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Traditional Medicine through the Filter of Modernity:

A brief historical analysis

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Abstract

Traditional medicines still prevail in current Malagasy context. A careful historical analysis shows however that Malagasy traditional medicine has been screened through many filters before being accepted in a global context. Traditional medicine in its authentic form has been more or less rejected with the advent of modern medicine – although not without reaction. This paper will retrace the historical encountering of the modern and traditional to determine the extent to which traditional medicine is acknowledged and used in the current prevailing modern, rational and scientific global context.

Keywords: *Traditional medicine; biomedicine; cohabitation; adaptation; globalization*

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R. Rabarihoela Razafimandimby

I. Introduction

In this era of globalization, the most prevailing medicinal cure is undoubtedly the biomedical approach. Viewing “disease as a biological problem involving abnormality in the body’s structure, chemistry, or functions,¹” biomedicine is known to be reasonable and scientifically proven. According to Baronov (2008), “scientific reason was presented as the sole guardian of truth (within the physical world) and one of the primary sources of evidence for this were the benefits of biomedicine.²” The development of this type of medicine is known to be part of a broad social and historical change in Western European civilization, following the era of Enlightenment. Hewa and Hetherington (1995) note that, “such changes have been interpreted by Max Weber as a process of “rationalization”, in which the central theme is the persistent emphasis on calculable and predictable concrete evidence as opposed to metaphysical and mystical speculations.³” Characterized by the triumph of science and reason over belief or superstition, this process has enabled sustained research in such disciplines as anatomy or physiology, which managed to explain the rational functions and work of the body. This “reasonable” medicine then spread globally when its perpetrators travelled and met different other societies and civilizations. For Baronov (2008), “by the late 19th century, biomedicine had begun its reign as the predominant form of healing in the core region of the capitalist world-system. Indeed, alongside the Bible and the gunship, it was the syringe that greatly hastened Europe’s global ascendancy.”⁴ Diplomatic, economic, religious or colonial ties particularly permitted its vulgarization: the penetration of foreign presence in a specific country most of the time brought foreign medicine, not only for the protection and benefits of the newcomers themselves but also for the autochthones.

Madagascar, the Indian Ocean’s “big island” was colonized by France from 1896 until 1960 but had previously seen British presence early in the nineteenth century and other foreigners long before. Accordingly, the introduction of Western and therefore scientific medicine that came along these early encounters gradually modified the broad healthcare environment, practices and perceptions in Madagascar. Before the diffusion of Western civilization to this land, natural and cosmological medication was the sole form of remedy and interpretation used in the country, helped by a wide range of available endemic plants and natural resources to this end. Since the

¹ <http://www.serkadis.com/health/22989>

² Baronov D. (2008), *The African Transformation of Western Medicine and the Dynamics of the Global Cultural Exchange*, Temple University Press.

³ Hewa S. & Hetherington (1995), *Specialists without spirit: Limitations of the mechanistic biomedical model*, in *Theoretical Medicine*, June 1995, Volume 16, Issue 2, pp 129-139.

⁴ Op.,cit.

instauration of the first modern medical school in 1880, Madagascar seemed to have increasingly adopted Western medicine, and at the same time reduced the place and importance of traditional medicine and its philosophies.

Our present study will focus on the encounter through the consideration of secondary sources which relate to the history and evolution of medicine in Madagascar. We will observe the moment of this meeting, with all the consequences it brought from a Global historical point of view which, according to Osterhammel and Petersson (2005) “is the history of contacts and interactions between (...) civilizations.”⁵ Our study will seek to demonstrate that western medicine has been progressively introduced in Madagascar through two elements, political and religious, and had impacted the perception of traditional medicine. The study will focus primarily on the central highlands of Madagascar, where Christianity was established via monarchy, and its capital Antananarivo, which symbolized the central governance for the following colonization period up to today’s government.

II. The Cultural Perception of Health and the Practice of Traditional Medication in Madagascar

For Malagasy, *health* – or more precisely, *ill health* – involves not only physiologic but also spiritual and cosmological factors. According to Campbell (1992), for Malagasy, illness is caused by an exterior factor: a superior divine power, another person aiming to harm the victim, or destiny itself in the form of a punishment for something bad the subject has done. Citing Ellis, he states that “all diseases are supposed to be inflicted by an evil spirit, either in consequence of an evil destiny, the incantations of some enemy, or the neglect of some rite or ceremony.”⁶ Therefore, the Malagasy perception of illness is clearly different from that of Western practitioners where, “biomedicine is (...) focused on the body of the individual sick person because of Western society’s powerful orientation to individual experience”⁷ (Kleinman, 1997).

Gabriel Lefevre (2013) explains how illness, “arete” in Malagasy, applies to any harm which is not necessarily or solely corporal, which involves the patient and his relatives⁸ extending to familial, social or job problems. Rakotomalala (2012) enumerates eleven types of illness, among which only one type is of natural origin, related to lack of hygiene, corporal accidents or organic deficiency related to bad nutrition. Other illnesses were related to heredity predisposition, loss of a vital part of a body, witchcraft, bad astrological signs, taboo transgressions, ancestral blame, malediction, spiritual possession, soiling, and God’s will.⁹ He also distinguishes two types of illnesses: that involving the body and that involving the non-body. Consequently, the existence of a “Malagasy illness” can only be treated by a Malagasy therapy when the spirit leaves or is not congruent with the

⁵ Osterhammel & Petersson (2005), *Globalization: A short history*, Princeton University Press.

⁶ Campbell (1992), *Crisis of faith and colonial conquest. The impact of famine and disease in late nineteenth century*, in *Cahier d’ études africaines*, Volume 32, num. 27, pp 409-453

⁷ Kleinman (1997), *What is specific to western medicine?* In, *Companion Encyclopedia of the History of Medicine* (Bynum & Poter ed.by), Taylor & Francis - 778 pages

⁸ Thus, when a child is ill, her mother may need also some treatment. In Lefevre G. (2013), *Médecine traditionnelle à Madagascar: Les mots-plantes*, L’Harmattan.

⁹ Rakotomalala M. (2012), *Transformations du politique et pluralité thérapeutique*, in *Journal des anthropologues* [En ligne], 88-89 | 2002, mis en ligne le 18 janvier 2012, consulté le 21 juillet 2014. URL : <http://jda.revues.org/2803>

body because of a transgression of a taboo, sorcery or a strong illness. In this regard, the healer should then renegotiate with the “non-body”. Thus, according to Campbell (1992), the term *fanafody* (drug) is not conceived as a correction for physical disorder but rather a remedy “which will put away the power of charms or enchantments” (*fanafak’ody*).¹⁰

Rakotomalala (2005) makes a further distinction between “ody” (a malefic charm) and “fanafody” (to put away malefic charm/ to purify, to exorcize) which has been extrapolated to remedies in modern use.¹¹ The principal objective is then “to identify where the power in a specific cultural power resided and how it was manipulated.”¹² These supernatural deeds can however be neutralized in advance (by preventive medicine *fanefitra* ou *fanidy*) or after (by curative medicine) and are generally associated with talismans or charms (*ody* and *sampy*). Countermeasures to any one of the type of illness used medicinal plants which are delivered by *mpanao ody* (drug maker) and are most of the time successful. According to Ellis (1992), such remedies, “were able sometimes to arrest the progress of the fever, when the symptoms of inflammation are violent and decisive.”¹³

Generally, traditional medicine can deal with any sort of problem. Rabodo Andriantsiferana (1979)¹⁴ finds that traditional medicine in Madagascar consequently tackles, “the integrity and the conservation of the individual first and the conservation of the species after” (the genital). Malaria medicines are probably the most numbered (more than 150) while those who requiring more diagnostic intervention such as related to heart diseases and like pathologies, are limited. Without the intervention of biomedical techniques, illnesses are analyzed through the observation of symptoms. Thus in the case of malaria, for example, “Bemangovitra” (“shaking intensely”) was thought to be a new form of illness in Rasoanaivo’s research (2005).¹⁵

This form of medicine became institutionalized and the regulation of medicinal plants appeared under King Andrianampoinimerina’s reign (1800), which set rules for the commercialization and use of medicinal plants (Rabodo Andriantsiferana, 1999).¹⁶ Such regulation was further asserted by the “305 articles” decorating the Civil Code (1881), regarding the selling of drugs and remedies.

¹⁰ Campbell (1992), Crisis of faith and colonial conquest. The impact of famine and disease in late nineteenth century, in Cahier d’ études africaines, Volume 32, num. 27, pp 409-453

¹¹ RAKOTOMALALA, M. (2005), A la redécouverte de quelques éléments de la sorcellerie en Imerina (Madagascar), in TALOHA, numéro 14-15, 28 septembre 2005, <http://www.taloha.info/document.php?id=161>.

¹² Campbell (1992), Crisis of faith and colonial conquest. The impact of famine and disease in late nineteenth century, in Cahier d’ études africaines, Volume 32, num. 27, pp 409-453

¹³ Campbell (1992), Crisis of faith and colonial conquest. The impact of famine and disease in late nineteenth century, in Cahier d’ études africaines, Volume 32, num. 27, pp 409-453

¹⁴ Rabodo Andriantsiferana (1979), Pharmacopée et médecine traditionnelle à Madagascar, in <http://greenstone.refer.bf/collect/revuepha/index/assoc/HASH0185/d26a26ae.dir/04-189-195.pdf>

¹⁵ Rasoanaivo (2005), Diversité culturelle et médecine traditionnelle a Madagascar : Impasses et opportunités in Colloque Pratiques soignantes, éthiques et sociétés : impasses, alternatives et aspects culturels, Université Lyon 3.

¹⁶ Rabodo Andriantsiferana (1999), Conférence internationale sur les plantes médicinales et la médecine traditionnelle en Afrique, Nairobi, Kenya, 22 - 26 Novembre 1999, in <http://glinusplant.blogspot.com/2013/12/conferenceinternationale-sur-les.html>

III. The introduction of Western medicine through Christianity

The first official confrontation of Malagasy medicine with a foreign medical practices occurred when the British missionaries introduced Christianity to the island. According to Aubry and Rakotobe (2000)¹⁷, Western medicine was welcomed in Madagascar, at least within the royal circles, along with the adoption of Christianity. The marking point appeared undoubtedly in 1869, during Ranaivalona II's reign, after the proclamation of the adoption of Christianity as the State religion in 1868, when the medicinal royal idol Ramahavaly was destroyed (Richard B.N. 2005).¹⁸ The idol had long been a symbol of a protection, a "*fanefitry*" (prevention) from illnesses. European medicine was then allowed, by decree, to be progressively implemented in the country and consequently became a legal requirement, which needed to be applied as a consequence of religion.

Christian missionaries took the initiative of training medical personnel and establishing medical facilities almost immediately. Within twenty years, three schools of medicine and five hospitals were created. In 1894, when France launched its colonial expedition, forty doctors graduated from the school and forty-three students were still following the training.

With regard to the public's perceptions of the "new form" of medical treatment, the then school of medicine advocated a westernized explanation of illness through reason and logic, independent from any form or relation to existing cosmological powers and philosophies: illness and healthcare became related to a Western institution as well as a public matter, as the sick had to turn to a specific public institution called the "hospital."

The superficial acceptance of Western medicine following political regulation

The new system seemed to gain momentum among the general population, urging some authors to attest that such progress "represented a loss of popular faith in the Malagasy traditional cosmic order to guarantee health, wealth and security."¹⁹ According to Campbell (1992), "in 1834, the translation into Malagasy of the Bible was completed and it was printed, with the result that many people rejected their talismans and rushed to possess their most sacred *taratasy*" (literally "paper", which was the Bible).²⁰

Even those who were not converted adopted foreign medicine. Campbell further states that even the "*mpanao fanafody* adopted western medicine in their own treatment [...] it represented more the ability of traditional medicine practice to absorb new elements than a capitulation to Western medicine."²¹ Indeed, people utilized the two methods simultaneously and "when a cure was procured it was, even if caused by Western medicine, generally attributed to the traditional healer." Similarly, Rakotomalala attests that Malagasy did not reject

¹⁷ Aubry & Rakotobe (2000), La Formation Médicale à Madagascar de 1870 à nos jours, in Médecine tropicale, pp 345-347.

¹⁸ Richard B.N. (2005), Hôpital et système de soins de santé à Madagascar, L'Harmattan.

¹⁹ Campbell (1992), Crisis of faith and colonial conquest. The impact of famine and disease in late nineteenth century, in Cahier d' études africaines, Volume 32, num. 27, pp 409-453

²⁰ Campbell (1992), Crisis of faith and colonial conquest. The impact of famine and disease in late nineteenth century, in Cahier d' études africaines, Volume 32, num. 27, pp409-453

²¹ idem

new medicine especially related to treat “natural” illnesses, such as sexual infections.²² He refers to a “cohabitation” of traditional medicine with “*vazaha*” (“*foreigner*”) medicine while being the master of the popular etiological conception.

Deep doubts and hesitations triggered by Western medicine

However, even if Western medication was accepted, popular frequentation of hospitals was somewhat confusing: fluctuation to hospital varied from 5000 per annum in 1865 to 17000 in 1871 and declined again to 4000 in 1875. The following year, attendance had doubled peaking at 14000 in 1879 and in 1883, decreased to 3000 (Campbell, 1992).²³ Furthermore, a form of revolt appeared in 1863, as a counter to the Christianization of the kingdom: the *Ramanenjana* movement – a sort of choreomania, a sudden propensity to dance unexpectedly which reach people in group – spread to “legitimize protest (...) against the praying and the foreigners.” Those touched by the choreomania, “claimed to be possessed by royal Ancestors” – this, a form of revolt against a new religion and its science (Campbell, 1992).²⁴

In the same way, the late 1870s saw the spread of epidemics and famine which drove, in Campbell’s logic (1992), population away from the European medicine. Natural disasters were considered as signs of ancestral anger against the adoption of new techniques and although western medicines were solicited in some places, they were shown to be inefficient. 1876-1877 witnessed the Royal Smallpox Vaccination Program, for example, and provoked another rise of *Ramanenjana*, when declared a compulsory health measure. People simply avoided it, believing it to be a way to spread more infection. Moreover, European missionaries were highly suspected as being witches owing to the practice of dissecting corpses. They were even, in many cases, subject to the *tangena*, the poison ordeal initially designed to detect witches. The European, however, insisted on the fact that the denial to be vaccinated was the principal cause of the epidemic.²⁵

Although Western medicine seemed to be accepted, doubt and hesitation remained: the “non-body”, the spiritual, was not dealt with and reaction appeared precisely in this regard. People accepted western medicine, albeit superficially because of political guidance and traditional medicine was seemingly politically neutralized.

IV. The Pursuit of the Institutionalization of Western Medicine during Colonization

During colonization, Western medicine continued to expand in the name of science, reason and education. After the French declared Madagascar a colony in 1896, British schools were closed. General Gallieni, then the French highest representative of State, successively opened the “School of medicine of Antananarivo” and in 1898 the “Institut vaccinogene antirabique” which became the Institut Pasteur, in 1927. In 1928, the medical schools were

²² Rakotomalala (2002), Transformations du politique et pluralité thérapeutique, in Journal des anthropologues [En ligne], 88-89 | 2002, mis en ligne le 18 janvier 2012, consulté le 21 juillet 2014. URL : <http://jda.revues.org/2803>

²³ Campbell (1992), Crisis of faith and colonial conquest. The impact of famine and disease in late nineteenth century, in Cahier d’ études africaines, Volume 32, num. 27, pp409-453

²⁴ Op.,cit

²⁵ Op.,cit

opened to girls and the growing prevalence of schools and universities edified the success of “enlightened knowledge”. However, a careful distinction between colonizer and autochthon was made: in 1899, the “Assistance Medicale Indigene”, a free-of-charge health care system for locals, was launched.²⁶ Consequently, from 1903, all new indigenous medical assistants were to sign a five year contract when they engaged to work for the colonial administration. Health became then, a “colonial matter”. The stress on the word “Indigenous” was deliberate and the bond through contract was significant.

The political reaction against western medicine

Western medicine was however not as welcomed as supposed. The reaction towards the Plague epidemic in 1921, in the capital was specifically telling. This new form of illness – unknown before colonization – led to suspicion that it was introduced by the colonial regime. Indeed, a certain form of discrimination appeared, regarding the application of certain measures related to the epidemic. For example, indigenous travelers had to have a passport where their locality of origin and destination were specified as well as a vaccination certificate, while Europeans did not fall under this requirement. Besides, even if the vaccination was well accepted, it was revealed inefficient with mounting death-rates and the propagation of the epidemic overall. The population’s enthusiasm waned; the Plague was considered as existing only in the European imagination or even as inoculated by Europeans through vaccination itself. Popular discontent subsequently crafted a political instrument against the colonial regime by the nationalists, such as Ralaimongo. On May 19th 1929, the nationalists sought to present a “Petition of the indigenous in Madagascar.” The meeting was prohibited, and the first political demonstration occurred, driving the population to the streets. Among the slogans read “Indigene regime stop!” “Citizenship for all” or “Right for meeting”, as well as “Stop plague!” For the nationalists, the plague and forced labor, were equal consequences of the colonial presence. Besides, the treatment of Plague corpses was hardly admissible for a society which gave importance to the funeral rites. Those who had died from Plague were the responsibility of colonial medicine: they were inhumed in a cloth filled with cresyl and wrapped with quicklime. Funerals could not be performed without prior examination from the Pasteur Institute. The dead body became an administrative matter, unthinkable for Malagasy mentality. The exhumation of bodies was prohibited, and the traditional practice of *famadihana* could not be performed.

When a more efficient vaccination was discovered by Girard and Robic in 1932, the colonial administration failed to convince the population that inoculation was beneficial. In the face of such a challenge, tough methods were used: random arrests, or forced home vaccinations. Similarly, administrative documentation was not delivered and could not be obtained without a vaccination certificate. In 1935-1936, the forced vaccination program was considered as a “success” with 75% of the population inoculated. Nonetheless, political sentiment remained. The newspaper *Mongo*, for example, specified that the Plague has destroyed Malagasy people, through excessive fiscality (Esoavelomandroso, 1981).²⁷

The Colonial regime was then considered as the “bouc émissaire” to Western medicine’s imposition, it was affiliated with colonial repression and the destruction of Malagasy identity. Rakotomalala relates, for example, how the use of the syringe was totally avoided and could even bring death in case of a “Malagasy illness”.

²⁶ http://www.asnom.org/fr/320_ecoles_medecine.html

²⁷ Esoavelomandroso (1981), *Resistance à la médecine en situation coloniale à Madagascar: la peste à Madagascar* in *Annales. Economies, Sociétés, Civilisations*, Volume 36, num.2, pp, 168-190.

The forms of persistence of traditional medicine

Although the colonial government hoped that the regression of traditional practices would come by multiplying social intervention and the intensification of medical action, traditional medical “sorcerers” still prevailed in the common consciousness.²⁸ On the other hand, the colonial regime began to recognize the value of the medicinal plant. According to Rabodo Andriatsiferana (1999), this was triggered by the Second World War and the colonial interest in pharmacopeia grew. After the war, the Institut de Recherche Scientifique de Madagascar (IRSM) was created to conduct ethno-botanical research, which was then pursued by Office de la Recherche Scientifique et Technique Outre-Mer.²⁹ Traditional medicine was nevertheless dissociated from its spiritual and cosmological framework and recognition of its value was limited: the scientific virtue of the drug, its rationalization, was favored over the metaphysical.

V. The Intensification of Western Medicine

This same stance seemed to be adopted after Madagascar’s independence in 1960: the First Republican government seemed to have adopted western medicine and associated traditional healers with charlatanism and lay sorcery. Following Rakotomalala (2012), it was the ambition of the First Republic to make Madagascar the most modern State in Africa, and to pursue the precedent regime’s work in medicine, science and society. It is true that in 1962, the ancestral cult exercise was liberalized and traditional medicine was legalized but the institutionalization of western medicine continued.³⁰ After 1960, two medical schools were operational, and in 1970, 1230 doctors graduated from them. From 1974, one complete university program was implemented and another medical university was opened on the West coast, Mahajanga, in 1985. Until 1993, the school of medicine formed only general practitioners, and the students who wished to pursue any specialization had to do so in France. From 1994, four specializations were made available: general surgery, internal medicine, pediatrics and clinical biology (Aubry & Rakotobe, 2000).³¹

The westernization of traditional medicine

Research on traditional medicine continues. According to Rabodo Andriatsiferana (1999), since 1963 a scientific research commission has been operational, followed by the creation of the Institut Malgache de Recherche Appliquées (IMRA) by Ratsimamanga. During the second Republic (1975-1992), as the government sought to warrant Malagasy identity, and given the penury of imported drugs under the Socialist regime, traditional medicine expanded to foster ancestral wisdom. The Centre National de Recherches Pharmaceutiques (CNARP) was

²⁸ Rakotomalala (2002), Transformations du politique et pluralité thérapeutique, in *Journal des anthropologues* [En ligne], 88-89 | 2002, mis en ligne le 18 janvier 2012, consulté le 21 juillet 2014. URL : <http://jda.revues.org/2803>

²⁹ Rabodo Andriatsiferana, Conférence internationale sur les plantes médicinales et la médecine traditionnelle en Afrique, Nairobi, Kenya, 22 - 26 Novembre 1999

³⁰ Rakotomalala (2002), Transformations du politique et pluralité thérapeutique, in *Journal des anthropologues* [En ligne], 88-89 | 2002, mis en ligne le 18 janvier 2012, consulté le 21 juillet 2014. URL : <http://jda.revues.org/2803>

³¹ Aubry & Rakotobe (2000), La Formation Médicale à Madagascar de 1870 à nos jours in *Médecine tropicale*, pp 345-347.

subsequently created in 1976, and aimed to valorize traditional medicine and pharmacopeia as well as seeking to make affordable quality phyto-medicine (Rabodo Andriantsiferana, 1999).³²

During the nineties, the attempt to regularize traditional medicine continued under the impulsion of global institutions. In 1996, a commission for the study and regulation of medicine and traditional pharmacopeia was created to reposition the tradi-praticioner and to elaborate the status of the “National Association of Tradipraticioners in Madagascar”.

In 1997, upon the recommendation of the World Health Organization, a workshop to “select tradipraticioners” in order to reintegrate them in an official health system was organized: one-thousand tradi-praticioners were counted with 1900 registered in the National Association, l'Association Nationale des tradipraticiens Malagasy (ANTM). The Comité National Consultatif sur la Médecine Traditionnelle was created in 2002 and headed signatures on the « convention cadre » in 2005. A decree recognizing traditional medicine was consequently promulgated in 2007. Similarly, in 2006, formal training leading to the diploma of a Masters in traditional medicine was established at the Institut National de Santé Publique et Communautaire in which the first promotion finished in May 2009 (Rabodo Andriantsiferana, 1999).

According to the World Bank,³³ there are presently 2000 to 3000 traditional practitioners in Madagascar. A deontology code³⁴ has been implemented to regulate the profession and the government under Ravalomanana (2002-2009) recognized their legitimacy.³⁵ Different platforms of training have been implemented in order to respect rules of hygiene and good behavior as well as to respect the environment and protected natural habitats where medicinal plants are culled. Such progress, however, is not without the “rationalization” of traditional medicine, screened through workshops, training and schools (involving a knowledge adjustment regarding the value of medicine) and scientific value (hygien). It is moreover adapted to global priorities of environmental protection.

The reaction of authentic traditional medicine

The spiritual element of traditional medicine remains eclipsed and reticent. During the eighties, traditional medicine was frightened, according to Rakotomalala, with Church effective interference in State affairs and the prevalence of the Pentecostal and revivalist church. “Church medicine” relying on the “exorcism in Christ’s name” expanded, especially in urban areas. Different from the Malagasy conception which involved malefic and benefic charms, Pentecostal and Revivalist consider any charm as the work of a daemon: a synonymy was consequently established between charm and remedy paralleling sorcerer and counter-sorcery. Thus, during the nineties, an association of healers and traditional medicine researchers emerged and claiming to come out of the “the

³² Rabodo ANDRIANTSIFERANA (2002) Madagascar: Plantes Médicinales et la Médecine Traditionnelle , in <http://fr.groups.yahoo.com/neo/groups/Reseau-Phytomedica/conversations/topics/243>

³³ <http://www.worldbank.org/afr/ik/iknt91.pdf>

³⁴ L'Express de Madagascar, September 29th 2007, [http://www.lexpressmada.com/index.php?p=display&id=11464&search=medecine traditionnelle](http://www.lexpressmada.com/index.php?p=display&id=11464&search=medecine%20traditionnelle)

³⁵ GazetyNety Malagasy, September 2nd 2004, http://www.malagasy.org/article.php3?id_article=1570

westernization of culture” they affirmed themselves able to overcome the current incompetency of modern medicine in terms of cancer and AIDS (Rakotomalala, 2012).³⁶

These episodes thus evidence that a scientific and rational framework of traditional medicine is accepted. Political reactions are no longer prevailing as political decision and regulation comes from the inside. It is no longer a question of Colonial regime but sooner natural scientific medicine. This said, many tensions have yet to be dissolved: the “non-body” and the metaphysical spiritual dimension is not yet properly understood and traditional healing is accepted only if “filtered: through the screening of rational, scientific and of late, global elements.

VI. Conclusion

History and medical perception are inextricably linked: the advent of Christianity in Madagascar brought with it an emerging system of pathophysiology reasoned by, “the idea of a single god [which] legitimates the idea of a single, underlying, universalizable truth, a unitary paradigm. Tolerance for alternative paradigms is weak or absent” (Kleinman in Unschuld, 1997).³⁷ The talisman and the idol, were subsequently clouded by a scientific disrepute.

Therefore, it can be said that traditional medicine is currently accepted in the urban central highlands Madagascar with some conditions permitting a special marriage with western medicine. Traditional medicine is not anymore admitted in its authentic form given the fact that it had passed through many filters: the filter of Christianity which took away any spiritual and cosmological connotation, the filter of colonization (pre and post) which rationalized and used modern medicine as a tool of repression, the filter of globalization in which global institutions adjust the traditional and ancestral to new global norms.

Yet traditional medicine in its authentic form is not totally rejected. Rakotomalala explains how doctors still send patients to a “Malagasy healer” when they cannot find other alternatives or how people seek traditional healers when healing cannot be found in modern medicine. Rakotomalala even presents traditional medicine as the “refuge” of Malagasy identity.

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³⁶ Rakotomalala (2002), Transformations du politique et pluralité thérapeutique, in *Journal des anthropologues* [Online], 88-89 | 2002, Online since 01 June 2003, connection on 28 January 2014. URL : <http://jda.revues.org/2803>

³⁷ Kleinman (1997), What is specific to western medicine? In *Companion Encyclopedia of the History of Medicine* (Bynum & Poter ed.by), Taylor & Francis - 778 pages

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