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# TRADITIONAL MEDICINES, NATUROPATHY AND ENERGY HEALING IN CAMEROON: POPULAR PRACTICES, CULTURAL REPRESENTATIONS AND COMPLEMENTARITY WITH CONVENTIONAL MEDICINE IN LOW HEALTHCARE COVERAGE AREAS

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## ABSTRACT

**Background:** Cameroon presents a particularly contrasted dual health profile. On one side, a conventional medicine concentrated in major cities and accessible to less than 30% of the rural population, with only 3% of Cameroonians covered by health insurance. On the other, a set of non-conventional therapeutic practices — traditional medicines, naturopathy, energy healing and spiritual practices — used by more than 70% of populations for their primary healthcare needs. This dual reality fundamentally challenges national health policy and the system's capacity to integrate, in a coordinated and safe manner, the richness of popular care practices. **Objective:** This study aims to analyze popular non-conventional care practices in Cameroon, explore the cultural representations of illness and healing that underlie them, and assess the complementary potential of traditional medicines, naturopathy and energy healing vis-à-vis conventional medicine, with particular attention to areas with low healthcare coverage. **Methods:** We conducted a qualitative documentary review with an anthropological approach, combining data from French and English academic literature on Cameroonian and African traditional medicine, institutional reports (WHO, Ministry of Public Health, World Bank), and documented testimonies and case studies on non-conventional care practices in Cameroon.

**Results:** Results show that non-conventional care practices in Cameroon are organized into three concentric circles: the phytotherapeutic circle (use of plants and natural products), the energetic-ritual circle (spiritual healing practices, purification rites, invocation-based healing), and the emerging naturopathic circle (natural diet, therapeutic fasting, massage and body techniques). These practices rest on an African conception of health fundamentally different from the Western biomedical paradigm: health is not merely the absence of organic disease, but a state of harmony between the individual, their social environment and the surrounding universe. In low healthcare coverage areas, these practices often constitute the only available therapeutic option. **Conclusion:** Complementarity between traditional medicines, naturopathy, energy healing and conventional medicine is not only possible but necessary in Cameroon, particularly in areas with low healthcare coverage. Its realization requires a renewed institutional framework, notably supported by Law No. 2024/018, intercultural training for healthcare professionals, and public funding for research on the effectiveness and safety of non-conventional practices.

**KEYWORDS:** Traditional medicine, naturopathy, energy healing, healthcare coverage, Cameroon, therapeutic complementarity, cultural representations, rural areas, REPPROSAN.

## 1. INTRODUCTION

Healing is a universal act. However, the way this act is conceptualized, organized, and practiced varies deeply from one society to another, and from one culture to another. In Cameroon, a country of 275 ethnic groups and 10 regions with radically different ecosystems, the issue of healthcare is intersected by a plurality of therapeutic systems that coexist, overlap, and sometimes contradict one another, without ever completely substituting for each other. Understanding this therapeutic plurality is not just an academic exercise: it is a political and health necessity.

The initial observation is documented and indisputable. Between 70 and 80% of the African population does not have easy access to conventional medicine (WHO, cited by Barrier, LAFNIM). In Cameroon, geographic disparities in access to care are particularly pronounced: only 46.7% of deliveries are assisted by qualified personnel in rural areas, compared to 86.7% in urban areas (National Strategic Plan SSS, 2016). Only 3% of the population benefits from health insurance coverage (UNHCR/ILO, 2019). In this context of partial medical deserts, traditional medicines, naturopathy, and energy healing are not exotic alternatives: they are full-fledged healthcare systems mobilized daily by millions of Cameroonians.

Cameroonian traditional medicine is a form of non-conventional medicine and a healing art based on medicinal plants, animal-derived products, and ritual practices rooted in local beliefs and cultures (Wikipedia, Cameroonian traditional medicine, 2026). It covers an extremely broad spectrum: from plant-based preparations administered by herbalist-healers to purification rites and spiritual care practices performed within communities, including traditional massages, postnatal care, and treatments for so-called "natural" and "supernatural" illnesses. Added to these traditional practices strictly speaking, over the past few decades, is a naturopathic movement of both endogenous and exogenous inspiration, which tends to formalize and modernize some of these practices into forms accessible to urban and semi-urban populations.

The question of complementarity between these therapeutic systems and conventional medicine is at the heart of current healthcare policy debates in Cameroon. It took on a new political dimension with the promulgation of Law No. 2024/018, which institutionalizes, for the first time, collaboration between traditional practitioners and medical doctors. At the parliamentary level, it is supported by REPPROSAN, which actively contributed to building this legislative framework (SciDev.Net, 2025). But beyond legal texts, effective complementarity raises complex questions: what cultural representations govern the recourse to different medicines? Under what conditions is therapeutic complementarity possible and beneficial? What are the obstacles to overcome?

The present study proposes to provide answers to these questions through a rigorous documentary analysis rooted in Cameroonian reality. It relies on available data regarding non-conventional care practices, cultural representations of illness and healing, the status of healthcare coverage, and documented experiences of therapeutic complementarity in Cameroon and comparable African countries.

## 2. MATERIAL AND METHODS

### 2.1. Type and design of the study

The present study is a qualitative documentary review with an anthropological and public health approach. It uses an interpretative approach aimed at capturing the complexity of non-conventional therapeutic practices within their social and cultural context, rather than a quantitative approach measuring clinical efficacy. This methodological choice is justified by the very nature of the subject under study: cultural representations of health and illness cannot be reduced to statistical indicators without losing an essential part of their meaning.

### 2.2. Documentary sources consulted

Four types of sources were mobilized. First, French and English academic publications from the PubMed, Google Scholar, AJOL, DICAMES, and Cairn.info databases, focusing on Cameroonian and African traditional medicine, African naturopathy, energy healing, ethnomedicine, and the anthropology of health in sub-Saharan Africa. The main search terms included:

"traditional medicine Cameroon", "naturopathy Africa", "energy healing Africa", "cultural representations illness Cameroon", "complementarity traditional conventional medicine Africa".

Second, institutional reports: documents from the WHO (traditional medicine strategy, traditional medicine Q&A), the Ministry of Public Health of Cameroon (Health Sector Strategic Plan), the World Bank (reports on access to care in Cameroon), the ILO and UNHCR (health insurance coverage). Third, verified journalistic sources and institutional websites of organizations active in African naturopathy. Fourth, testimonies and case studies documented by medical anthropology researchers working specifically on Cameroon.

### 2.3. Inclusion and exclusion criteria

Included were: documents relating to non-conventional therapeutic practices in Cameroon or comparable sub-Saharan African countries; studies relating to cultural representations of illness in Central Africa; health policy analyses on the integration of traditional medicine; and research focusing on healthcare coverage and access to care in rural areas in Cameroon. Excluded were: documents focusing exclusively on non-African contexts, sources of questionable methodological quality, and publications prior to 1990, except in cases of particular historical or conceptual interest.

### 2.4. Data analysis

The analysis followed a three-step process. First, an inventory and classification of non-conventional therapeutic practices identified in the literature. Second, a thematic analysis of cultural representations of health and illness, centered on their relationship to biomedicine. Third, an analysis of the conditions and obstacles to therapeutic complementarity, based on documented experiences in Cameroon and other African countries.

## 3. RESULTS

### 3.1. Popular practices of non-conventional care in Cameroon

Our documentary review allows us to identify three concentric circles of non-conventional therapeutic practices in Cameroon, organized according to their degree of formalization and their relationship to the spiritual dimension of care.

The first circle is the phytotherapeutic circle. It encompasses all care practices using plant, animal, and mineral resources from the natural environment. This is the most widespread and best-documented circle. The Gbaya community, on the border between Cameroon and the Central African Republic, alone uses more than 700 different plants for therapeutic purposes (Barrier, LAFNIM). Medicinal preparations take various forms: decoctions, macerations, infusions, trituration for local application, fumigations, and steam baths. The plant parts used include leaves, bark, roots, seeds, and fruits (AJOL/IJBCS, 2011). In the Far North, preparations combining plant parts and animal parts are commonly used in the treatment of psychological and mental disorders (IOM/MHPSS, 2026).

The second circle is the energetic-ritual circle. It groups care practices that mobilize the spiritual and energetic dimension of the person as a vehicle for healing. These practices include purification rites, care through the invocation of ancestors, divinatory practices to identify the spiritual cause of an illness, and healing techniques using breath, song, percussion, or dance. In several Cameroonian communities, illness is not perceived as a simple organic dysfunction, but as a sign of an imbalance in relations between the individual, their community, and the spirit world. As Ibrahim Sow expresses it in anthropological literature.

*"The organic cause itself is neither ignored nor unrecognized by African tradition, but the organic cause is always conceived as a secondary, occasional cause, the result of something else that is hidden, and it is this that needs to be brought to light; this fundamental cause is always of a conflictual nature."* (Ibrahim Sow, cited by Cairn.info, 2016).

The third circle, which is more recent, is the naturopathic circle. It groups well-being and prevention practices inspired by both African traditions and contemporary naturopathic trends: live and natural food, therapeutic fasting, traditional massages, hygienism, chromotherapy, and various stress and vital energy management techniques. This circle is particularly active in urban and semi-urban environments, and tends to reach younger and more educated populations seeking an alternative to the side effects of chemical drugs. Practitioners like Pierre Abé Noah, a Cameroonian naturopath, emphasize the natural complementarity between herbalism and conventional medicine.

*"We believe there is complementarity between the two medicines. Herbalism serves to limit toxins induced by chemical drugs, and medicines facilitate the fast recovery of the patient."* (Pierre Abé Noah, Camer.be, 2024).

**Table I below presents a synthetic classification of the main non-conventional therapeutic practices identified in Cameroon.**

| Therapeutic circle | Main practices | Practitioner profile | Prevalence zones | Relationship to spirituality |
|---|---|---|---|---|
| **Phytotherapeutic** | Decoctions, macerations, infusions, local applications, fumigations | Herbalist, healer, traditional birth attendant, traditional midwife | All regions, rural predominance | Variable: from low to high depending on local tradition |
| **Energetic-ritual** | Purification rites, care by invocation, divination, therapeutic dances, laying on of hands | Nganga (diviner-healer), traditional priest, pastor-healer | Rural environment, communities with strong cultural cohesion | Central and decisive |
| **Naturopathic** | Natural diet, therapeutic fasting, massages, hygienism, stress management | Naturopath, natural dietitian, wellness coach | Urban and semi-urban environments, educated populations | Low to moderate |

Source: Developed by the authors from the documentary review, 2025.

### 3.2. Cultural representations of illness and healing in Cameroon

Understanding why Cameroonians resort massively to non-conventional therapeutic practices requires analyzing the cultural representations that govern their perception of illness and healing. These representations, far from being irrational, obey a coherent logic deeply rooted in multi-secular cosmologies.

The African conception of health, as manifested in Cameroonian communities, is fundamentally holistic. The African acceptance of health is that of a human being in harmony with themselves, their natural, social, and spiritual environment, and more broadly with the universe (Cairn.info, STM, 2016). This conception differs radically from the Western biomedical paradigm, which defines health as the absence of measurable disease and treats the human body as a mechanical system that can be repaired independently of its social and spiritual context.

From this holistic conception flow several important practical implications. First, the cause of an illness is never perceived solely as an organic cause: it is always sought also in the relational, social, and spiritual dimensions of the patient's life. An unexplained chronic illness can thus be interpreted as a sign of an unresolved family conflict, a transgression of an ancestral taboo, or a malicious action by a third party. This interpretation does not exclude the recognition of an organic cause, but completes it.

Second, healing is conceived as a process of restoring harmony, and not simply eliminating a pathogen. This implies that effective treatment must act simultaneously on the physical, social, and spiritual dimensions of the imbalance. This is why Cameroonian traditional healers frequently combine plant remedies, social reconciliation rites, and spiritual practices in their therapeutic protocols.

Third, the dualistic nature of traditional African medicine, between body and mind, matter and spirit, and their mutual interactions, is also considered a form of relationship to the world (Wikipedia, African traditional medicine, 2024). This duality is not viewed as an internal contradiction but as the recognition of a complex reality that conventional medicine tends to ignore.

Studies specific to the Cameroonian context confirm the prevalence of these representations. In the field of mental health, Cameroonian researchers have shown that the perception of the trance phenomenon in schools, and the policies developed for victims, reveal the complexity of clinical practice in a universe where biomedical, traditional, and religious explanatory models overlap or clash (IOM/MHPSS, 2026). The perception of cancer in Cameroonian society also illustrates this reality: in many communities, cancer is perceived as a mystical illness assimilated to witchcraft, which often delays conventional medical consultation (CDBPH, 2020).

### 3.3. Naturopathy and energy healing in the Cameroonian context

Naturopathy, as a system of care based on natural resources and lifestyle habits, maintains a relationship of kinship with traditional African medicine that Cameroonian practitioners themselves readily recognize. Pierre Abé Noah, a leading figure in Cameroonian naturopathy, defines the naturopath as a caregiver who treats with all the means that nature offers to any therapist, being at the same time an herbalist, dietitian, and chiropractor (Camer.be, 2024). This definition establishes a direct continuity between naturopathy and traditional African practices.

The School of African Naturopathy (HENAE) specifies, for its part, that traditional African medicine goes far beyond health problems alone: it participates in local culture and traditions, collective knowledge and skills, popular feelings and certainties. It concerns traditional models of health and illness, but also the conception of life and death, and the interpretation of physical and metaphysical reality (HENAE, 2024). This integral vision of health constitutes the epistemological foundation of African naturopathy.

Energy healing, meanwhile, fits into the long Cameroonian tradition of care through invocation, breath, touch, and manipulation of vital energies. Practices such as the laying on of hands, care through body heat, blessing rites, and healing through prayer, practiced within the framework of many Cameroonian religious and cultural traditions, can be read as endogenous forms of what Western therapies call Reiki, magnetism, or pranic healing. Their effectiveness, attested to by millions of practitioners, remains insufficiently studied scientifically, which does not mean it is non-existent.

### 3.4. State of healthcare coverage in areas with low medical density

The Cameroonian health profile is characterized by deep geographical inequalities. Available data allow us to paint a precise picture of the situation.

**Table II. Indicators of healthcare coverage in Cameroon according to place of residence.**

| Indicator | Urban zone | Rural zone | Source |
|---|---|---|---|
| Deliveries assisted by qualified personnel | 86.7% | 46.7% | Strategic Plan SSS, 2016 |
| Access to a public doctor (wealthiest quintile) | ~43% | ~3% | World Bank, 2013 |
| Health insurance coverage | Civil servants + structured private sector only | Virtually non-existent | ILO/UNHCR, 2019 |
| Recourse to traditional medicine for primary care | Moderate | Very high (70-80%) | MINSANTE / WHO |
| Share of imported drugs in national consumption | Majority | > 95% | Lurgentiste, 2020 |

Source: Developed by the authors from institutional data, 2025.

These figures reveal a reality that health policies can no longer ignore: in rural Cameroonian areas, traditional medicines, naturopathy, and energy healing are not one choice among others — they are often the only choice available. This situation is even more marked in the northern regions, the East, and certain areas of the North-West and South-West, affected by conflicts and security issues that disrupt the supply of conventional care (Strategic Plan SSS, 2016).

### 3.5. Documented experiences of therapeutic complementarity

Experiences of complementarity between conventional medicine and non-conventional practices have been documented in Cameroon and other comparable African countries. These experiences, although still marginal compared to the scale of needs, provide valuable indications on the conditions for successful integration.

In mental health, the combined approach proves particularly promising. In the Far North of Cameroon, studies have documented therapeutic practices combining plant-based remedies, spiritual rituals, and pharmaceutical drugs in the treatment of mental disorders (IOM/MHPSS, 2026). While these practices do not yet meet the criteria of evidence-based medicine, they bear witness to an adaptive intelligence of communities facing complex disorders that conventional psychiatry struggles to manage in resource-constrained contexts.

In palliative care, several African works emphasize that the need for spiritual accompaniment is great, particularly at the end of life (African traditional medicines, sesoignerautrement.net, 2026). Pilot integration projects — hospitals collaborating with traditional practitioners for palliative and accompaniment care — have shown encouraging results. In Ghana, Uganda, and Nigeria, formal collaboration models between traditional practitioners and health personnel have been developed and have demonstrated their feasibility, with measurable benefits on patient satisfaction and respect for their cultural beliefs (SciDev.Net, 2023).

## 4. DISCUSSION

### 4.1. The African holistic conception of health: foundation of a natural complementarity

The first lesson of this study is epistemological. Complementarity between traditional medicines, naturopathy, energy healing, and conventional medicine is not a pragmatic concession made in the absence of an alternative — it is, upon reflection, a logical requirement stemming from the African conception of health itself. If health is a state of harmony between the physical, social, and spiritual dimensions of the human being, then no therapeutic system acting solely on the organic dimension can claim to treat illness in its entirety.

This perspective is not unique to Africa. The WHO itself recognizes that therapies such as acupuncture, herbal medicine, and yoga are increasingly used to complement biomedical interventions to relieve pain, reduce side effects, and improve the quality of life of people with chronic diseases (WHO, traditional medicine Q&A, 2025). What the African context adds to this recognition is a cultural and community dimension that makes healing a social act as much as a medical one.

### 4.2. Naturopathy and energy healing: between African heritage and exogenous contributions

Naturopathy, as practiced in Cameroon, is a hybrid

object. It inherits from traditional African practices the recourse to plants, food, and bodily techniques to maintain vitality and prevent illness. However, it also integrates conceptual and technical contributions from other therapeutic traditions — European naturopathy, Indian Ayurveda, traditional Chinese medicine — filtered and reinterpreted by African practitioners who seek to adapt them to their cultural context.

This hybridization is not new in Africa. It reflects the capacity of African cultures to integrate external contributions without denying their own heritage. It nevertheless creates specific challenges for regulation and training: how to distinguish naturopathic practices based on evidence of efficacy from those that are not? How to train practitioners competent enough to intervene in a complementary and non-competing manner with conventional medicine? These are questions that Law No. 2024/018 does not yet solve directly, but to which the institutional framework it creates will progressively allow answers to be provided.

### 4.3. Low healthcare coverage areas: a privileged ground for complementarity

Rural Cameroonian areas, where conventional health coverage is structurally insufficient, paradoxically constitute the most favorable terrain for a successful experimentation of therapeutic complementarity. For several reasons. First, it is there that non-conventional practices are most deeply rooted and best organized, carried by networks of healers, traditional birth attendants, and herbalists who possess considerable social and cultural legitimacy. Second, it is there that the need for complementarity is most crying, conventional medicine alone being unable to ensure a satisfactory coverage of primary care needs. Third, it is there that the costs of non-coordination are highest, in terms of diagnostic delays, late recourse to emergency medicine, and interactions between undeclared treatments.

The World Bank has moreover recognized the necessity of a combined approach in its health development projects in Cameroon. A pilot project covering four regions and 3 million inhabitants, with 400 health centers under results-based financing, intends to demonstrate the well-founded nature of a better distribution of national health personnel, associated with incentives for rural assignments (World Bank, 2013). The integration of traditional practitioners and naturopaths into this type of system would constitute an additional lever for extending healthcare coverage.

### 4.4. Obstacles to formal complementarity

Despite this potential, several structural obstacles slow down the implementation of a formal therapeutic complementarity in Cameroon. The first is cultural and institutional: relations between Cameroonian herbalists and the national order of physicians are virtually non-existent, due to a contempt that the latter display toward the former (Camer.be, 2024). This divide between two worlds of care that ignore, or even fight each other, is perhaps the main obstacle to overcome.

The second obstacle is epistemological: conventional medicine requires evidence of efficacy according to standards — randomized controlled trials, meta-analyses — which are often inapplicable or poorly suited to the evaluation of complex, contextualized, and multi-component therapeutic practices. This requirement for proof, legitimate in its principle, becomes problematic when it leads to an automatic rejection of practices whose popular efficacy has been attested to by centuries of practice and millions of beneficiaries.

The third obstacle is economic. The training of traditional practitioners, the standardization of medicinal preparations, the implementation of referral systems between traditional and conventional medicine, the funding of evaluation research — all this has a cost that neither the Cameroonian State nor traditional practitioners themselves can assume alone, in the absence of dedicated funding clearly identified in the national health budget.

### 4.5. Integration models: lessons from other African countries

Several African countries have developed integration models of traditional medicine into their health system that can inspire Cameroon. Ghana has integrated traditional medicine into the training curriculum of health personnel and developed hospital traditional medicine units. Nigeria has created a National Council for Traditional and Complementary Medicine responsible for approving practices and practitioners. Uganda has set up formal collaboration mechanisms between traditional practitioners and midwives for maternal and neonatal care in rural areas (SciDev.Net, 2023).

These experiences converge on several common success conditions: a strong political will at the highest level, a clear legal framework — which Cameroon has just given itself with Law No. 2024/018 —, intercultural training for conventional health professionals, financial recognition for traditional practitioners participating in the care system, and specific evaluation research adapted to the nature of the practices studied.

REPPROSAN, through its institutional position in the National Assembly and the expertise of its members, is well placed to drive a similar approach in Cameroon, building on the work of the IMPM, the resources of the National Herbarium, and the networks of traditional practitioners and naturopaths organized across the country.

### 4.6. Limitations of the study

The main limitation of this study is the absence of primary quantitative data on the prevalence and utilization profiles of the different non-conventional

practices in Cameroon. Most available figures are global estimations, rarely disaggregated by region, ethnic group, or type of pathology. In addition, the specifically Cameroonian academic literature on naturopathy and energy healing remains underdeveloped, which led to the mobilization of data from other African contexts, whose direct transposability to Cameroon cannot be presumed. Systematic field surveys covering all regions and therapeutic systems would be indispensable to deepen and nuance the analyses presented here.

## 5. CONCLUSION

This study has highlighted the richness, complexity, and urgency of the question of therapeutic complementarity in Cameroon. Traditional medicines, naturopathy, and energy healing are not vestiges of a past to be overcome: they are living care systems rooted in coherent cultural conceptions of health and illness, mobilized daily by millions of Cameroonians, and which constitute — in low healthcare coverage areas — often the only available therapeutic safety net.

Complementarity between these practices and conventional medicine is not only possible, it is necessary. Its realization depends on several conditions that this study has allowed to identify succinctly: overcoming epistemological tensions between the biomedical paradigm and the African holistic conception of health; exploiting the institutional framework opened by Law No. 2024/018; intercultural training for health professionals; public funding for adapted evaluation research; and formal recognition of the role of traditional practitioners, naturopaths, and energy healing practitioners in the national care system.

We recommend that Cameroon develop, as soon as possible, a National Plan for the Integration of Traditional and Complementary Medicines, with clear operational objectives, monitoring indicators, and dedicated funding. This plan, driven jointly by the Ministry of Public Health, the IMPM, REPPROSAN, and traditional practitioners' organizations, would constitute the concrete expression of a health policy truly anchored in the cultural and sanitary realities of the country.

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## CONFLICTS OF INTEREST

The authors declare that they have no conflict of interest in connection with the publication of this article.

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