, spirit, and the divine order. For the Nandi, healing through medicine, rituals, and the worship of *Asiis* is an act of restoring that balance. As Asiis is considered the source of life and health, the worship of this deity is central to ensuring that individuals remain in good health, free from disease, and aligned with their spiritual purpose.

In the Nandi worldview, the worship of *Asiis* is inseparable from the practice of healing and medicine. Healing is not only the administration of physical remedies but is deeply spiritual, involving divine forces and ancestral spirits. The healer's role is not just to cure but to restore an individual's harmony with the greater cosmic order, with the sun—embodied by *Asiis*—serving as a central symbol of life, health, and divine energy. Through prayer, rituals, and the use of medicinal plants blessed by the sun, the Nandi

seek to align their lives with the divine will of *Asiis*, ensuring health, prosperity, and spiritual well-being.

4.2.1 Veneration of ancestors

The practice of venerating ancestors is a common undertaking in most African communities. Maua et al (2023) identifies ancestors as the deceased relatives of the living believed to exist in spirit form and reside in the world of spirits. With other Spiritual Beings they are thought to reside in certain trees, certain forest sites, rivers and caves. They occupy positions of dignity among their descendants (Mbiti, 2015) and are also said to be agents of the supreme beings and greatly influence the lives of the members of the community. Among the Nandi, ancestors—referred to as *oiik* (singular: *oindet*)—hold a significant place in the spiritual and social fabric of the community. They are revered as vital intermediaries between the living and the divine, particularly in matters concerning health, morality, and communal harmony. The Elders in FGD 1 (2022, June 24th), informed the study that the Nandi people believe in *Asiis* together with the influential role of ancestors. They are seen as intermediaries between the living and *Asiis* and guard the living against harm and are guardians of morality. They reported:

> *"Ancestral spirits are either good or evil and are capable of influencing the lives of the living negatively or positively. They may bless individuals with good health and prosperity or, conversely, cause misfortunes such as illness or poor harvests if they are displeased. To appease them libations are made to them in forms of milk, grains or beer and even animals. These are conducted by family and clan elders at family and clan levels. At community level a traditional priest or a spiritual leader conducts worship at a shrine (kapkoros) and this could involve offering of animals as sacrifices hand in hand with prayer requests are made.''*

The report above shows how the spirits of deceased ancestors continue to influence the lives of the living. These ancestral spirits are thought to have the power to shape

behavior and outcomes in the mortal realm. They are believed to have the power to heal, protect, and intervene in the lives of the living.

In the realm of indigenous medicine, ancestral spirits are integral to the diagnostic and healing processes. During FGD 2 (2022, July,22nd) respondents reaffirmed to the study that traditional healers, known as *chepkerichot*, often seek the guidance of both *Asiis* (the supreme deity) and the ancestral spirits when diagnosing ailments. Illnesses are sometimes perceived as manifestations of spiritual disharmony, such as the displeasure of ancestors or the presence of malevolent forces. In such cases, healers may perform rituals, offer sacrifices, or use natural remedies to appease the ancestors and restore health. They added that he Nandi community customarily observes various rituals and taboos aimed at honoring ancestors and maintaining communal well-being. These include rites of passage, environmental preservation efforts, and moral codes, all underpinned by the worship of *Asiis* and reverence for ancestors. Such customs not only address physical ailments but also aim to restore spiritual balance within the community.

One of the key elements in Nandi healing rituals is invoking the ancestors (*oik*). The healer calls upon the spirits of the deceased ancestors to guide and bless the healing process. The healer may speak directly to the ancestors, requesting their assistance in curing the illness or removing the spiritual imbalance that has caused the ailment. The living are expected to be in constant fellowship with their ancestors. During FGD 1 (2022, June 24th), it was recounted that:

> *"It is never right to lament when milk spills or grains pour accidentally. It is in our customary belief that; the ancestors use such incidences to have the items to themselves. In fact, because it pours or spills down it is seen as passing down directly to the ancestral world."*

The statement above qualifies the fact that ancestors have demands and this pegs the responsibility on the living to meet these demands. Failure to address the demands can result in retribution by way of diseases, misfortunes and natural calamities.

In FGD 2 (2022, July 22nd), the study was informed that:

> *"In our Nandi belief, ancestors are supposed to be offered libations; this why sweeping away sweep spills at night is not right. It has to be left overnight for the ancestors of the partake."*

In the excerpts above, it is demonstrated that the ancestors are believed to have a big influence on the lives of their living relatives. This belief underscores the importance of maintaining a respectful and harmonious relationship with one's ancestors. Notwithstanding this, the living are expected to be in constant communion with them through the acts of veneration.

One major role of ancestors is that they are considered guardians of morality. As Bett (2018) observes, any breaches of moral codes; for example, disrespecting one's parents, breaking taboos and failure to carry out certain rituals attract ancestral displeasure attract ancestral displeasure. Failure to address such can result in retribution by way of diseases, misfortune or natural calamities. Addressing failure in such a case involves beseeching ancestors for forgiveness in order to restore a balance or an equilibrium that is believed to have been lost. Among the Nandi, it is said that the restoration is achieved through prayers, making libations, offering sacrifices and other related rituals, Elder 3 (O.I, 2021, March 21st). In this regard, healthcare among the Nandi includes, moral rectitude and communal harmony as integral components. Healthcare is therefore a social process that addresses the physical and the spiritual in a collective framework. Ignoring ancestral fellowship also attracted ancestral anger as attested by Elder 4, (O.I, 2021, January 8th) that:

> *"There was a family that suffered misfortunes, constant attacks of diseases and ill luck. The elders of the family made a critical check on the situation. It was realized that one of the ancestors had not been named. On that being addressed, there seemed to be a relief."*

The report above shows that ancestors play an important role in any healing process. Because of their interconnectedness and unity between the living, the departed and the supernatural beings, they are believed to be bestowed with supernatural powers from *Asiis* and other higher deities. Ancestors are therefore able to give protection to the members of their families, clans and the community. They are revered as essential spiritual beings who guide, protect, and influence the well-being of the living. The belief in the spiritual presence and power of the ancestors is central to the Nandi understanding of health and illness. For this reason, the relationship between the living and the ancestors is maintained through respect, rituals and offerings, as the ancestors are believed to be actively involved in the health and destiny of individuals and the community.

When it comes to healing and medicine, the Nandi view illness and disease as not only physical conditions but also spiritual disruptions. The balance between the living and the ancestors can be disturbed, leading to illness or misfortune; a situation referred to as *kogulgei oik* (Ritualist 2, O.I. 2022, June 10th). The interviewee explained that this disruption may occur due to breaches of ancestral customs, neglecting spiritual practices, or failing to honour the ancestors properly. In such cases, appeasing the ancestors becomes a crucial step in the healing process. The respondent observed that ancestors have the power to bless or curse the living and as such they are seen as protectors who watch over the community and its individual members, but their favor must be earned through respect and adherence to cultural norms, rituals, and taboos. The respondent stressed that illness is often interpreted as a sign of displeasure from

the ancestors, either because of forgotten ancestral customs, broken taboos, or neglect of proper rites. When they are displeased, they may send illness or misfortune as a warning or punishment. For instance, a child may fall ill because the family has not made the proper offerings to the ancestors, or a community may face an epidemic due to a violation of sacred practices. The ancestors are believed to have the power to both cause and cure illness or avert misfortunes and their blessing is essential for restoring health. To heal from such illnesses and restore harmony, the Nandi culture has prescribed rituals designed to appease them and regain their favour. These rituals are led by elders or *chepkerichot* (medicine person), who act as intermediaries between the living and the ancestral spirits.

The Elders in FGD1 (2020, June 24th) outlined that one of the most important ways to appease the ancestors is through sacrifices and offerings. They informed that the Nandi offer various items to the ancestors, including livestock (usually cattle), food, milk, and sacred objects. These offerings are meant to show respect and gratitude, as well as to seek forgiveness or blessings for good health. The livestock, particularly cattle, are central to Nandi life and are seen as a means of connecting to the spiritual world. A specific ritual might involve slaughtering an animal, with part of the meat being consumed by the community and part offered to the ancestors' spirits. The Elders continued to express that during healing rituals, the *chepkerichot* may often invoke the names of ancestors, calling on them to intercede on behalf of the sick person or the community. These prayers are sometimes conducted at night, in sacred groves, or at ritual sites where the spirits are believed to be closest. The healer or elder may also communicate with the ancestors through divination, using signs from nature or sacred objects to interpret the cause of the illness and how to best restore balance.

Ina rejoinder the Ritualists in the FGD 1 expounded that in addition to offering sacrifices, a cleansing ritual may be performed to remove the spiritual blockage or curse caused by the ancestors' displeasure. This ritual may involve bathing the sick person in sacred waters or smearing the body with medicinal herbs that are believed to have purifying properties. The purpose of the cleansing is to rid the person of negative spiritual energy and restore their connection to the ancestral spirits.

The Herbalists in FGD 2 (2022, July 10th) narrated that a Nandi medicine person (*chepkerichot*) often uses medicinal plants that are passed down through generations. These plants are considered sacred, and their use is tied to the ancestors' wisdom. The plants themselves are believed to be imbued with ancestral power, and their healing properties are often linked to the spirits of the ancestors. For instance, certain herbs may only be harvested under specific conditions, such as at certain times of the day or during particular seasons and phases of the moon to ensure that their potency is at its highest level and their spiritual significance is preserved. In some cases, healers may rely on their spiritual connection to the ancestors to determine which plants are most appropriate for healing. This practice involves a deep understanding of the environment, physical properties of the plants and their spiritual meanings ensuring that the right remedy is chosen for each individual's condition.

The Nandi Traditional Priest 2 during the FGD1(2022, June 24th) further taught that in times of widespread disease or misfortune, the Nandi convened as a community for a communal ritual, calling upon the ancestors to remove the source of suffering and restore prosperity to the land. Such a collective highlights the interconnectedness of the community and the understanding that the well-being of an individual is linked to the well-being of the group.

It is realized that healing in Nandi society is not only the responsibility of an individual or the healer; it is a communal process. The ancestors are believed to watch over the health of the entire community, and it is through collective rituals and offerings that the living ensure the ancestors' protection and favor. A family, clan or community-wide event for such purposes are organized to restore balance and protect everyone from illness.

4.2.2 Performance of health-related rituals

Rituals are organized symbolic ceremonies performed in a specific way, at a specific time, with a specific meaning and often in a prescribed sequence that hold cultural, spiritual or social significance. As expressed by Durkheim E. (1954) in *Elementary Forms of Religious Life,* rituals belong to the spiritual realm therefore are used to appeal to the able spiritual world. In the context of the Nandi, the performance of rituals amounts to invoking the intervention of the ancestors and *Asiis*. This presumably brings about an assurance because it bears a degree of predictability in an otherwise uncertain situation. Among the Nandi ritual performance is carried out by designated persons such as family, clan elders or community spiritual leaders, (Traditional Priest 1, 2022 June 24th).

The Nandi carried out various rituals related to healing of medical conditions. According to TBA 1 and 2 (0.I. 2022, February 27th and 2021 June 24th respectively) performance of rituals is common place among the Nandi. The interviewees cited various rituals such as those carried out for purification (*ketis* ritual), naming newborns (*keguur* ritual), initiations (*yatitaet* rituals), deaths and funerals (*ng'anyet* ritual) and the *cheprewo* token ritual as told by TBA 2 (O.I. on 2022, February 27th) which even in the present day are practiced in the community. The *cheprewo* ritual as discussed in Chapter

Three of this thesis, is a compulsory ritual a patient participates in with indigenous medicine of the Nandi community. In this ritual the practitioner spits on the medicinal materials while handing the over to a patient with the utterance of the word *sere* (may it be effective). It is believed that by this ritual a practitioner transfers the abilities bestowed on them through the spitting on the medications being administered and is believed they are able to activate the power potentials of efficacy in their medications.

The interviewees, TBA 1 and 2 (0.I. 2022, February 27th and 2021 June 24th respectively) expressed that rituals have a curative significance and were keen to note that in relation to the indigenous medical treatment, patients undergo specific rituals for the treatment being sought which may include the rituals for exorcism, pandemics, mitigating against witchcraft, accidents and natural calamities. They cited a ritual performed when diagnosis of a sickness cannot be determined or does not respond to medications that:

> *"The ketrechbei ritual is performed in the evening at sunset hours. Water was placed on a fragment of an earthen pot and three or four stems of castor oil plant (imaniat) are placed on the pot in an upright position. The patient is seated on a skin with the legs straightened. Then the ritual performer dips a bunch of fresh kikuyu grass into a calabash of fresh milk and sprinkles on the patient's head while chanting a prayer calling upon the spirits to relieve the patient of suffering. Then the patient kicks the earthen pot on which the castor branches were set,''* TBA 1 and 2 (O.I. 2022, February 27th and 2021 June 24th respectively).

The above ritual demonstrates the necessity of rituals in mitigating ill health conditions: they serve as a crucial resort in the attempts to seek intervention of the deities to unravel the cause of an illness and its diagnosis. The respondents also gave an example of the well-known exorcism ritual known as *keonda* ritual that was performed to "chase away" the pandemic of COVID 19 in 2020 during the outbreak:

> *"An elder of the Orgoiyot clan was reached to exorcise Corona which was understood to be an evil spirit. The exorcism of such a spirit is carried out at a river or a stream. A sheep was slaughtered with the assistance of elders who carried fetishes from the slaughtered sheep and stood at both sides of the stream. The Orkoiyot officiating the ritual uttered words of destruction of the evil spirit and the elders joined in a chorus as they threw the fetishes into the running water of the stream to be carried away,''* (FGD 2, 2022, July 22nd).

The performance of the ritual above symbolically indicated that the evil spirit of COVID 19 pandemic was carried away and its powers neutralized by the blood of the sheep. The situation shows that rituals are still applicable in modern times; they are not obsolete. From the ritual it is also understood that one of the causes of diseases is the spirits and it is through the powerfulness of rituals that can appease or remove such spirits. The *Orkoiyot* is believed to have spiritual powers that counter the powers of such kind of evil spirits.

As seen in the study findings it is very clear that the application of ritual for therapeutic purposes is part of the practice of indigenous medicine. Ritual is integral in the package of the practice of indigenous medicines and holistic purpose of its application gives the practice a religious character. This fact places the study in its right context; that it is not a record seeking scientific validity for indigenous healing practices but an exploration of holistic healing.

4.2.2.1 Offering of prayers in relation to healing

In the Nandi tradition, prayers are often characterized by songs, chants, and dances, which invoke spiritual energies. The songs and chants are believed to have healing powers, creating a connection between the physical and spiritual worlds according to Traditional Nandi Priest 1 (O.I. 2022 June, 24th). These songs are passed down through generations and contain the prayers and wisdom of the ancestors.

The Nandi community have a rich spiritual tradition where prayer serves as a vital link to *Asiis,* ancestors and the natural forces. Prayers occupy an important part in healing and is a pertinent accompaniment of all forms of worship and religious ceremonies and are integral, reflecting the deep connection to *Asiis,* ancestral spirits and the natural world. Ritual healing involves prayers as it does during the offering of sacrifices and libations. These practices ensure communal harmony, spiritual wellbeing and continuity of traditions. Prayers offered for any purpose were characteristically persuasive, beseeching and showing repentance Traditional Priest 2 (FGD 1, 2022, June 24th). An example of such a prayer is recorded in Chapter 2 of this thesis. Prayers are part of healing ventures and the indigenous medical practitioners *(chepkerichinik)* invoke the intervention of spiritual forces through prayers when administering their medications. They transfer the abilities bestowed on them through the practice of spitting on the medications being administered and is believed they are able to activate the potentials of efficacy in their medications. Prayers offered to seek protection and ward off evil spirits, misfortunes, curses, diseases and to seek good health and protection always accompany the various forms of worship. Patients are expected to offer prayers to *Asiis* individually. They are guided to face the east and spit towards the sun at every sunrise and call upon the sun beseechingly, *"Asiis chepkochor, chepkochor kero''* (rising sun, rising sun remember me) as reported by Traditional Nandi Priest 1 (O.I. 2022 June, 24th).

During communal gatherings prayers are made and are usually officiated by the spiritual leaders or the designated elders. All prayers characteristically address the wish for good heath, blessing and material grandeur apart from the main reason for their being convened.

4.2.2.2 Making sacrifices and offerings

The making of sacrifices and offering of libations is another component of rituals which was invoked as a health seeking behaviour. The Nandi perform sacrifices as part of healing rituals, with livestock—especially cattle—being central to these offerings according to FGD 1 (2022, June 24th). The slaughtering of an animal is seen as a powerful act of appeasement to the spirits (Ritualist t 2, O.I. 2022, June 10th). The respondent further informed that sacrifices are performed with great care, as it is believed that the manner in which the sacrifice is carried out can influence the effectiveness of the ritual. The animal is usually slaughtered in a respectful and ritualistic manner, with prayers and chants offered during the process. Blood is usually shed to the ancestors with a portion of the meat offered to the ancestors, while the rest is shared by the community. This act symbolizes gratitude and a request for divine intervention.

Sacrifice and offering are primarily a means of contact or communion between the divine and man. This form of worship therefore qualifies as the best way through which man maintains an established relationship between himself and the object of worship. Sacrifices involve the slaughtering of domesticated animals such as sheep and cattle with specified characteristics (usually white or black and without horns according to the Elders in FGD 1). It is believed that the bloodshed in the sacrifice was of great potency and enabled purification, expiation, cleansing and communion. Offerings made were in forms of libations and this mostly involved the pouring of milk, beer, food or broadcasting millet grains while making chants.

At times the ontological balance or equilibrium that should exist between God, humans and ancestors is disrupted as in the *kogulgei oik* (disharmony of spirits within an

individual) health condition known among the Nandi. This condition is characterized by convulsions, mental instability and suicidal tendencies as told by Ritualist 2 (O.I. 2022, June 10th). At such times this form of ritual fit in to assist in the reestablishment of the desired equilibrium that should exist. The Nandi would make sacrifices, offerings and pouring libations for the purpose of healing such conditions and desired to invoke the mundane realities to come to the aid of the needy individual. They were also meant to amend failures and avert evil.

Sacrifices were also performed to cleanse. During FGD1, Ritualist 2 narrated:

> *"A certain clan reported to me that its members kept dying of a disease with similar symptoms. Family heads had tried offering libations and slaughtering sheep but it did not help. They approached me to officiate an event of slaughtering a bull that the whole clan had arranged to be sacrificed in an attempt to arrest the situation. I have done the same in families who suffer frequent deaths, misfortunes with unexplained causes*"

This excerpt demonstrates the belief that sacrifice is primarily a means of contact and communion between the living and ancestral world which restores lost balance at family, clan and communal level. The same reference may be made to the ritual carried out to combat COVID-19. The various rituals described in 4.2.2. above were characteristically accompanied by sacrifices as a pertinent and central feature that sealed the rituals.

4.2.2.3 Observation of taboos and prohibitions

A taboo is a cultural or religious prohibition, ban or restriction that forbids people from engaging in certain practices, behaviours, uttering certain words or venturing into certain places. Nandi Traditional Priest 1 (2022, June 24th) also adds that taboos regulate or bars relationships between certain individuals and that they exist for the common good of the community which includes the living, ancestors and the unborn. As per the

views expressed by Omare and Koech (2025), acting contrary to these prohibitions results in shame, social backlash and penalties. In the Nandi indigenous health practices, taboos are essential cultural prescriptions that guide healing practices, ensuring harmony between the physical and spiritual realms. These taboos serve to protect both healers and patients, uphold moral conduct, and maintain the sanctity of medicinal knowledge. These taboos underscore the Nandi's holistic approach to health, intertwining physical remedies with spiritual observances. Adherence to these cultural prescriptions is considered vital for effective healing and the maintenance of communal well-being.

The Nandi people observed taboos and prohibitions put in place in their cultural setup. They are known as *kigireiywek* or *etanutik* as told by Herbalist 3 (O.I. 2022, June 24th) and is part and parcel of the Nandi morality. As far as healthcare practices are concerned, taboos play an important role. Breaching taboos invites misfortunes, curses, disease and angry reactions from the ancestral world. Respondents cited some of the taboos that demonstrate their roles in healthcare management. According to TBA 3 (FGD 2, 2022, July 22nd),

> *"It is a taboo for an expectant mother to eat meat from a cow with amdautik (a kind of benign swellings usually found around the neck of an infected cow) otherwise the baby will be born with swollen glands. As well no expectant mother eats game meat."*

Similarly, Herbalist 1(O.I 2021, February 27th) informs that,

> *"It is a taboo for one to eat meat and take milk in one meal for it was believed that such a habit would render cows unproductive".*

The dietary restrictions noted ensured that there was no chance of contracting a zoonotic disease. Additionally, by the ordinary understanding meat and milk have a high concentration of protein and taking both in one meal will lead to excess protein

consumption hence a health risk. The two reports are examples showing how dietary restrictions assisted in observation of good nutrition.

In another account, during FGD 2 (2022, July 22nd), TBA 4 narrates,

> *"it is a taboo for a mother to leave the house before the performance of king'eet ritual usually performed on a mother and the newborn three days after birth. It is also unheard of for an expectant mother to view or come into contact with a dead body."*

Viewing a dead body would likely cause psychological trauma to a mother in such a delicate state and may result in a miscarriage. As well, the three-day seclusion imposed on a mother after birth gave a protection from contracting infectious diseases due to a lowered immunity that may result after birth. This delicate state makes the mother and the child vulnerable to infectious diseases and from then also the mother needed rest to regain lost energy and immunity. The above restrictive antenatal taboos had an underlying reasoning for health management. They ensured good dietary practices.

It was also reported by TBA 1 and 2 during FGD 2 (2022, June 24th) that it is a taboo for one to handle food, utensils or engage in milking before washing arms- *mususwet* or *kerek*- on waking up after nightlong sleep. The terms *mususwet* and *kerek* describes a kind of dirt that is imagined accumulates on the arms of an individual while sleeping. The wisdom behind this restriction is that it ensured the practice of good hygiene and low risk of food contamination.

It was revealed that traditional Nandi medicine and healing is controlled by taboos. The following is a table outlining some of the traditional Nandi taboos related to healing and medicine, including the taboo, its meaning or purpose and significance in the Nandi culture:

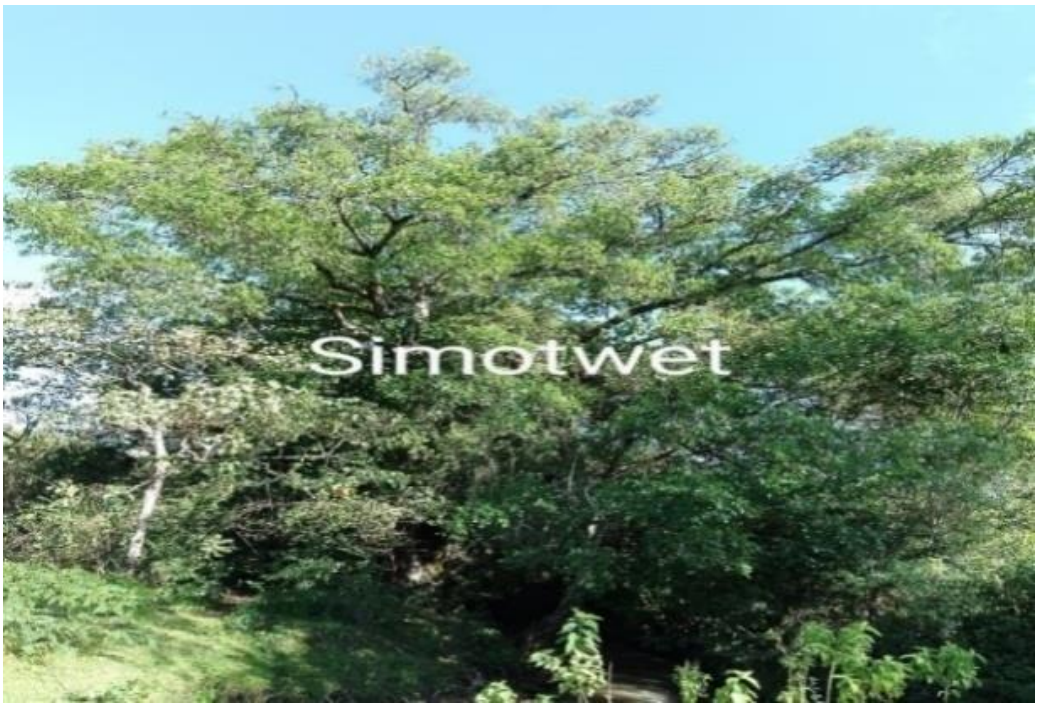
Table 4.1 An outline of some indigenous Nandi taboos associated with healing

Taboo	Meaning/Purpose	Cultural Significance
Medicine must not be prepared or administered during menstruation	A menstruating woman is considered ritually impure and must not handle sacred or medicinal items.	Ensures ritual purity in healing practices and reflects broader gendered taboos related to spiritual power.
A healer must not treat close relatives (especially children)	Avoids emotional bias or spiritual entanglement that may affect diagnosis and treatment.	Reinforces objectivity and the spiritual neutrality of the healer's work.
Healers must abstain from sexual relations before performing healing rituals	Sexual activity is believed to weaken spiritual power or attract bad omens.	Emphasizes discipline, purity, and the sacred nature of healing work.
Certain healing herbs must be harvested at dawn or with specific rituals	Herbs are believed to have greater potency at particular times and under ritual observance.	Reflects deep ecological and spiritual knowledge tied to nature's rhythms.
Do not state the name of a powerful illness aloud (e.g., epilepsy or leprosy)	Naming powerful illnesses invites their presence or offends the spirits associated with them.	Shows respect for the spiritual forces behind disease and maintains social boundaries around feared conditions.
Healing rituals must not be witnessed by outsiders or uninitiated persons	Protects sacred knowledge and prevents dilution or misuse of ritual practices.	Preserves the sacred nature of healing and protects it from external contamination
Milk and meat must not be consumed in the same meal	Protects one from high consumption of proteins	Checks desirable dietary habits
One must not kill a cricket	A cricket is associated with fertility and life force	Emphasizes conservation of the delicate insect
A soil habitat of ants should not be left unearthed	To prevent the loss of minerals in the soil due to exposure	Protects the site and enhances sustainability of the mineral source

Source: FGD 2, (2022, July 22nd)

In environmental health there are taboos attached to certain trees. Elder 4 in FGD 1(2022, June 24th) and Herbalists in FGD 2(2022, July 22nd) identified some of the trees that included *Erythrina Abyssinica (Kokorwet), Figus Thioningii (Simotwet), Ricinus*

Cumanunis (Imaniat), Sida Cordifolia (Kurundut) and *Periploca Linoaurifolia (Sinendet)* as shown in Figures 4.2. It was a taboo to use the plants as firewood and if the ban is violated, the offender would have to undergo a ritual cleansing. These trees have medicinal value and tampering with them would have an implication on the sources of some of the herbal cures. The taboos placed on the trees led to the conservation of the trees and to reinforce this culture-religious significance attachment was added on them.



FIGUS THIONNINGII (SIMOTWET)

RICINUS CUMANUNIS (IMANIAT)

BERSAMA ABYSSINICA (KIBUIMETIET)

PERIPLOCA LINOAURIFOLIA (SINENDET)

Figures 4.2: Plant materials conserved due to their culture-religious significance

It has been demonstrated that taboos played a role in health management. As attested in the excerpts some promoted hygiene, some ensured good nutrition was observed, guarded against food poisoning and spread of diseases and provided controls on health and environmental management.

The Nandi people do not compromise taboos because its observation is a religious demand, a reverence to ancestors and *Asiis* and to act contrary is to invite anger of the spiritual beings. The displeasure of the spiritual beings is expressed in penalties among them inflicting illness. The ethical code of conduct stipulated by the customs the community held for the practice of indigenous medicine was observed through imposition of taboos related to healthcare practices. The Nandi people believed in a moral religious order and this explains why taboos and ritual practices are found in their practice of indigenous medicine. Acting contrary to these prohibitions (as already mentioned), results in shame, social backlash and penalties among them illnesses and misfortunes and will warrant special cleansing rituals to repair them and restore the health of the offender as told by TBA1 (O.I. 2021, June 10th).

The taboos according to Nandi have sacred connotations and are holistic in their functions. A further observation made by Omare and Koech (2025) concerning taboos and ethics, indicate that owing to their sacred regards and holistic functionality they are not negotiable. Likewise, the Nandi do not compromise taboos. They are also binding to members of the cultural group whether educated and imbued with western

Certain facets of ATM practices like the taboos are an ever-present reality that cannot be ignored because they serve a purpose. As recorded in the study, taboos ensure prevention of diseases, promotion of good health, proper nutrition, hygienic practices and sound morality. Neglecting them will affect the health and the social relationships

in the community which negates the holistic understanding of good health. This implies that members of society are expected to train their apprentices and clients on the sanctity of indigenous medicine and its

4.3 The influence of Nandi religious beliefs and practices on indigenous herbal medications

As already seen, Nandi religious beliefs and practices are integral to the community's approach to indigenous healing practices. It emphasizes a harmonious balance between the physical and spiritual realms in the pursuit of health and well-being. The Nandi people revere *Asiis* the sun deity, as the ultimate source of life and health. Health specialists, known as *chepkerichot*, often seek guidance from *Asiis* and ancestral spirits when diagnosing and treating illnesses. Diseases are sometimes perceived as manifestations of spiritual disharmony, such as the displeasure of ancestors or the presence of malevolent forces. In such cases, healers may perform rituals, offer sacrifices, or use herbal remedies to appease the ancestors and restore health.

It has also been noted that healing preparations and administration are governed by specific rituals. For instance, harvesting medicinal plants often involves ceremonies to honour the spirits and ensure the plant's efficacy. These practices underscore the belief that the spiritual state of both the healer and the patient can influence the healing outcomes. The knowledge of medicinal plants and healing practices is typically transmitted through apprenticeships, where experienced healers mentor younger community members. This mentorship is not solely based on practical instruction but also includes spiritual teachings, emphasizing the importance of ancestral wisdom in the healing processes. This holistic approach reflects the Nandi belief that true healing encompasses both the body and the spirit.

Despite the influence of modern medicine, the Nandi community continues to uphold traditional healing practices. Efforts are ongoing to document and preserve this indigenous knowledge, recognizing its cultural significance and potential contributions to broader healthcare systems.

Alongside the spiritual rituals, the healer administers physical treatments using medicinal plants and remedies. These plants are believed to possess both physical and spiritual properties, and they are carefully chosen based on the specific ailment being treated. As discussed in Chapter 3 of this thesis, herbal medications are the most utilized form of medication among the Nandi in its practice of indigenous medicine and healing.

The local flora is an important source of this type of medication. Herbalists in FGD 1, (2022, July 2^{2nd}) recounted that the Nandi indigenous medicine practitioners prepare and dispense the herbal medications from plant extracts comprising of leaves, roots, whole plant, seeds, stems, saps, barks, lowers and berries. The practitioners process the extracts into ashes (powder), concoctions, pastes and liquids. The healer may also apply herbal poultices, prepare potions, or use smoke from burning herbs to purify and heal the patient. These preparations are also administered regarding the age of the patient and the cause of the illness; whether of physical or of spiritual cause or origin. The Nandi also believe that the timing of harvesting herbs is important. For example, herbs are believed to be most potent when harvested during certain phases of the moon or at specific times of the day.

As already indicated, among the Nandi, majority of indigenous medicine items serve a dual purpose of providing physical and spiritual curative significance. Due to this, the Nandi people have culturo-religious attachments on the medicinal items that define indigenous medicines. These items play a role in terms of providing preventive,

curative and even palliative healthcare. The table below shows some of the medicinal plants that have been conserved showing their culturo-religious significance attached. Herbalist 2 (2021 June 24th) and Traditional Ritualist 2 (2022 June 10th) identified some the plants listed in the table below.

Table 4.2 Some of the medicinal plants conserved through the Nandi religious beliefs and practices

Nandi indigenous name	Scientific name	Religious beliefs and practices attached
Simatwet	*Figus thionningus*	Sacred tree used for carrying out rituals and prayers held underneath
Kurundut	*Sida cordifolia*	Sacred: used to construct shrines
Sinendet	*Periploca linadurifolia*	Sacred plant used to carry out rituals
Rerendet	*Euphorbia tirukali*	Sacred plant
Lamaywet	*Sizigium guineese*	Sacred plant associated with rain making
Kokorwet	*Erythrina abyssinica*	Sacred
Tebengwet	*Vernonia sp.*	Sacred
Siriat	*Rhus natalensis*	Sacred: involved in rites of passage
Tendwet	*Prunus africanus*	Sacred: associated with lightening
Sasuriet	*Ensente ventricosum*	Sacred
Emdit	*Olea europaea*	Sacred: used to generate fire traditionally

Sources: Herbalist 2 (2021 June 24th) and Traditional Ritualist 2 (2022 June 10th)

The study findings show that the sacred regard given to the above medicinal plants has contributed to the wellbeing of the community by ensuring that there is a maintained abundance of the supply of herbal medications. Added to this is the fact that it has contributed to the environmental conservation. Therefore, such trees or plant species are conserved to accomplish cultural and religious significance associated with them.

Ritualist 2 (2022 June 10th) informed the study that all diseases including those attributed to the supernatural forces are treated ably using the Nandi indigenous

medicine. The ritualist further explained that certain plants can be used as protective charms. The ritualist recounted:

> *"Wizards are evil men and women who can transmit evil spells to harm individuals they target. Wizards also have mystical powers. To treat people who fall victims of wizards, a herb processed to powder form was administered to the patient and to prevent further attacks a piece of wood extracted from a certain plant was tied around the victim's waist, around the wrist or sown into seams of clothing. Certain herbs can also be boiled and used to bath or drunk. In some cases, homesteads are protected from evil spells by planting certain plants around the compound."*

From the excerpt above, it can be seen that witchcraft is an unavoidable aspect when analyzing medical beliefs and practices among African people generally. This scenario is also found among the Nandi, whereby witchcraft is one of the much-touted causes of illnesses said to involve the use of harmful magic means or devices which brings about illness, misfortunes or death. As put across by the respondent above, herbal plants are used to mitigate ill health conditions brought about by witchcraft.

It is noted that the taboos associated with the plant medicinal source items have assisted to have them conserved. The culturo-religious significance helps to guard against the depletion and mishandling of the sources of medication. The same has also had an environmental implication.

4.3.1 The influence of Nandi religious beliefs and practices on animal, insect and mineral therapies

The animal, insect and mineral therapies is also an integral segment of Nandi indigenous medicine and healing system. Unlike the herbal therapies, this category does not contain many sources and not much information was gathered concerning the administration of the therapies.

The animal sourced therapies were derived from the products of livestock, elephants and warthogs. Other sources included are reptiles such as lizards and snake species called *cheluguit*. Included also were rodents namely moles and squirrels. For insects, crickets, bees and a particular type of spider and its webs, habitats of formicide, red and black ants comprised the endotherapy category (Herbalist 2 O.I., 2021 June 24th). The products of the mentioned items used included fat extracts, blood, dung, organs, bones or item in whole.

According to the informants in FGD 2, 2022 July 22nd, some of the animals were used to perform religious rituals. They gave the example of sheep and cows being used as sacrificial items. They singled out milk as an important animal product which was offered as a libation when complications related to birth arose. Fat extracts from sheep and pigs were used as an accompaniment of herbal medications and smeared on foreheads of children and vulnerable individuals as a charm protection against witchcraft. The FGD continued to inform that animals like the elephant and warthog are totemic symbols of some clans among the Nandi people (*Mooi* and *Kipsirgoi* clans respectively). The bees and the snake are also held with totemic inclinations (*Kipkenda* and *Kibaa* respectively). When a practitioner prescribed products of these animals, he or she would term it as a visit to the clan as mentioned above. The term 'visit' was said with an attitude of reverence. Because of this some of the animals and insects are handled with sacred regard and have taboos associated with them. During FGD, 2022 July 22nd, the study learnt that the Nandi *pharmacopia* also included the use of mineral items. The items are derived from assorted soil which included ocher (*ngariet),* termite hill soil (*kibukangwet*), salt licks *(ngenda*), red hill soil (*gotab birechik*) and formicide ant soils habitat (*gotab chelilik*). As in the case of zootherapy and endotherapy, the mineral sources are approached with sacred regard. These regards have led to their

conservation. The table below shows some of the animals, insects and mineral sources conserved due to their culturo-religious significance.

Table 4.2: Some of the animals, insects and mineral sources conserved due to their culturo-religious significance

Nandi name	Scientific/ English name	Culturo-religious belief
Beliot	Elephant	Totemic symbol
Toret	Warthog	Totemic symbol
Keteriat	Cricket	Associated with fertility
Sekemiat	Bee	Totemic symbol
Gotab birechik	Red ant hill	Taboo to unearth
Ngariet	Ocher	Taboo to handle it when uncalled for
Kibukangwet	Termite hill	Taboo to drive livestock across the hill site
Ngenda	Salt lick	Taboo to dig out the lick with an iron object
Gotab chelilik	Formicide ant hill	Taboo to unearth

It is noted that the taboos associated with the medicinal source items have assisted to have them conserved. The culturo-religious significance helps to guard against the depletion and mishandling of the sources of medication. The same has also had an environmental implication.

4.4 Conclusion

This section intended to address the second objective of the study; to examine the role of the Nandi religion in healthcare management practices among the people of Kabiyet. This study revealed that: Nandi religion plays a pivotal role in shaping indigenous healthcare management practices among the Nandi of Kabiyet. Rooted in a profound spiritual worldview, the Nandi perceive health and illness not merely as physical conditions but as manifestations of harmony or discord between individuals, the community, ancestors, and the divine.

Central to Nandi spirituality is the reverence for Asis, the sun deity, and the ancestral spirits known as *oiik*. These spiritual entities are believed to influence health outcomes,

guiding traditional healers, or *chepkerichot*, in diagnosing and treating ailments. Healing practices often involve rituals, prayers, and offerings to appease these spirits, reflecting a holistic approach that intertwines physical remedies with spiritual interventions.

The transmission of medicinal knowledge is deeply embedded in religious and cultural practices. Through rites of passage and apprenticeships, younger generations are initiated into the sacred knowledge of herbal medicine, ensuring the preservation and continuity of traditional healing methods. This intergenerational transfer underscores the community's commitment to maintaining a healthcare system that aligns with their spiritual beliefs and cultural identity.

Despite the encroachment of modern medicine and external influences, the Nandi of Kabiyet continue to uphold their indigenous healthcare practices. The resilience of these traditions highlights the integral role of religion in not only addressing health concerns but also in reinforcing communal bonds and cultural heritage.

It is evident that the practice of Nandi indigenous medicine is influenced by its religious worldview. The religious beliefs and practices of the community greatly influenced the outlook to the use of the forms of indigenous medicine items. The study also demonstrates how the philosophical spiritual foundations are intertwined with the healing practices. This validates the fact that religion permeates all spheres of life among the Nandi.

Healing among the Nandi is not just about curing the body; it is about restoring balance between the physical and spiritual worlds. A healed person must live in harmony with the ancestors, respect spiritual laws, and honour communal traditions. Disrespecting these principles may lead to future illness or misfortune. Therefore, after healing, the

person may be expected to undertake certain practices, such as making regular offerings to the ancestors or participating in community rituals, to maintain their health and spiritual balance.

Healing and medicine among the Nandi are deeply intertwined with spiritual beliefs, rituals, and ancestral worship. While herbal remedies and physical treatments play an important role, it is the spiritual aspects of healing—invoking the ancestors, performing sacrifices, and maintaining harmony with the divine—that are considered just as crucial. The rituals performed by Nandi healers restore balance between the individual, their ancestors, and the spiritual forces that govern the universe, ensuring that the person remains in good health and aligned with their destiny.

With reference to the theoretical framework, this study demonstrated that the interconnectedness of the spiritual, social and natural worlds in the African thought underpins how traditional healers approach medicine, integrating physical treatment with religious beliefs and practices to restore balance and health. It also affirmed that African understanding of health does not separate the spiritual from the physical and expounds that the use of medicine is not just pharmacology but it is about invoking spiritual powers to heal. Sound health is derived from the community's environment and therefore, the indigenous therapies are used to restore social and spiritual order thereby making healing beneficial to the whole community. As Mbiti (2015) puts across African traditional medicine operates within a religious framework and health and wellbeing is inseparable from divine involvements. Additionally, it is seen that reverence to natural resources aligns with the spiritual significance placed on herbal, animal, insect and the mineral sourced therapies in healing. Spirituality plays a role in health maintenance and healing. This study has given an understanding on the

uniqueness of the practice Nandi indigenous medicine as a microcosm of African community.

The Nandi religion plays a central and profound role in the indigenous healthcare management practices among the Nandi people of Kabiyet in Nandi County. The Nandi people's understanding of health transcends the purely physical and is deeply interwoven with spiritual beliefs, ancestral veneration, and a holistic view of human well-being. The Nandi approach to healthcare is shaped by their reverence for the divine, the ancestors, and the natural world, where illness is seen not merely as a bodily ailment but as a disruption of the balance between the individual, the community, and the spiritual forces. The indigenous healthcare practices are not just limited to medicinal remedies but involve rituals, prayers, sacrifices, and divination, aimed at restoring spiritual equilibrium and ensuring that health is maintained through alignment with ancestral laws and cosmic order. The role of the healer, *chepkerichot*, is not only that of a medical practitioner but also a spiritual mediator, bridging the physical and spiritual realms in the pursuit of healing. Through these practices, the Nandi religion provides a comprehensive framework for understanding, preventing, and treating illness, reinforcing the interconnectedness of physical, spiritual, and communal health. Thus, the Nandi religious beliefs are not only foundational to their healthcare practices but are an essential element in the maintenance of both individual and collective well-being within the community.

The role of Nandi religion as seen in the study demonstrates the principles of holistic theory. It weaves religious practices, health, environment and social order into a close knit and interdependent system. Through this system an equilibrium of all aspects of

life is maintained, thus a holistic approach to life that corresponds with the principle of Holism.

With the growing interest in holistic healthcare, the spiritual aspects of indigenous medicine are increasingly recognized by their in holistic healing. Exploring the connection between religion and the practice of indigenous medicine is a valuable insight into cultural health practices and integrative healing approach.

CHAPTER FIVE

INTEGRATION OF THE NANDI INDIGENOUS MEDICINE WITH THE CONVENTIONAL HEALTH CARE SYSTEMS

5.0 Introduction

This chapter is an exploration in to the integration of the Nandi indigenous medicine with the conventional healthcare management practices in Kabiyet. In the previous chapter, on the role of the Nandi religion in healthcare management practices among the people of Kabiyet, it was unveiled that indigenous healing system is resilient because of the Nandi religious worldview. This has informed this chapter to explore the possibility of integration of the Nandi indigenous healing systems with the conventional ones. The chapter makes a discussion on the discourse surrounding the possible inclusion of the Nandi indigenous healing practices in the formal health sector using the case of the Nandi of Kabiyet.

Increased levels of chronic illness and escalating healthcare costs have provided an impetus for the rising uptake of traditional medicine. Presently, individuals all over the world continue to utilize indigenous remedies. The herbal component is an integral part with 60% of the world's population using herbal medicine to treat various types of new and emerging diseases. According to WHO (2021) data, almost half the population in most industrialized countries regularly use some form of traditional medicine (for example the United States of America 42%, Australia 48%, France 49% and Canada 70%). The developing world including Chile posted 71%, Colombia 40% and up to 80% in African countries. World Medicines Situation Report (WHO, 2021) estimates that between 70% and 95% of the population in developing countries utilizes indigenous cures to meet their daily health care needs. These statistics indicate a high prevalence of the use of traditional medications in modern society globally hence

justifies the need to integrate indigenous medicine practices with the conventional ones. This study will contribute to this by making an exploration on the possibilities of integrating African indigenous medicine with conventional ones using the Nandi of Kabiyet as a microcosm.

As already noted, African indigenous medicine is the oldest and perhaps the most diverse of all therapeutic systems (Mutombo *et al.* 2023). In their context, African indigenous medicine refers to the knowledge, skills and practices based on theories, beliefs and experiences that conforms with the diverse African cultures. African indigenous medicine posits a uniqueness that is characterized by significant integration with beliefs in matters of health and wellbeing involving diviners, midwives, ritualists and herbalists. Among the Nandi, indigenous medicine system is known as *kerichekab gaa* (Herbalist O.I. 2021, February 27th) which means home grown therapies or therapies that are found and linked to the environment of the people. This study has used the Nandi indigenous medicine cultural system as microcosm to explain this situation.

5.1 The Need to Integrate Indigenous Medicine into the Contemporary Health Care Systems

Owing to the popularity and widespread use that the indigenous therapies has gained in the recent times, WHO has called for its integration into countries' national health care systems (WHO, 2024). It has further encouraged the development of national policies and regulations as essential indicators of the level of integration of such medicine.

In acknowledging the crucial role played by indigenous medicine in health care, WHO (2003) established The African Traditional Medicine Day to highlight the importance of traditional medicine in Africa and to promote its integration into conventional

healthcare systems. Additionally, the inaugural Traditional Medicine Global Summit held in India in 2023 to promote the evidence-based integration of traditional medicine into global healthcare systems affirmed the significant relevance and role of indigenous medicine. This summit offered many opportunities for the use of indigenous medicine in Africa where 80% of the population relies on this form of medical care to meet daily health needs. African indigenous medicine has a lot of advantages compared to the western counterpart that can be cited as justification as to why it should be integrated into modern health care systems.

African indigenous medicine indeed played a vital role in sustaining the African society sufficiently before the arrival of western medical systems. The practice is entrenched in African diverse cultural systems. This is added to the fact that African people have faith in traditional healers and they are well respected in their communities (reference to Chapter Three of this thesis). The healers specialize in particular areas of their profession, in the same way as orthodox medical practitioners. Traditional Priest 2 (FGD, 2022, June 24th) identified the Nandi healers with their specialties as *chepkerichot, tisiindet, kiparpariat*, *kibungut* and *korgopsikisio.* Thus, we find some traditional medical practitioners who are experts in the use of herbs and bone setting (*chepkerichot*), others who are proficient in spiritual healing *(tisiindet)*, those who use incantations (*kiparpariat*), while still others combine both. There are also the traditional birth attendants (*korgopsikisio*). The women healers generally have specialized knowledge of medicine used during prenatal and post-natal delivery for the care of women and children. Today in urban areas, women healers still make use of traditional medicine to meet primary health needs. In some African societies, one type of healer may provide several therapeutic services.

The efficacy and potency of African indigenous medicine is the strongest reason that should inform why it should be integrated with conventional medicine. A part from curing social and spiritual illnesses, its practitioners are proficient at healing a range of biological diseases such as malaria, infertility, cancer, gout, diarrhea, vomiting, skin disorders, antenatal cases and mental illness among others. This is attested by the testimonies given by the practitioners in Chapter three of this thesis**.** CMO 2 (O.I. 2022, August 22nd) for example, acknowledges the proficiency of the Nandi indigenous medicine practitioners in healing a range of biological conditions that,

> *"I have referred many cases of sunken fontelle and mirutik (ill health condition suffered by infants attributed to exposure to infections) and complications of pregnancy to some herbalists whom I know and the cases are treated effectively."*

The above excerpt shows that the efficacy and potency of the Nandi indigenous medicine is not in doubt; even conventional medical practitioners content with it. Another case witnessed by CMO I (O.I. 2022, August 22nd) further testifies to this that:

> *"I know of several cases of cancer who were referred for home care from hospital. Some tried indigenous medicine and got well but others did not. May be indigenous herbalists can cure cancer if given an opportunity."*

Indigenous medicine practitioners also have knowledge on how to treat emerging disease. Herbalist 5 (FGD 2 2022, July 22nd) claims:

> *"I can treat Corona; I have mixed herbs using my knowledge and can successfully do so. You know it weakens people; if you take my medication, it boosts your immunity."*

The mention of Covid 19 shows that the Nandi herbalists are knowledgeable and are dynamic; even able to come up with medications for emerging diseases. This fact also shows indigenous medicine can be used as an alternative complementary where conventional cures are limited or do not suffice.

African indigenous medicine allows the family, and possibly the entire community to be part of the healing process. Those attending to patients have a remarkable understanding: they approach a patient as a social being in that during illness, the sick person stays under the care of family and relatives and allows more than one healer to be consulted by a patient. When an individual experiences a sense of belonging, they get psychological assurance and their symptoms are alleviated and the Nandi proverb *kerichotab chito ko bik* (fellowship and interaction with others is therapeutic) describes this as discussed with elders in FGD 2 (2024, June 22nd).

African indigenous medicine is cherished by the African people and this is seen among the Nandi who have a cultivated trust in their indigenous healing systems and see conventional treatments are seen as first aid measures. According to CMO 3(FGD 1 2022, June 24th),

> *"You know there are some patients you cannot convince to leave indigenous medicine because they believe conventional medicine creates complications in certain diseases such as cancer. In fact, there is a popular belief that venereal diseases like syphilis can only be get cured effectively by indigenous medicine."*

This is further reinforced by one Herbalist 4 (O.I. 2022, June 24th) who said,

> *"I ask my patients to take my treatment of high blood pressure but must keep checking the pressure in hospital. You know it is only herbal medicine that can treat the underlying cause and may take time to heal. The conventional medicine can alleviate the symptoms when it gets worse."*

In the light of this, integrating indigenous healing systems with modern health care may satisfy the health needs of the Nandi people. The above also shows that indigenous and conventional healing systems need to coexist and complement each other. According to the study, twenty-one respondents (90%) believe that conventional medical practices such as carrying out laboratory tests to ascertain the ailments suffered by their patients can assist them to provide better prescriptions. Sixteen of the respondents (70%) think

that conventional medicine can only function as a first aid, whereas indigenous prescriptions provide long-lasting cures. In this category, all the herbalists were of this idea holding that conventional medicines treat only symptoms of some diseases such as venereal diseases. Two of the six (15%) herbalists were convinced that their medications did not need a backup from the conventional system arguing that the conventional sector should refer to them cases of cancer before giving them surgeries which they believed lowered a patient's chances of recovery. None of the indigenous practitioners and respondents thought that conventional medicine sufficed alone in the provision of healthcare (100%). The respondents being residents of the study area well understood the challenges of conventional facilities in the vicinity which they said included lack of drugs, poor attention to the patients and many referrals to distant health facilities which bore a cost implication. However, all the respondents of the study concurred that each of the systems had a role in healthcare provision for the residents of Kabiyet ward.

Indigenous healing with their beliefs gives physical and psychological satisfaction. Through their healers and indigenous medicine practice, African people address the social and spiritual illnesses (such as theft, witchcraft and curses) which western medicine does not treat and provides the answer to the question of cause of illness. African medicine takes a holistic approach: good health, disease, success or misfortune are not seen as chance occurrences but are believed to arise from the actions of individuals and ancestral spirits according to the balance or imbalance between the individual and the social environment. This is such that improvement of one's health status is measured by an increased harmony within the community. According to Ritualist 2 (O.I 2022, June 10th) there is a condition known as *kogulgei oik* which is suffered by individuals who lack harmony with the spiritual world. He explains that

such a condition is characterized by psychological unrest and is resolved by administering a ritual known as *ketis* on the individual. Herbalist 3 (O.I. 2022, June 24th) says about rituals:

> *"If ritual is the only remedy, would one refuse? Will you stay suffering when you know there is a solution? A condition like kogulei oik, witchcraft, curses or angry ancestors require ritual therapy, even if you go to church for prayers, you will go back for it. I usually advice my patients well about this."*

The assertion above shows that in the Nandi understanding not all ailments are resolved by use of herbs. Some require spiritual intervention and rituals serve such a purpose. Rituals are believed to restore the psychological equilibrium lost by the patients due to social disharmony with family, community and the spiritual world. Clearly western medicine may not address such conditions that the Nandi may attribute to a curse due to committing antisocial acts such as theft or broken taboos This also shows that African healing is an inextricable part of African religion and the act of healing is therefore a religious act which conventional medicine does not prescribe. When an African patient is taking herbal infusion or ritual prescription, he or she expects to benefit from the life force of its ingredients and from the power of his ancestors of any other spirits which may have been invoked. This significance is more important than the bioactive properties of the remedy. The Nandi attribute this to the sustenance of their God *Asis* which thus defines health in the Nandi understanding. This means that there is need to respect and tolerate African healing practices

Traditionally, rural African communities have relied upon the spiritual and practical skills of the indigenous healers whose botanical knowledge of spiritual needs, plant species and their ecology are invaluable. This means that indigenous medicine must exist side by side with conventional medicine as the nearest alternative cure. The conventional medical personnel attested that most of their patients who visit the Kabiyet

subcounty hospital use indigenous medicines alongside the conventional ones and in some cases conventional medicine seems to be used just as a first aid. One of them reported:

> *"The indigenous practitioners can help in some cases. I don't refuse patients to seek alternative treatment especially for terminal illnesses. I know of cases of hepatitis and cancer that have been successfully treated by miti shamba- indigenous medicine." (CMO 1 in O.I. 2022, August 22nd).*

Throughout Africa, the gathering of medicinal plants was traditionally restricted to TMPs or their trainees. This is proved true by the presence of indigenous medicine practitioners and specialists sampled in this study. Furthermore, African indigenous medicines are accessible to everyone even in the most remote villages and areas and do not require expensive or sophisticated technical equipment, is a low-cost treatment, is affordable and is of low toxicity as expressed in the study. Among the Nandi the code of conduct on the practice defined the mode of payment that was given known as *cheprewo* which was maintained until completion of treatment. In such cases where patients have no health insurances or may not afford modern health care, indigenous medicine can work as an alternative by which a patient accesses health care.

Despite being the preferred medical system worldwide, the western medical system has not adequately addressed health needs of most communities especially in Africa thereby bringing about the need for its integration with indigenous healing practices. The western medicine is not all inclusive, it cannot detect, prevent, solve or treat the multiple aspects of spiritual, psychosocial and psychological illness. The treatment only addresses a patient's biological manifestation of the illness and does not attempt to heal spiritual aspects of illness. In this study, 95% of the respondents agreed that indigenous medicine can provide for a wide range of diseases including the emerging one.

However, indigenous medicine has its own weakness just like the western and scientific systems

5.1.1 Some of the notable Nandi indigenous practices that hold potential for incorporation into modern medical systems

The discussion in this subsection is based on the findings in the previous subsection **5.1.** Respondent voices on the possibility of integrating indigenous medicine with modern healthcare practices led the study to identify some notable practices that need to be considered when undertaking integration initiatives. This is because the practices are found to hold potential for integration with the formal healthcare systems.

Integrating indigenous healing practices from the Nandi community in Kabiyet, Nandi County, into contemporary healthcare can enhance culturally sensitive and holistic care. The Nandi's traditional medical system encompasses a wealth of knowledge and practices that, when thoughtfully integrated, can complement modern medical approaches.

First, the Nandi utilize holistic health approach. Nandi traditional medicine emphasizes a holistic understanding of health, addressing physical, spiritual, and social dimensions. Illnesses are often perceived as imbalances involving spiritual or communal disharmony, not merely physical symptoms. This perspective encourages healthcare providers to consider patients' emotional and social contexts, promoting comprehensive healthcare strategies. In connection with this, traditional healers, known as *chepkerichot*, acquire their skills through apprenticeships, learning directly from experienced practitioners. This mentorship model ensures the preservation of nuanced knowledge and fosters deep community trust. Modern healthcare systems can adopt

similar mentorship programs to enhance the transmission of practical skills and cultural competence among healthcare providers.

The Nandi utilizes a variety of local plants to treat ailments such as stomach disorders, fevers, and respiratory issues. These remedies are often prepared as infusions or powders, with dosages tailored to individual needs. Collaborative research between traditional practitioners and biomedical scientists can validate and potentially integrate these herbal treatments into modern pharmacology.

Healing in Nandi culture often involves community participation, recognizing the role of social support in recovery. Practices may include communal rituals and the involvement of family members in the healing process. Contemporary healthcare can benefit from incorporating family and community support mechanisms into patient care plans.

Traditional healers practice sustainable harvesting of medicinal plants, ensuring the availability of resources for future generations. This environmental stewardship can inform modern healthcare's approach to sustainability, particularly in the sourcing of natural remedies. The Nandi healing practices are deeply intertwined with their spiritual beliefs and cultural rituals. Acknowledging and respecting these aspects can improve patient trust and compliance in healthcare settings. Training healthcare providers in cultural competence is essential for effective integration of the strategies. In traditional Nandi practice, healers often receive compensation only upon successful treatment outcomes. This results-oriented approach emphasizes accountability and patient satisfaction, principles that can be adapted to modern healthcare quality assurance and initiatives.

Traditional birth attendants (TBAs) play a crucial role in maternal health within the Nandi community. Integrating TBAs into the formal healthcare system through training and collaboration can enhance maternal and neonatal outcomes, especially in rural areas. They have established collaborative referral pathways between traditional healers and biomedical practitioners can ensure patients receive comprehensive care. Such collaboration respects traditional practices while providing access to advanced medical interventions when necessary.

By embracing these popular practices, contemporary healthcare systems can enhance their cultural relevance, patient engagement, and overall effectiveness. The integration of Nandi indigenous healing practices offers a model for combining traditional wisdom with modern medical advancements to improve health outcomes.

From the findings of the study, it is learnt that integrating indigenous Nandi healing practices into conventional healthcare can enhance cultural relevance, patient trust, and holistic well-being. The following table outlines key Nandi practices that hold potential for incorporation into modern medical systems.

Table 5.1: Nandi practices that hold potential for incorporation into modern medical systems

Indigenous Nandi Practice	Description	Potential Integration into Conventional Healthcare
Herbal Medicine (e.g., *Senna didymobotrya*)	Utilization of local plants for treating various ailments.	Incorporate validated herbal remedies into primary healthcare, especially for communities with limited access to pharmaceuticals.
Role of *Chepkerichot* (Traditional Healers)	Healers who diagnose and treat illnesses, often integrating spiritual aspects.	Collaborate with traditional healers for community health education and as liaisons to bridge cultural gaps in healthcare delivery.
Apprenticeship-Based Knowledge Transfer	Oral transmission of medicinal knowledge through generations.	Document and integrate traditional knowledge into health education curricula to preserve and respect indigenous practices.
Spiritual Rituals and Ancestral Veneration	Rituals to appease ancestors and deities, believed to influence health outcomes.	Acknowledge and respect patients' spiritual beliefs in treatment plans to enhance compliance and satisfaction.
Community-Based Healing Ceremonies	Collective rituals aimed at healing individuals and strengthening communal bonds.	Incorporate community support groups and culturally appropriate ceremonies into mental health and rehabilitation programs.
Environmental Conservation Linked to Health	Sustainable practices and taboos that protect medicinal plant sources.	Collaborate with traditional practitioners in conservation efforts to ensure the sustainability of medicinal resources.
Referral Systems Between Traditional and Modern Practitioners	Traditional healers referring patients to biomedical facilities when necessary.	Establish formal referral pathways to ensure timely and appropriate medical interventions.

By thoughtfully integrating these practices, healthcare systems can become more inclusive, culturally sensitive, and effective in addressing the diverse needs of the Nandi community. However, structured guidelines need to be consulted for worthwhile outcomes to be realized. These guidelines include established health models usually adopted during implementation of healthcare strategies at community levels as attested by Akol et al. (2022) about Uganda. These models go hand in hand with elements of collaboration that are given attention.

5.1.2 Models of Integration of African Traditional Medicine into Modern Healthcare Systems

After identifying best practices African tradition medicine that can be incorporated into the contemporary healthcare systems, this study suggests that certain models of integration of African Traditional Medicine (ATM) into modern healthcare systems can be adopted. These include the Parallel model, the Inclusive model, the Collaborative model, the Integrative model, and the Community Based model. Efforts to integrate indigenous health practices into conventional healthcare is gaining global recognition due to their potential to enhance cultural relevance, equity and holistic care. Indigenous approaches to health often center around a deep connection with cultural practices. Thus, any model of integration must account for the cultural components embedded in indigenous healing practices. It is notable that the respondents of the study were not aware of the idea of models of integration. However, their responses could be aligned to particular models.

In the Parallel model, African Traditional Medicine (ATM) and modern (Western) medicine operate side by side but do not intersect (WHO,2019). Each system maintains its own institutions, standards, and methods of treatment. This model allows for patient choice and respects cultural preferences. It allows for religious and spiritual practices to be preserved free from interference of the biomedical practices. This can be affirmed by the response of CMO1 that:

> *"We know patients use indigenous and conventional medications. We usually advise them accordingly, but the choice is theirs, we don't interfere with traditional healers either.''* (O.I. 2022, August 22nd).

This statement reveals that cultural components have space for example ritual offerings and prayers are conducted based on culture without recognition or support from modern medical systems. This model protects cultural traditions while at the same time

acknowledging conventional practices. The danger with this is that it may lead to treatment conflicts and missed opportunities of collaboration. This is in support of the views of Amegbor and Rosenberg (2021) that although the Parallel model preserves indigenous knowledge, it may occasion marginalization and invisibility of indigenous healers. In the context of the Nandi case, the separation calls for culturally sensitive collaboration that promotes mutual coexistence.

The Inclusive Model is a holistic approach that seeks to fully embed indigenous knowledge systems within mainstream health policy and practices. It promotes equal participation of indigenous and biomedical systems in planning, decision making, service delivery and evaluation. This model does not only aim to accommodate either practice but seeks to cocreate a health system where indigenous and modern world views are considered. It promotes governance, mutual learning, intercultural competency and legal and ethical recognition, allows for traditional medicine to be recognized and integrated into the broader healthcare policy, but with limited interaction with modern healthcare systems. In this approach, hospitals may designate space for holistic healing such as employing traditional spiritual counsellors and giving space for cultural practices. For instance, it can work by licensing of traditional healers, registration of herbal medicines, or allowing traditional practitioners to operate legally under regulated frameworks. This model offers legitimacy and regulation for ATM. But on the contrary, the indigenous practitioners are usually left out when it comes to decision making. The government administrator interviewed acknowledged this gap:

> *"We are usually asked to invite traditional practitioners to health sensitization forums, but they are not given any role to play."* Area government administrator (O.I 2022, August 22nd).

This model shows superficial involvement of indigenous practitioners; inclusion is not backed by policy and structural clarity. This calls for practical inclusivity and stronger commitment to participation.

In the Collaborative model, traditional and modern healthcare practitioners work together, often through referrals, shared case management, joint training or education programs and shared decision making (Gyasi, 2021). The medical practitioners showed openness of working together. This can be attested by Herbalist 4 (O.I. 2022, June 24th) who said,

> *"I ask my patients to take my treatment of high blood pressure but must keep checking the pressure in hospital. You know it is only herbal medicine that can treat the underlying cause and may take time to heal. The conventional medicine can alleviate the symptoms when it gets worse."*

This model encourages communication and mutual respect; patients benefit from a combination of both systems. This is reciprocated on the part of conventional practitioners that:

> *"The indigenous practitioners can help in some cases. I don't refuse patients to seek alternative treatment especially for terminal illnesses. I know of cases of hepatitis and cancer that have been successfully treated by miti shamba- indigenous medicine."* (CMO 1 in O.I. 2022, August 22nd).

The testimony of CMO 1 above shows that cultural beliefs are acknowledged and respected in conventional circles and therefore Nandi indigenous medicine is found legitimate and can be integrated with conventional practices.

The Integrative model aims for a fully unified health system (WHO,2022), where ATM is systematically incorporated into formal health structures — including hospitals, clinics, and national health policies. For example, the use of certified herbal medicines in hospitals; traditional healers working within hospital settings and traditional medicine departments in medical universities. Religious practices are included as part

of healthcare delivery. This model promotes holistic care and bridges cultural gaps in healthcare. It was observed that both conventional and indigenous practitioners were non-committal when asked about their systems being fused to a unified structure. It was observed that each party was skeptical. This revealed that full integration may not be easy to achieve.

Community-Based model is community-led with indigenous healthcare providers designing and managing services according to their cultural and religious values. Healing practices incorporate rituals; prayers as embedded in indigenous cosmology. This model strengthens the role of traditional medicine within community health systems, integrating it through community health workers or local health initiatives. The model empowers communities and respects indigenous knowledge systems. This form of grassroot integration is already practical to some extent. CMO 2 (O.I. 2022, August 22nd) gives evidence to this by informing that:

> *"I have referred many cases of sunken fontelle and mirutik (ill health condition suffered by infants attributed to exposure to infections) and complications of pregnancy to some herbalists whom I know and the cases are treated effectively."*

The above excerpt boosts the fact that there already exists informal trust-based relationship between the two sides. It is plausible that this goes on without official endorsement. This model has potential if given the necessary structured support.

The successful integration of African traditional medicine into modern healthcare systems depends on mutual respect, legal and policy frameworks, standardization of practices, research validation, and an ongoing dialogue between the two systems. The appropriate model may vary depending on the cultural, political, and health infrastructure context of each country or region.

From the respondent voices above the study deduced that collaboration between indigenous and conventional medicine involves key elements aimed at improving health outcomes, respecting cultural diversity and promoting holistic healthcare. These elements may be put into consideration in the integration of the Nandi indigenous medicine with modern healthcare system. **Table 5.2** below shows some of the key elements for collaboration between traditional medicine and modern health systems.

Table 5.2: Some of the key elements of collaboration between indigenous medicine and modern healthcare systems

Element	Description	Purpose/Benefit
Policy and Legal Framework	Creation of laws and policies recognizing traditional medicine practitioners.	Provides legitimacy, regulation, and protection for all parties.
Training and Education	Joint training programs, cross-learning between traditional and biomedical practitioners.	Promotes mutual understanding and respect.
Research and Documentation	Scientific validation of traditional practices and herbal remedies.	Enhances safety, efficacy, and credibility of traditional medicine.
Referral Systems	Establishing mechanisms for referring patients between systems.	Ensures continuity of care and appropriate treatment.
Communication Channels	Platforms for dialogue and information exchange between practitioners.	Builds trust and collaboration.
Regulation and Accreditation	Certification, licensing, and monitoring of traditional healers.	Maintains standards, protects patients.
Integration in Primary Care	Inclusion of traditional practices in community and primary health services.	Expands healthcare access and respects cultural practices.
Intellectual Property Rights	Protection of indigenous knowledge and fair benefit sharing.	Encourages knowledge sharing and prevents exploitation.
Community Participation	Involvement of communities in planning and implementing collaboration.	Ensures cultural relevance and local support.
Ethical Guidelines	Establishment of ethical standards in treatment and research.	Protects patients' rights and ensures professionalism.

Effective collaboration between indigenous and conventional medicine relies on such issues as listed in the table. According to elements such as Policy and legal Framework, Research and documentation, Community participation and Communication Channels are essential in bridging the two systems. The elements foster an integrated healthcare

approach that pays attention to indigenous knowledge while enhancing the overall quality and accessibility of healthcare. These elements are supported by established frameworks at national and international levels.

Following the constitutional recognition, Kenya has made strides in formalizing the role of traditional medicine: Health Act of 2017 that provides a legal framework for the practice of traditional and alternative medicine. It mandates the establishment of a regulatory body to oversee the practice, ensure standardization, and facilitate the integration of traditional medicine into the national health system. The national policy on traditional medicine and Medicinal Plants (2005) emphasizes the documentation, preservation, and promotion of indigenous medicinal knowledge. It encourages the establishment of nurseries and herb gardens aimed at conservation and research.

The World Health Organization (WHO) has established policies to support the integration of indigenous healthcare systems into conventional health services, emphasizing cultural respect, safety, and evidence-based practices: WHO Traditional Medicine Strategy (2014–2023) aimed to assist its member states in developing policies and action plans that strengthen the role of traditional medicine in health systems. It emphasized the importance of integrating traditional medicine practices that meet quality, safety, and efficacy standards into national health services. It provides a framework for integrating traditional medicine into national health systems, emphasizing the importance of safety, efficacy, and quality.

Secondly, draft WHO Traditional Medicine Strategy (2025–2034) aims at building upon the previous strategy, the draft for 2025–2034 continues to support the integration of traditional, complementary, and integrative medicine into health systems. It focuses on evidence-based practices and the inclusion of indigenous knowledge in healthcare.

Thirdly, the global plan of action for the health of Indigenous Peoples was drafted in response to a World Health Assembly resolution, WHO is developing a Global Plan of Action for the health of Indigenous Peoples. This plan is being co-created with Indigenous communities to ensure their perspectives guide the integration of traditional health practices into national health systems.

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) affirms the right of indigenous peoples to their traditional medicines and health practices, and to access social and health services without discrimination in article 24. Articles 10, 11, 19, 28, 29, and 32 highlight the rights to free, prior, and informed consent, and the participation of indigenous peoples in decision-making processes affecting their health and well-being. International Labor Organization (ILO) Convention No. 169 recognizes the rights of indigenous and tribal peoples, including the right to health services.

The WHO Global Centre for Traditional Medicine was established in Jamnagar, India, to promote traditional medicines as systems of treatment for various ailments, supporting the integration of traditional and conventional healthcare. The Framework Convention on Global Health proposes integrating traditional and complementary medicines into health systems, ensuring their availability, accessibility, and acceptability. As a result, WHO has developed tools to assist countries in formulating national policies on traditional medicine. These tools provide guidelines for integrating traditional medicine into health systems, ensuring that practices are safe, effective, and culturally appropriate.

It is evident that international conventions and declarations have increasingly recognized the importance of integrating indigenous healthcare systems into conventional healthcare frameworks. These instruments emphasize the rights of

indigenous peoples to access and maintain their traditional health practices, fostering a more inclusive and culturally sensitive approach to global health. In these endevours there are key principles for integration which must be given attention. They include cultural respect entailing recognizing and valuing indigenous knowledge and practices, ensuring that traditional practices meet established health standards, applying evidence-based approaches community involvement whereby indigenous communities are engaged in the development and implementation of health policies.

5.2 Challenges Facing the Integration of Indigenous Healthcare with the Modern Healthcare Systems among the Nandi of Kabiyet

The integration of African Traditional Medicine (ATM) into modern healthcare systems is a vital initiative that holds potential for improving health outcomes through a culturally rooted, holistic approach to well-being. In Nandi County, where traditional healing practices remain deeply embedded in the cultural fabric of the community, efforts to bridge traditional and biomedical health systems are ongoing. However, this integration faces several significant challenges that must be addressed for it to succeed effectively and sustainably.

The mutual mistrust between traditional and modern medical practitioners. Biomedical professionals often regard traditional medicine as unscientific or potentially unsafe, while traditional healers may feel that their knowledge is undervalued and misunderstood. This lack of mutual respect and understanding creates barriers to cooperation and hinders the development of referral systems or joint health interventions. Building trust through joint training programs and community dialogues is essential, but such initiatives are still limited in scope in Nandi County. During the study it was observed that both conventional and indigenous practitioners were non-

committal when asked about their systems being fused to a unified structure. It was observed that each party was skeptical. This revealed that full integration may not be easy to achieve.

Inadequate documentation and scientific research on traditional medicinal practices present a significant barrier. Most traditional knowledge in Nandi County is passed down orally through generations, with limited written records or standardized methodologies. The lack of research and clinical trials to verify the efficacy and safety of traditional remedies makes it difficult for policymakers and healthcare providers to accept and integrate them into formal healthcare systems. This situation was seen in the literature review section where it was found that there was limited books and journals to be referenced on the subject. This clearly portrays that not many researches have been carried out on the subject of indigenous medicine; particularly concerning the Nandi community. This gap is echoed by Langwick (2020).

The lack of training and cross-education opportunities between the two systems further deepens the gap. Traditional healers rarely receive formal education on basic biomedical principles, while modern practitioners are seldom trained to understand cultural and spiritual aspects of traditional healing. This educational divide prevents meaningful collaboration and limits the holistic care that could arise from an integrated approach.

Additionally, government support and funding for integration programs in Nandi County remain minimal. In this study it is cited that one of the reasons why indigenous medicine is preferred in Kabiyet is because of poor infrastructure (CMO 2, O.I. 2022, August 22nd) Without adequate investment in infrastructure, training, and community engagement, initiatives often falter. In Integration is not merely a clinical process but

a socio-cultural one that requires time, resources, and a deep understanding of local contexts.

Absence of formal referral systems between traditional healers and modern health facilities results in fragmented and sometimes contradictory patient care. Without clear pathways for referrals and coordinated case management, patients may experience duplication of treatments, delays in receiving appropriate care, or confusion due to conflicting advice from different practitioners. The referrals made as recorded in the study show that they are undertaken when there is an inability to address health issues as seen in the reports given by CMO1(O.I. 2022, August 22nd) and Herbalist 4 (O.I. 2022, June 24th)

Indigenous medicines often lack standardized regulations and quality control, making it difficult to ensure their safety and effectiveness. Lack of quality assurance mechanisms pose significant health risks to consumers (WHO, 2023). There is need to establish or standardized regulatory framework to ensure safe and effective integration.

Traditional medicine is rooted in cultural beliefs and practices which will bring a challenge of cultural acceptance. Cultural acceptance is a significant barrier to integrating traditional medicine into mainstream healthcare systems. Resistance can arise from healthcare providers and patients as some may perceive that either of the systems lack validity. This situation is best described by the views of one of the respondents of the study that:

> *"You know there are some patients you cannot convince to leave indigenous medicine because they believe conventional medicine creates complications in certain diseases such as cancer. In fact, there is a popular belief that venereal diseases like syphilis can only be get cured effectively by indigenous medicine."* CMO 3 (O.I. 2022, June 24th),

This scenario is attributed to the fact that patients' decisions are influenced by beliefs apart from costs and service availability as noted by Amegbor & Rosenberg (2021). However, this practice poses a danger in that it can lead to conflicting treatment and delays in appropriate care. Addressing this barrier is essential for fostering collaboration between traditional and conventional healthcare systems. Building mutual respect and understanding between practitioners of both systems can enhance patient care and promote a more integrated approach to health and wellness. The study proposes that dialogue between the two medical systems can seal this gap. Mitigating against this gap can foster an inclusive healthcare that is patient centered. Patient often hold preconceived notions about traditional medicine and changing such attitudes needs effective education and awareness campaign that highlights potential benefits and safety of traditional approaches (Ozioma & Chinwe, 2019). The study through the interaction of the conventional medics and indigenous healers proposes a middle ground between indigenous medicine and modern medicine. This study wishes to further fill this gap anyway by showing how conflicts of ideas between modern medicine and indigenous medicine can be resolved through integration.

There is need to address intellectual property issues, highlighting the ethical concerns surrounding the use of traditional remedies. This arises when traditional medicine practices are commercialized without acknowledging or compensating the brainchild community. This is biopiracy and operates with no ethical considerations. In the context of the Nandi practitioners, this issue is of concern as witnessed by Area government administrator (O.I 2022, August 22nd) that many herbalists approach him for help to access certificates of recognition from government authorities as certified traditional medicine practitioners in attempts to seek recognition and protection as advised. Without appropriate protection and recognition of traditional knowledge, indigenous

communities are at risk of losing their cultural heritage and are often deprived of any benefits derived from their traditional practices. Medicine persons have ended up refusing to share their knowledge because of fear of piracy. Healthcare providers often lack adequate training in the practices of Traditional Medicine thereby making it difficult for them to effectively integrate the practices into their healthcare approaches. This is evident; conventional medics are trained in another system but with mutual understanding there can be a point of integration. The consequences would be far reaching therefore this study puts across that indigenous medicine knowledge needs to be preserved.

The absence of a clear policy framework that defines how traditional medicine can be integrated into national health system complicates the integration process and limits its formal recognition. Area government administrator (O.I 2022, August 22nd) implies that the involvement of indigenous medicine practitioners in health discussion forums is superficial. This is the gap that needs to be addressed and the study found it wanting. There are inadequate guidelines, insufficient collaboration, lack of public awareness and ethical concerns. There is also risk of exploitation of communities and resource allocation. Following this kind of thought this study will attempt to address the challenges.

In conclusion, while the integration of African Traditional Medicine into the modern healthcare system in the context of Nandi County is a worthwhile endeavor, it faces numerous challenges. These include legal and policy gaps, mutual mistrust, lack of research and documentation, intellectual property concerns, limited education and training, weak government support, and shifting cultural dynamics. Overcoming these barriers requires a multifaceted approach involving inclusive policy development,

community engagement, mutual respect, and sustained investment. With thoughtful planning and cooperation, Nandi County can become a model for successful integration that respects tradition while embracing modernity in healthcare delivery.

5.2.1 Integrating indigenous medicine with modern healthcare: Opportunities for indigenous healthcare practices

WHO (2023) defines Traditional medicine as "the knowledge, skills and practices that are based on the theories, beliefs and experiences of different cultures, whether explicable or not and that are used to maintain and improve health, to prevent, diagnose or treat physical and mental illnesses." In the light of this definition the practice of ATM encompasses indigenous practices and therapies from plants and animal and insect extracts, mineral based therapies, beliefs (may be in form of rituals and taboos) and experiences from the context the diverse African cultures. On the other hand, conventional medicine refers to a system in which medical doctors and other health professionals treat symptoms and diseases using drugs, radiation or surgery. In practice this system is referred to as allopathic medicine, biomedicine, mainstream medicine, orthodox medicine or Western medicine. This study has discussed possible measures that can be undertaken to have the two medical systems complement each other.

According to WHO (2019) reports, the use of Traditional medicine remains widespread in all regions of the world and is increasing in industrialized nations. In China, 30-50% of total medicine consumption is Traditional Medicine. In Europe, North America and other industrialized regions, more than 50% of the population have at least once sought alternative medicine. In Germany, 90% of people take natural remedies at some point, in London and South Africa, 75% of people living with HIV/ AIDS seek help from Traditional Medicine while 70% of Canadians have sought help at least once from

Traditional Medicines. Traditional Medicines are commonly used in management of chronic conditions such as diarrhea, cancer, diabetes, nonspecific chronic pains, mental disorders and obesity among others. For Africa, WHO further reports that up to 90% of its population utilizes traditional medicine for primary health care with traditional midwives attending to most of the births. In Kenya, the reality of the growing popularity of indigenous medicine is evidenced by the establishments of saunas and massage points in urban areas. These facilities use indigenous healing medications integrated with modern systems. Such integrated system of healing is found to be readily accepted. These facts explain the resilience of African indigenous medicine.

Figure 4.3: An example of billboard attracting clients to an integrated medicine sauna

The use of African indigenous medicine has been shown to be relatively high in Africa and is associated with lack of access to public healthcare (WHO, 2022). This situation places African indigenous medicine as the most accessible source of healthcare. To

attest to this reference can be made to the case of Kabiyet told by CMO 3 (O.I 2022, August 22nd) that,

> *"One day as I went about my routine duty, I received a distress call from one of the homes around. They wanted me to call for an ambulance to rush a mother who was in labor to the Kabiyet health facility but it was not available. At that time coincidentally the road was impassable. We had no other option but to call for the assistance of local TBA. In fact, most expectant mothers discredit the services of the health facility; some complaining that they may take the trouble to reach the facility only to be attended to poorly. Because of such cases they would prefer to familiarize with TBAs at their vicinity."*

The situation cited above is further strengthened by the fact that this type of medication has been in use for centuries and has sustained its users effectively. In the same way, there are saunas and massage points that are advertised and readily available for patients in urban areas. Many of ATM products especially the herbal ones have also found their way into pharmacies and health shops.

The reality of the resilience of African Traditional Medicine is facilitated by the fact that in African indigenous practitioners have a large catchment area of clientele which they serve irrespective of the hostile environment as seen in this study where infrastructure is poor. Even in the face of modern health facilities, traditional practitioners attract patients to their health facilities where the indigenous medicine is key to treatment. Most of these practitioners are believed to have an ability to diagnose illness bestowed by God. This makes them have an edge over conventional doctors in that their healing approach is wholistic in the sense that it involves spiritual, ritual, lucky charms and divination. Traditional healers treat the psychological basis of illness before prescribing medications thus giving the patient psychological assurance. They can interpret bad dreams, unravel unknown causes of disease and diagnose witchcraft, something which conventional methods of healing may not handle This makes African indigenous medicine culturally acceptable and respectable. Further a healing process

does not only target the disease but is applied holistically and involves community. An integrated medical system needs to factor in this quality for it to find acceptance in the African environment.

Traditional medicine has sustained African people for a long time. It is therefore not easy to do away with or dismiss this form of healthcare. CMO1 (O.I. 2022, June 24th) expresses how hard it is to convince some of the patients in Kabiyet because they have grown with it and cherishes it. ATM is a healing system that is aimed at establishing a balance or equilibrium in human persons at biological, moral, psychic, subconscious and physical levels. The western medicine is not all inclusive as such it cannot detect, prevent, solve or treat the multiple aspects of spiritual, psychosocial and psychological illness. In the context of this study the case of the *kokulgei oik* illness, murder, breaking taboos can only be handled well by the traditional healing systems as asserted by Herbalist 3 (O.I. 2022, June 24th).

Diagnosis in ATM entails a systematic quest for answers to the root cause of a disease in order to determine who, what or why it has affected a particular person at a particular time. In ATM practice, treatment can either be natural, ritual or both depending on the cause of the disease. This is in line with the views of the respondents in FGD 1 (2022, July 22nd) that among the Nandi there are various causes of illness in their scope of understanding of disease and health. ATM is a critical component of indigenous knowledge systems and this knowledge is intergenerational and has been preserved and fashioned owing to the dynamics occasioned by time.

CMO 2 (O.I 2022, August 22nd) suggests that careful customization can be drawn from many indigenous knowledge opportunities for innovation and advancement. ATM and its practitioners are capable of research, innovation and healing as their allopathic

counterparts. In the context of the Nandi of Kabiyet this can be qualified by reference to a conversation by Herbalist 5 (FGD 2 2022, July 22nd) who claimed:

> *"I can treat Corona; I have mixed herbs using my knowledge and can successfully do so. You know it weakens people; if you take my medication, it boosts your immunity."*

From the claim by the herbalist, it is indicated that the African indigenous healers are capable of discovering cures for emerging diseases because they have the technical know-how.

ATM enjoys WHOs concessions on health and traditional medicine practices. For one, WHO defines health as a state of complete physical, mental and social wellbeing and not mere absence of disease and infirmity. This agrees well with the broad dimensional African understanding that includes the religious, cultural and ecological components which additionally includes being in a state of harmony with God, ancestors, community and self. Another concession is that according to WHO Fact Sheet (2003) TM has maintained popularity and consistency in all regions of the developing world. This fact reinforces the resilience ATM has demonstrated. This can be attested by the evidence that in Kenya, patients have been known to utilize conventional therapies alongside the traditional ones. Thus, is especially so when dealing with emerging diseases such as cancer diabetes, HIV/AIDS and the recent Covid 19. This is further strengthened by WHOs encouragement for people to use traditional plant medicine to fulfill needs unmet by the modern medical systems.

ATM also rides on the WHOs campaign for the promotion and integration of TM into national healthcare systems and development of national policies and regulations (WHO, 2015). Additionally, WHO regional committee for Africa resolution, urges member states to prepare specific legislation to govern the practice of Traditional

Medicine as part of national health legislation and ensure adequate budgets. According to Mbiti (2015) both conventional and ATM have one main agenda of healing though the perspectives of acquiring the result may differ. This therefore shows that ATM is a complete entity and the conventional medical system cannot be applied as a yardstick to measure its efficacy and relevance.

Traditional Medicine has a long history and wide acceptance in Africa especially among rural communities who find it affordable. This is traced to the rise in poverty, emergence of drug- resistant diseases, prevalence of chronic conditions and lack of health insurance covers for majority of the African population. Gaps created by the limited access to conventional medicine, poor health policies and dissatisfaction with the conventional therapies have been filled by the ATM alongside the individual religious affiliations and cultural beliefs. This can be attested by the experience given by CMO 3(O.I. 2022, August 22nd) above. Due to the population mobility and acculturation, ATM may also incorporate methods from other sources of traditional medicine as well as western medicine.

At the moment Africa needs an integrated system of its indigenous medical system and the conventional ones to address the emerging medical challenges. Such a system would need to take into consideration African traditional worldview. This is because a word view influences how people perceive realities and this may allude to why African indigenous medicine has been resilient in its use. Such a system would also appeal to the African people and at the same time give room to other systems to contextualize into their own backgrounds.

In the context of the study, it is found that the Nandi have made attempts to incorporate their indigenous medicine practices into the contemporary healthcare systems. As seen

in the case studies of this study, the indigenous medicine practitioners and the conventional ones to some extent seem to be cooperating. The case studies reported demonstrate how indigenous practice is finding its way into conventional circles and vice versa. The modern facility staff reported how they have referred patients to indigenous medicine practitioners for treatment. They also contented that indigenous medicines have a proven efficacy. This shows that indigenous medicine is a viable alternative where conventional medicine does not suffice. It is also seen how traditional birth attendants are recognized as medical personnel with respectable expertise. The indigenous medics also allow their patients to access modern health facilities for laboratory tests and surgeries which they cannot offer. This shows the two medical systems in Kabiyet are already in a corporation.

Outside the focal point of the study, there are a number of scientific ethnobotanical studies carried out by several scholars on some indigenous medicinal plants used by the Nandi to cure some diseases. The Nandi indigenous medicine persons were instrumental in these researches offering fruitful knowledge on the medicinal plants (Kimutai et al., 2019). These studies have documented the knowledge of medicinal plants and will assist in preserving the indigenous knowledge. The same has been demonstrated by the immense knowledge of the respondents of this study recorded in **Chapter Three**.

The area government administrator (O.I 2022, August 22nd) reported that the use of traditional medicine is a common practice; that many herbalists approach him for help to access certificates of recognition as certified traditional medicine practitioners from government authorities. The report by government administrator demonstrates attempts to seek policy inclusion of traditional medicine in national health policies. The

indigenous medicine practitioners realize that being in an association gives strength for advocacy for recognition and support for indigenous healing practices. This step leads the Nandi to harmonize their rich knowledge with modern medical practices. This will also enhance healthcare access and cultural preservation.

Improvisation of health facilities among the Nandi can be understood through their healing practices. The rich tradition of a variety of medicinal materials and spiritual healing complements modern healthcare thus providing accessible options for those who may prefer indigenous healing methods. This is because there exists a connection in integration of indigenous beliefs with modern medical practices factoring in cultural sensitivities and healthcare practices (WHO,2020). Reference can be made on the role of taboos already discussed in healthcare in this connection with the conversation with CMO1 (O.I. 2022, June 24th).

5.2.2 The means of integrating indigenous medicine with conventional medicine

Owing to the fact that African people use traditional medicine alongside the conventional ones, an integrated system will address health needs sufficiently. This system will address the emerging medical challenges putting into consideration the two systems being integrated. Such a system would also need to take into consideration traditional African worldview because worldview influences how people perceive realities and, in this sense, African worldview also has its unique approaches to address health issues.

The African traditional belief system including the ritual and taboo system has important rules and regulations that could help in addressing health matters which in turn goes a long way in promoting health. The African belief system is designed to address unacceptable health behaviors as far as African people are concerned. These

are the best regulators which are embodied in religious values which provides control of behaviors among Africans and in the long run ensure good health.

Africa is endowed with diverse means of dealing with health-related challenges including the upcoming ones. The emergence of COVID-19 made the Nandi traditional medicine persons to design a cure for the disease which though has no official proven efficacy it is used by a greater population of Kabiyet region who believe the cure is effective. Managing health issues in Kenya will be realized if approaches are approximate to the context of the people, therefore, the approaches need to be locally accessible, affordable and culturally acceptable. This study strongly puts suggests that the holistic approach to health issues is better placed to give integration a meaning to African people. This approach is contained in the cultural intended specifications of traditional medicine. Traditional medicine is culturally recognized, spiritual, socially mindful, multigenerational and is all inclusive. Note should be taken that some traditional practices such as lock downs did not come with emergent diseases but was a medical practice among the Nandi known as *keger chito.* This was specially applied to patients with communicable diseases such as leprosy and tuberculosis or as was deemed necessary by the medical practitioner.

There are certain practices that need to be demystified in the practice of traditional African medicine. These issues can be regarded as contentious and include the use of rituals and the belief in witchcraft and spiritual causes of illness. Such practices make the incorporation of indigenous medicine difficult because such are not generally accepted among all communities. It can also delay timely treatment which could otherwise save emergencies. These health conditions include HIV/AIDS and cancer.

The government policy makers and the stakeholders should involve the participation of the indigenous medicine persons, the elders and local people in decision making, sensitization and contribution in measures concerned with health. This is because they have indigenous knowledge to solve emerging health issues and understand their communities. This would make the integration process sustainable because the participants understand the cultural contexts and dynamics of their communities.

Ritual practices and taboos observed by African people are a reference resource to health care. Relating them to emerging illnesses will help in mitigating against stigma associated with some diseases in African communities. Such include witchcraft, curses, HIV/AIDS and sexually transmitted diseases.

The efficacy of traditional medicine in the treatment of disease is not in doubt, therefore various governments should make effort to promote it. WHO in many for as encourages researches into Traditional Medicine to be carried out as alternative medication for new diseases and resistance to conventional drugs. This creates a great prospect for ATM and if it is given full recognition it will help in improving healthcare delivery and economy. For successful integration of ATM into modern healthcare system in the context of the African countries, the study has made recommendations. The recommendations can be narrowed down to Kenyan situation because it is realized that all African governments are putting up effort to integrate traditional medicine into their conventional healthcare system.

A bonus system for referrals and knowledge systems between conventional and traditional medicine could be adopted. In Ghana for example, co-referral systems between the two medical systems have contributed to the integration of the practices. Following this model, other African governments can develop an easy user- friendly

referral system that rewards traditional healers for referring patients to hospitals. This will reduce the risk of fatalities associated with misdiagnosis. It should also be well to put up national policy and legislation framework for incorporating traditional medicine into conventional healthcare delivery systems. This can be emulated from African governments such as Rwanda, Tanzania, Ghana and South Africa that are in the process of formulating policies to realize this goal (WHO 2001).

South Africa has officially recognized indigenous medicine as part of its healthcare system. It has put in place the Traditional Health Practitioners Act to regulate and oversee the regulation of traditional healers. It also ensures the indigenous medicine is integrated as a complementary component of the county's healthcare services.

Ghana has made a significant progress in integrating indigenous medicine into its healthcare system. The government passed the traditional medicine practice council to oversee practitioners. In hospitals there have been established herbal medicine departments offering patients access to both types of care. In various universities courses on traditional medicine will help health professionals to grasp both modern and traditional methods.

The Tanzanian government acknowledges the important place that Traditional Medicine holds within its healthcare framework particularly in rural communities. It has also established policies aimed at incorporating traditional healing practices into the broader health system, fostering partnerships between modern and traditional healthcare practitioners. There is also a strong focus on researching traditional remedies to confirm their effectiveness and safety and community health programs. These programs frequently engage traditional healers as the first line of care.

In Kenya herbal medicine plays a crucial role in healthcare, being widely being widely practiced with cultural foundation. Despite its popularity many medicinal plants lack documentation. The Kenyan government takes steps to regulate this sector through Traditional and alternative practitioners bill which aims to integrate traditional medicine into healthcare systems and ensure safety and efficacy. With such a step mechanism to protect, promote and maintain the natural resources and knowledge will be in place. It is encouraging that the two players in the health sector (traditional and conventional medicine persons) content that integration is possible as along as each is given its own space.

Policy and legislation governing the rights to land use, the harvesting of plants, information on medicinal plant and animals as therapeutic resources needs to be put in place to ensure a stable utilization of medicinal resources. It is also necessary to put up policies and legislation on aspects touching on culture ownership, genetic diversity, plant utilization and identification of endangered species for protection. To realize this the African governments may need to adopt international conventions such as the 1992 convention on biological diversity, The Convention on International Trade on Endangered Species (CITES), the OAU model and the UN Declaration of the Rights of Indigenous People. The laws outlined in these conventions will ensure that there is equitable sharing of proceeds from plant resources and protection of medicinal species from destruction and extinction. It will also ensure protection of the rights of the local communities. This is not withstanding of the fact that it will guard against exploitation, piracy and abuse of intellectual property rights.

As a step towards improvement and development of TM standards, validation of safety, efficacy and quality should be considered. Checks and balances should be applied in

the same way as conventional medicine. This will make TM more relevant, competitive and up to date for consumption in the wider markets outside the confinements of ethnic communities. Regulatory bodies such as Pharmacy and Poisons Board in Kenya can advance such an endeavor and in the long run this may also assist in ensuring that quackery is kept at bay.

There is need for a campaign for dissemination of accurate information concerning traditional medicines. This calls for the necessity to lobby the government to recognize the practice of traditional medicine as a profession. It extends the need to create awareness to combat stigmatization of indigenous medicine due to fallacies, poor perception and attitudes. As well conservation of indigenous medicinal products and knowledge of its pharmacopeia should be encouraged and for the sustainability of this the youth need to be motivated to take up the practice of indigenous medicine from older generations.

Endangered species should be regenerated through planting and training on harvesting practices that fasten sustainability. Plant, animal and insect habitats such as forests should be protected from human encroachment. Cultural practices such as rituals should also be conserved. Lack of documentation of the types, distribution and ecology of medicinal resources has been a barrier to acquisition of the knowledge of Traditional Medicine practice. Secrecy should be discouraged among Traditional Medicine practitioners and the young encouraged to remain in touch with their cultural heritage. Collaborations between Traditional Medicine practitioners and scientists should be created. The interests and values of practitioners of Traditional Medicine also need to be respected and safeguarded. Communities should receive compensation or royalites for the use of their cultural heritage. Ownership of indigenous knowledge should be

recognized and protected. In this way there will be a contributed scientific progress. In the light of the theoretical framework of the study, the interconnectedness of the past and present will provide a well-grounded medical system.

5.3 Emerging Trends in the Practice of Nandi Indigenous Medicine

A number of new developments have been noted in the practice of indigenous medicine. African indigenous medicine system is dynamic and is abreast with the current developments in the field of healthcare. This includes referrals which have become common in today's indigenous medicine practice.

Referrals are not new to Nandi indigenous medicine practice: they are informed by two factors. One of them was that the medic could have tried but not succeeded in curing the patient receiving treatment and therefore found it a better option to refer them to another medic. In a way the medic was consulting with the other medic. Among the Nandi it is held that healing depended on the 'luck in the hands' of the medicine person. This was termed as *kiptingchin* (FGD 2, 2022, July 22nd), a situation whereby the same medication prescribed for a patient may not produce a positive result yet the same may cure when administered by another medicine person. This explains why patients go from one medic to another especially in cases of chronic illnesses.

Referrals could also be made if a practitioner lacked medicines for the illness presented or knows that he/she cannot manage to cure the disease. At times referral were due to the notion that the patient had low chances of survival. Even conventional facilities refer patients back to their relatives to see alternative cures when they are unable.

Today indigenous medics also refer patients to conventional health facilities if they find that there is need for surgery or laboratory tests to avoid misdiagnosis. They do so also if a patient doubts the efficacy of the medication being administered.

Indigenous healers are gradually allowing their knowledge to be documented; they no longer rely on oral transmission so much and have embraced scientific methods. In this the indigenous medics have made attempts to incorporate western medical equipment and techniques into their traditional healing practices. For example, the use of gloves by traditional birth attendants, masks to avoid infections and use of surgical blades or razors to avoid disease transmission from one patient to another.

Traditional medicine practitioners have put up clinics in urban and semi-urban areas where patients can consult them. This strategy is found to be a good development because apart from making themselves accessible and known, the medics operate in an environment that to some degree meets the ethical standards of secrecy and professionalism. Just like the conventional medics, they carry out the practice legally and they are able to follow up on the patients unlike the street and market vendors. It has also been noted that the practice transcends cultural boundaries i.e. cultural hybridity. This is to say that a patient can use traditional medicine from other cultural backgrounds. Earlier on, the practitioners operated within the confines of their communities. One respondent of this study (Herbalist 5, 2022, July 22nd) attests to this fact that his patients are also drawn from communities outside the Nandi community.

Indigenous healing methods incorporate modern healthcare facilities. This is for example the saunas which serve varied health benefits. Previously known, physical cures were equated to good health but the use of saunas has revolutionaries this and brought in a novel idea of health. Located in the urban setups, the saunas apply the African holistic approach to health. Many people from all works of life visit these facilities and most of them report good results. The saunas measure the blood pressure of their patients regularly as they attend their sessions using modern equipment and

most of the clients report a positive result ranging from relieve from stress and insomnia, improved blood circulation and removal of toxins from the body through sweating. In the spots also, traditional medics are available to give advice or medication if required and at the same time man the ongoings of the clients since it is their knowledge or expertise which has been modernized. The idea in these saunas is to use traditional approaches and at the same time apply modern techniques such as regulating the steam temperatures generated from boiling indigenous herbs and passed to a steam room. There is a lot of socialization that goes on between clients during the steam baths. Compared to the purely modern saunas, these ones are affordable; a fee of not more than five hundred shillings is charged for the services.

The influence of monetary economy and modernity has turned African indigenous medicine into a lucrative economic venture. This has tended to downplay the traditional mode of focusing on restoring health. Others have taken advantage of the rising popularity of indigenous medicine and the desperate situations arising from the emergence of new diseases with unknown cures. Mostly herbal medicines are given more emphasis.

5.4 The Role of Nandi Indigenous Medicine in the Modern Healthcare

The role of African indigenous medicine in modern health care cannot be underscored. Integration efforts must pay attention to the features pertinent to the role of this type of this kind of healthcare. Presently this form of healthcare serves 80% of Africa's population (*African Traditional Medicine Day* 2022) notwithstanding the fact that it is has been the anchor of Africa's healthcare from time immemorial. In Kenya, 70% of people use this form of medical system (WHO, 2023), among them are the Nandi. These statistics is a clear indication that indigenous medicine is a major contributor of health

care. The percentages also pass the message that a medical care should be accessible and cheap, this factor has assisted Nandi traditional medicine to maintain its resilience.

Nandi indigenous medicine is an alternative cure for today's ailments that cannot be cured by conventional medicine. There is an escalation in cases of emerging diseases that western medicine has been unable to address. Patients suffering from such diseases have been known to seek alternative cures to the diseases as demonstrated by respondents.

Scientific researches conducted on Nandi indigenous medicine have given a demonstrated efficacy. Malaria for example has for a long time been a thorny medical issue because of its resistance to many conventional drugs but has been found that Nandi traditional medicine effectively treats this disease. This shows that, Nandi indigenous medicine has rich knowledge that can be tapped to treat other diseases other than malaria.

Nandi cultural beliefs and practices are not simply superstitions. As far as health care is concerned, they have roles to play (refer to the role of taboos and rituals). The knowledge behind the beliefs can be used to treat, maintain and promote good health practices. Relating rituals and taboos to some of the emerging diseases will assist in reducing the stigma associated with the diseases. The same can be used to explain the causes of certain diseases whose causes and cures are unknown to conventional medicines.

In view of the practice of African indigenous medicine, involving the respective religious specialists, elders and opinion leaders who understand the cultural context can assist in bridging the gap between traditional beliefs and modern health practices

Nandi traditional medicine provides for environmental conservation in its culture-religious belief system. Use of certain objects for ritual purposes and taboos associated has assisted in the conservation of the trees, animals and insects. The conservation of these is sustainable because they are based on religious values and therefore can assist in policy implementation for conservation.

The Nandi people believe in a moral religious order and that is why taboos and ritual practices are found in its indigenous medicine package. Therefore, the Nandi brings in utility of cultural beliefs and practices in maintenance and promotion of good health in the modern world. This is in connection with its holistic approach to healing which western medical systems do not seem to possess.

5.5 Conclusion

Historically, indigenous knowledge has significantly influenced modern biomedical advancements and pharmaceuticals, with many widely-used medications originating from medicinal plants integral to indigenous practices. According to WHO (2019), 80% of the developing world population rely on indigenous medicine and globally over 80% of people use traditional knowledge for self- medical care. Countries such as South Africa, Ethiopia and Ghana, alongside others like China and Korea, are increasingly validating traditional remedies for diseases like cancer, HIV, tuberculosis, and COVID-19, gaining recognition from modern medical practitioners. In Kenya particularly up to 70% of the population rely on traditional medicines as their primary healthcare. This type of medical care was also the dominant system that sustained the African communities before the arrival of modern medicine.

The Holistic framework guided the study in looking at the stated objective of exploring the integration of Nandi indigenous medicine with the conventional healthcare. The

study realized equitable dialogue and collaboration thereby indicating validating the multifaceted nature of health and wellbeing. This was evidenced by the participation of the indigenous and biomedical practitioners as respondents of the study. This was an indicator of a multidimensional, inclusive and culturally respectful approach that was found to be essential in the integration endevours.

Despite the resilience of indigenous medicine in Kenya over the years, it is yet to be fully accepted and embraced. It is noteworthy that there is no shortage of policies and legislation governing traditional medicine. The problem is centered on challenges surrounding the adoption, implementation and enforcement of the present policies and should be a matter of concern for all stakeholders of indigenous medicine. Along with this is that there is need to develop and integrate basic principles aimed at recognition, protection and conservation of the ATM system. This can be done with a special focus being directed on their therapeutic validity which corresponds to modern scientific standards. Integrating ATM with conventional health systems serves contribute to the realization of the right to better health delivery. In conclusion, Traditional Medicine enjoys a relatively wide patronage across Africa but its potential to improve the health status of the continent’s population is largely unexplored.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter makes a summary, conclusions and recommendations based on the findings of the study. It brings out a highlight on the main issues of the study pegged on its stated objectives.

6.1 Summary of the Study

This study has six chapters. The research sought to explore the integration of African indigenous knowledge systems and healthcare practices with the modern healthcare systems using the case of the Nandi of Kabiyet sub-county. This was guided by the holistic theory.

Chapter One provided the basic background of the study, statement of the problem, the main objective and the specific ones, research questions, the purpose of the study, scope and limitations of the study, theoretical framework, literature review and lastly the research methodology. This chapter laid the foundational framework for the entire study by clearly articulating the context, rationale, and direction of the research.

Chapter Two carried an outline of the background information of the Nandi people as regarding their geographical location, their traditional worldview with the philosophical understandings of existence and health and illness and the nexus between spirituality and healthcare practices. The chapter also addresses the institution of the *Orgoiyot* together with the social and religious institutions of the community in relation healthcare practices. The chapter ends with information on the status of traditional medicine. This chapter is significant as it provides essential background information on

the Nandi people, offering contextual foundations for understanding their healthcare beliefs and practices.

The third chapter addressed the first objective of the study i.e. the nature and practice of indigenous medicine among the Nandi. The major concern of this section was to carry out an investigation into the role played by the indigenous medicine persons and the forms of indigenous therapies. This chapter is significant as it provides a detailed examination of the nature and practice of indigenous medicine among the Nandi, shedding light on the community's traditional health knowledge, healing methods, and cultural interpretations of illness and wellness. By exploring the types of medicinal plants used, the roles of traditional healers, diagnostic techniques, and ritualistic elements involved in treatment, the chapter offers valuable insights into a holistic healthcare model that has sustained the Nandi for generations. It also helps to contextualize indigenous medicine within the broader social, spiritual, and ecological fabric of the community. Understanding these practices is essential for appreciating the depth and legitimacy of indigenous medical knowledge, informing efforts toward its documentation, preservation, and potential integration with modern healthcare systems. This chapter thus forms a core component of the study by linking tradition with contemporary health discourse while highlighting the relevance of indigenous approaches in current and future health interventions.

Chapter four concerned the second objective of the study which was examining the role of Nandi religion in indigenous healthcare practices. It encompassed Nandi myth of origin of indigenous medicine and its practice, ancestor veneration, health related rituals and religious beliefs and practices with their influence on the practice of the indigenous medicine to the community. This chapter is significant as it explores the role of the

Nandi religion in indigenous healthcare practices**,** highlighting the spiritual foundations that underpin the community's understanding of health, illness, and healing. By examining how religious beliefs, rituals, and spiritual leaders influence health-seeking behavior and therapeutic processes, the chapter reveals the inseparable connection between faith and medicine in the Nandi worldview. It provides insight into how the Nandi people interpret illness not only as a physical condition but also as a spiritual or moral imbalance requiring both medical and religious interventions. This understanding is crucial for any attempt to engage with or integrate indigenous healing systems, as it underscores the cultural logic and spiritual ethics that guide traditional healthcare. Ultimately, this chapter deepens the reader's appreciation of the sacred dimensions of healing among the Nandi and serves as a foundational basis for culturally informed health policies and collaborative models between indigenous and modern healthcare systems.

Chapter five addressed the third objective of the study. This objective was an exploration of the integration of the Nandi indigenous medicine with the conventional healthcare management practices in Kabiyet. It discusses the possibilities of integrating Nandi indigenous medicine with the modern healthcare system to achieve better healthcare delivery. The chapter is significant as it explores the integration of Nandi indigenous medicine with conventional healthcare management practices in Kabiyet**,** offering critical insights into how traditional and modern healing systems can coexist and play a complementary role. By examining points of convergence and divergence between the two systems, the chapter provides a nuanced understanding of the opportunities and challenges involved in creating a collaborative, culturally sensitive healthcare framework. It highlights the value of indigenous knowledge in enhancing accessibility, trust, and holistic care, especially in rural settings where conventional

health services may be limited. Furthermore, the chapter contributes to policy and practice by identifying pathways for dialogue, mutual respect, and structured cooperation between traditional healers and biomedical professionals. This exploration is vital for promoting inclusive, community-centered healthcare strategies that pay attention to cultural heritage while embracing medical advancements.

The last chapter (six) brings out the summary, conclusion and recommendation of the study. The Summary, Conclusion, and Recommendation chapter is a critical component of the study as it synthesizes the key findings, draws overarching insights, and proposes actionable steps based on the research outcomes. The summary provides a concise recap of the major themes and results, reinforcing the coherence and logical progression of the study. The conclusion offers interpretive insights and reflections on the research objectives, highlighting the broader implications of the study's findings. The recommendations translate academic knowledge into practical suggestions for policymakers, healthcare practitioners, cultural stakeholders, and future researchers. This chapter is significant because it not only brings closure to the research process but also bridges theory with practice, ensuring that the study contributes meaningfully to knowledge, policy formulation, and community development.

6.2 Summary of the findings of the study

The overall objective of this study was to explore the integration of African indigenous knowledge systems and healthcare practices with the modern healthcare systems using the case of the Nandi of Kabiyet sub-county with a vision that the integration will realize better healthcare delivery. The specific objectives of the study were: investigating the nature and the practice of the Nandi indigenous medicine, examining the role of Nandi religion in the practice of indigenous medicine and exploring the

possibilities of integrating Nandi indigenous medicine practices with the conventional healthcare systems.

On the nature and practice of Nandi indigenous medicine, the findings reveal that indigenous medicine among the Nandi is a deeply rooted cultural system that encompasses herbal remedies, spiritual rituals and community-based healing practices. The practice is shaped by generations of accumulated knowledge passed down orally through lineage and other culturally outlined methods. Additionally, it reflects a holistic understanding of health that integrates physical, emotional, and spiritual well-being. Traditional healers, who command significant respect within the community, play central roles not only as medical practitioners but also as custodians of cultural identity and spiritual balance.

Further, the study established that religion plays a central and inseparable role in the practice of indigenous medicine among the Nandi. It deeply influences the understanding of health, illness and wellbeing. The Nandi religion and its worldview are intertwined in the practice of indigenous medicine. The Nandi worldview is holistic and spiritual emphasizing the connectedness of the human person with nature, community, ancestors and the divine beings. Central to this worldview is the belief in *Asiis*, the supreme reality alongside ancestral spirits (*oiik*) who are thought to influence daily life, health and wellbeing. Health is not regarded as merely a physiological issue but also as a disruption of moral or spiritual order often believed to result from broken taboos, spiritual neglect, failure to observe certain rituals and with the community and witchcraft. This spiritual framework promotes ethical behavior and social cohesion, seeing these as preventive measures against illness. Today, Nandi people continue to rely on indigenous medicine because it aligns with their cultural philosophies on health

and healing which are holistically grounded. The Nandi worldview therefore, plays a vital role in preserving the relevance and authority of indigenous systems.

On the possibilities of integrating the Nandi indigenous health practices with the mainstream healthcare system, the study learnt that integrating both medical systems is possible. The key indicator of the possibility is in the fact that the Nandi people have continued using indigenous medications alongside the modern ones. This resilience is backed up by the fact that the use of traditional medicine remains widespread in all regions of the world. Added to this is that lately there has been a global interest in the use of indigenous medicine which has even promoted WHO to promote the integration of traditional medicine into national healthcare systems by developing policies and regulations to effect (WHO,2015,2023) the same. However, there are factors that need to be put into consideration when putting up efforts of integration. These include the challenges that face the integration and opportunities i.e. the conditions favoring integration.

The challenges facing the integration of Nandi indigenous medicine into modern healthcare systems are complex. They stem from fundamental differences in worldview, institutional limitations and socio- political dynamics. Despite this, there are several promising opportunities for incorporating Nandi indigenous healthcare practices into mainstream health systems. These practices are deeply embedded in the cultural identity and belief system of the Nandi people; these fosters trust and acceptance within the community. This creates a source foundation for integration hence offering a complementary or an alternative means to the biomedical focus. Additionally, the Nandi hold a rich extensive indigenous knowledge particularly in the use of medicinal plants and other natural therapies. Also noted in the study is the fact

that there is a degree of informal interaction between indigenous practitioners and modern healthcare providers. This is because people use both systems simultaneously. A government policy to support the integration efforts and policy frameworks will be handy. This will provide an enabling environment for integration, calling for documentation to preserve and validate the indigenous knowledge thus ensuring its continuity and relevance.

The Holistic theory that was adopted to guide the study was found appropriate to the study. It supported the holistic model of the nature and practice of the Nandi indigenous medicine whereby healthcare is not only sought to address the physical or biological disruptions. The indigenous healers often consider the emotional, spiritual and communal factors when diagnosing the physical illnesses. Further, Holism was in tandem with the study findings in that it favors the integration strategies that give indigenous and biomedical approaches room to address health from multiple dimensions. These dimensions are inclusive of those that align with holistic health promotion strategies in modern healthcare.

6.3 Conclusion

The study concludes that integrating African indigenous knowledge systems and healthcare practices with modern healthcare among the Nandi of Kabiyet offers a culturally sensitive and holistic approach that can strengthen health outcomes and promote inclusive, community-centered care. Specifically, it concludes that;

The nature and practice of indigenous medicine among the Nandi in Kabiyet, Kenya, reflects a holistic, culturally grounded healing tradition that integrates knowledge on the use of herbs and other natural remedies, spiritual beliefs and community trust.

The Nandi religion plays a significant role in healthcare management practices among the Nandi people of Kabiyet by shaping healing rituals, guiding moral conduct and reinforcing community-based approaches to health and well-being.

The integration of Nandi indigenous medicine with conventional healthcare management practices in Kabiyet highlights the potential for an alternative, complementary and collaborative system that respects cultural traditions while enhancing holistic and accessible healthcare delivery.

The holistic theory and the Nandi religion together underpin healthcare management among the Nandi of Kabiyet by promoting a comprehensive approach that unites physical, spiritual, and communal well-being in healing practices.

This study has made a contribution of knowledge that is cultural, medical, social and policy oriented. This will create a platform for evidence-based integration of re

6.4 Recommendations

Indigenous medicine among the Nandi is a deeply rooted cultural system that encompasses herbal remedies, spiritual rituals, and community-based healing practices. It is therefore recommended that the government, in collaboration with cultural institutions and health management stakeholders, document and preserve the indigenous medical knowledge of the Nandi in Kabiyet while creating structured platforms for dialogue and collaboration between traditional healers and modern healthcare practitioners. This will assist to enhance culturally competent and accessible healthcare services.

Religion plays a central and inseparable role in the practice of indigenous medicine among the Nandi, the study recommended that healthcare policymakers and

practitioners recognize and incorporate the spiritual dimensions of African religion into community health programs in Africa, by engaging religious leaders and traditional spiritual practitioners in health education, disease prevention, and psychosocial support to promote culturally aligned and holistic healthcare management.

Owing to the fact that Nandi indigenous medicine is still widely used in Kabiyet sub-county, it is recommended that the integration of Nandi indigenous medicine with conventional healthcare management be formalized. Formalization will enhance the effectiveness and cultural relevance of healthcare delivery. This will be done through collaborative frameworks, including mutual training programs, policy support and the establishment of referral systems between traditional healers and biomedical practitioners.

In order to promote a comprehensive health care approach for well-being, it is recommended that healthcare programs in Africa adopt the holistic theory. This is done by integrating the spiritual and cultural principles of African religion into healthcare management. This leads to promoting a more inclusive model that addresses physical, emotional, spiritual, and communal dimensions of health in line with indigenous worldviews.

6.5 Suggestions of Areas for further research

It was noted that there are still many gaps of knowledge on the Nandi indigenous medicine, its practice and integration with modern health management systems. This study suggests that more researches be put up on the subject. Presently, much information of the Nandi indigenous medicine is orally transmitted. This poses the risk of losing the knowledge due to modernization and generational shift. There is need to

document the Nandi healing practices, medicinal plants and indigenous knowledge for it to be developed.

Further research is suggested to investigate the role of Nandi religion with regard to health practices particularly in relation to other religions like Christianity and Islam. This would be an inter-religious comparative study needed to provide valuable understanding on how religion serves as a cultural foundation for traditional medicine and at the same time a universal human framework for interpreting health, illness and healing with relevance.

There is need to focus on developing practical models for integrating Nandi (African) indigenous medicine with modern healthcare especially in today's set-up where chronic ailments and emerging health conditions have become a challenge. The study suggests that there is need for research and validation of the Nandi medicinal products and practices. There is also need to research more on other forms of indigenous medicine away from herbal medicine which a lot of emphasis has concentrated on.

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APPENDICES

Appendix I: Data Collection Instruments

INTERVIEW GUIDE FOR THE RESPONDENTS OF STUDY

SECTION A: Demographic information

1. What is your age bracket?

   Below 30 ( ) 31-35 ( ) 36-40 ( ) 41-45 ( ) 46-50 ( ) Over 50 ( )

2. What is your level of education?

   University ( ) College ( ) Secondary ( ) Primary ( )

3. What is your religious affiliation?
4. How long have you practiced indigenous medicine?
5. How did you acquire your knowledge of indigenous medicine?
6. Do you have another occupation beside indigenous medicine practice?

SECTION B

1. What is Nandi indigenous medicine?
2. What is the origin of this medicine in the Nandi community?
3. Please explain how indigenous medicine differs from modern medicine?
4. What does the practice of Nandi indigenous involve?
5. Do all patients you treat necessarily require indigenous medication?
6. What is your popular form of medication?
7. Give some of the diseases you treat using indigenous medicine?
8. How many patients do you treat monthly?
9. What is your understanding of health?
10. What measures do you take if a patient does not respond to the medication you prescribe?

11. To what extent is indigenous medicine effective in handling chronic illnesses in your community?
12. What is your view on modern medicine for managing chronic conditions?
13. Do prayers accompany treatment that you prescribe?
14. Do you at times feel your patients need to seek conventional medication?
15. How do you handle complications that may arise such as may be for the traditional birth attendants?

SECTION C

INTERVIEW GUIDE FOR CONVENTIONAL MEDICINE PRACTITIONERS

1. How long have you served as a health officer in this facility?
2. Are you aware of the use of indigenous medicine by some of your patients?
3. How widely is indigenous medicine used?
4. Do you encourage or discourage the use of this type of medicine by your patients?
5. How do you handle patients who use indigenous and conventional types of medication?
6. Do you give room for religious practices such as prayers as you administer medication?
7. Does traditional medicine pose any challenges to your practice of modern medicine?
8. Do you at times collaborate with indigenous medicine practitioners?
9. What reasons have you noted make patients prefer to use indigenous and conventional medicine?
10. What are the chances that you may refer a patient to use indigenous medicine?
11. In your opinion, is there room for the contribution of indigenous medicine practitioners in conventional health practice?
12. What are the reasons for herbal medicine gaining popularity in the domain of indigenous medicine?
13. How does the local community perceive health awareness campaigns such as immunizations that you disseminate on behalf of the government?

SECTION D: INTERVIEW GUIDE FOR THE FOCUS GROUP DISCUSSIONS

1. Do you have other occupations or you are purely engaged in the medical practice?
2. How long have you lived in this area?
3. What is your assessment of the use of indigenous medicine at the present times?
4. Does spirituality play a role in health management among the residents of this area?
5. What indigenous therapies do you commonly prescribe for your patients?
6. What circumstances may dictate your prescriptions?
7. Is indigenous medicine popular among the people of this community today?
8. What reasons can be attributed to the rise of new diseases?
9. Can Nandi indigenous medicine be used to some of these diseases?
10. What is your opinion on the application of indigenous religious practices such as sacrifices, cleansing ceremonies for therapeutic purposes? Are they applicable in the face of modern-day healthcare?
11. Can indigenous forms of medication be re-invented to be relevant in the present-day medical practice?
12. Is there a point of convergence of indigenous and conventional medicine?

SECTION E: OBSERVATION SCHEDULE

Objectives / Areas of observation	**Observations**
The nature and practice of African indigenous medicine	i. ii. iii.
The role of the Nandi religion in the practice of indigenous medicine	i. ii. iii.
Explore the integration of the Nandi indigenous medicine with modern healthcare practices in Kabiyet, Nandi County	i. ii. iii

Appendix II: NACOSTI License

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No 65282 Date of 1 /Septem 202

RESEARCH LICENSE

This is to Certify that Ms.. Karen Kogo of Moi University, has been licensed to conduct Science, Technology and Innovation Act, 2013 (Rev.2014) in Nandi. Uasin-Gishu on the TRADITIONAL MEDICINE AMONG THE NANDI OF KENYA for the period ending :

License NACOSTI/P/24/399

65282

Applicant Identification

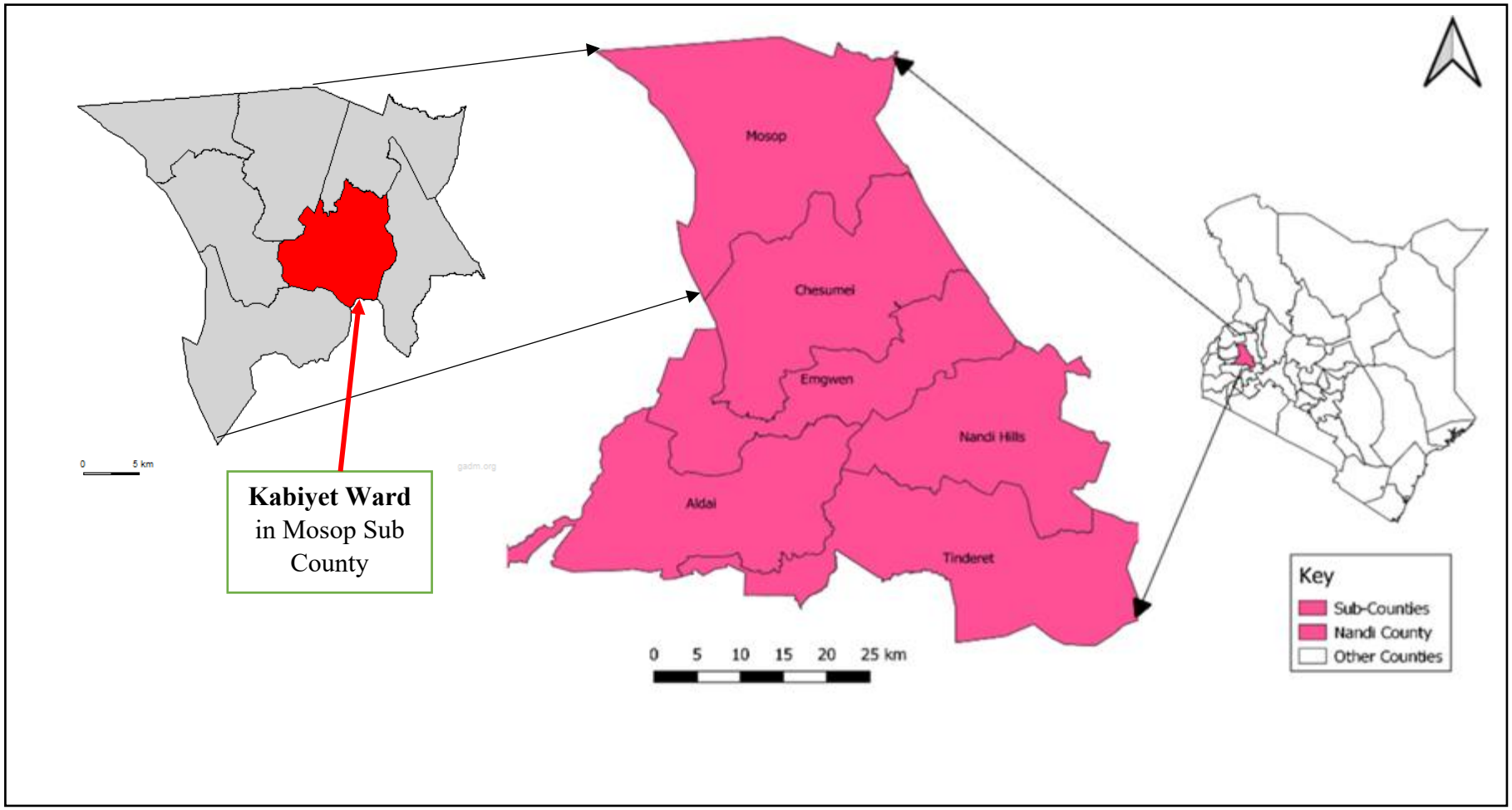
Director NATIONAL COMMISSION FOR SCIENCE TECHNOLOGY & INNOVATION

Verification QR

NOTE: This is a computer generated License. To verify the authe Scan the QR Code using QR scanner

See overleaf for

Appendix III: Map of Nandi County



Appendix IV: Plagiarism Awareness Certificate

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PLAGIARISM AWARENESS CERTIFICATE

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Awareness test for Thesis **entitled: INTEGRATING INDIGENOUS HEALING PRACTICES WITH MODERN HEALTHCARE AMONG THE NANDI OF KABIYET, NANDI COUNTY, KENYA with** similarity index of 4% and striving to maintain academic integrity.

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Awarded by

Prof. Anne Syomwene Kisilu
CERM-ESA Project Leader Date: 09/07/2025