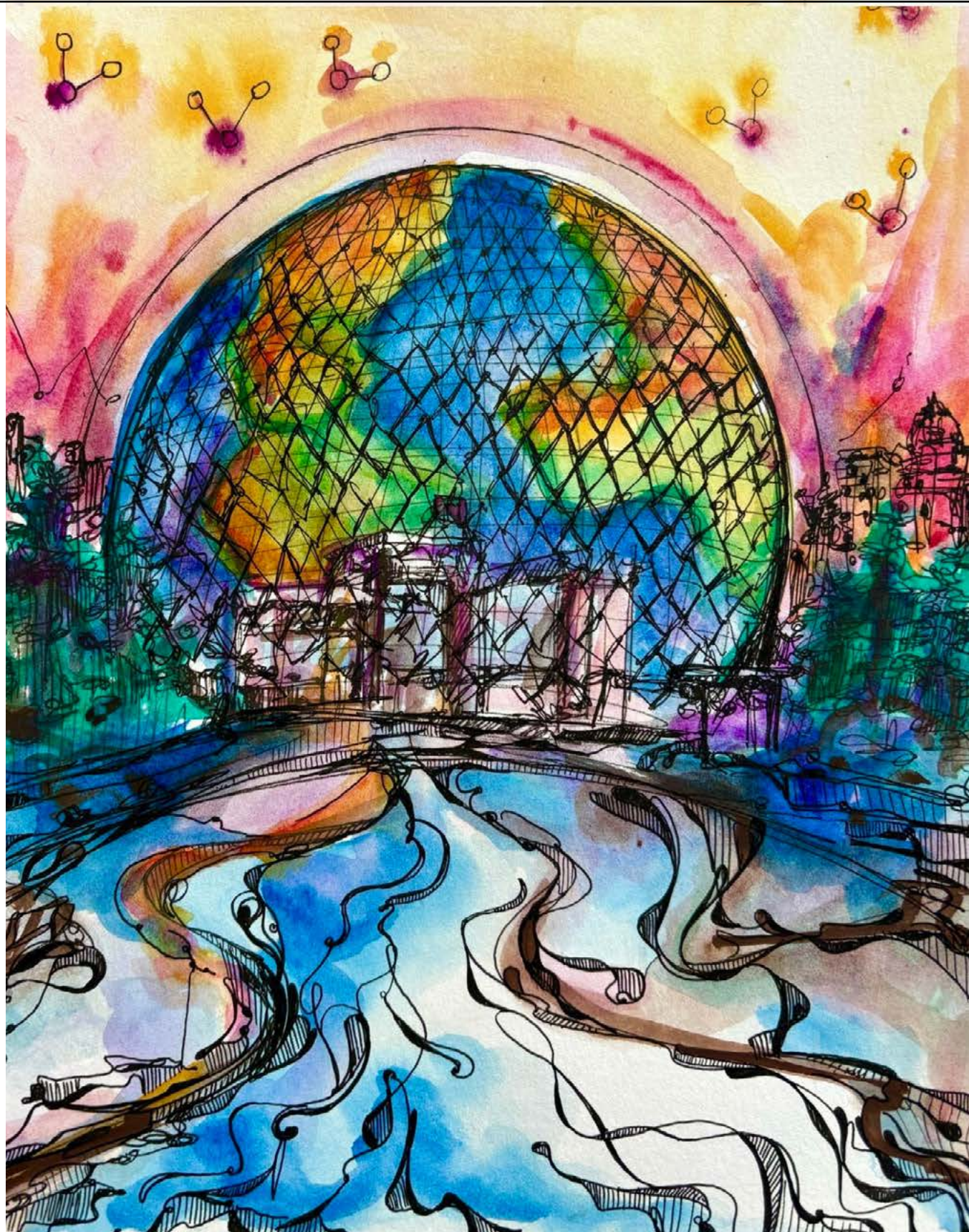


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The Term ‘Western Medicine’: An Overgeneralization That Neglects Traditional Indigenous Healing Practices

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Western Medicine-Overgeneralization

In global health discourse, the term ‘Western medicine’ is widely used but not well interrogated. Grammatically, it comprises the noun ‘medicine’ and the adjective ‘western’, the latter assigning a geographical context. This framing suggests that ‘Western medicine’ refers specifically to forms of medicine created or practiced in the West - an interpretation that raises important questions about medical classification. In this sense, the term ‘Western medicine’ may be considered as an overgeneralization as it suggests the absence of other kinds of medicine in the West, other than biomedicine. Indigenous peoples who have lived in the West, specifically in North, Central and South America and the Caribbean, had developed their own healing practices before the arrival of European colonizers, with many of these people still using their own healing practices today [1]. It can therefore be argued that in the geographical sense of the term ‘Western medicine’, the traditional healing practices of the Indigenous peoples on the American continent have been neglected.

‘Western medicine’ is a term that could include the traditional healing practices of the Indigenous peoples of the American continent, but according to some authors, this has not been the case [2-4]. For example, in their book “Western medical tradition”, Conrad et al. [3] include medical and scientific writers, such as Thales (585 AD), Parmenides (480), Empedocles (460 BC), Hippocrates (420 BC), and Galen (216 AD), as well as others from the Middle Ages, but exclude traditional healing practices from the Indigenous peoples who have lived in the American continent. Tobyn used the term ‘Western Holistic Medicine’ to include more naturalistic approaches to healing, but refers only to what was originally proposed by the Greeks and does not refer to the traditional medicine of the Indigenous peoples of the American continent as part of this type of medicine [2].

In his chapter ‘What is specific to Western medicine?’, Kleinman [5] explained that he preferred to use the term biomedicine instead of Western medicine because he did not want to deal with other local folk and popular therapeutic practices that are Indigenous to the West [5]. Therefore, he argues that ‘Western medicine’ could include the therapeutic practices that are Indigenous to the West. In addition, nowadays in Latin America, which is in the West, many people rely on traditional medicine, with evidence showing that “50-60 million Indigenous people who have access only to traditional medicines and medicinal plants use traditional medicines for various health problems and the number of Latin Americans who use traditional medicines may be

higher than the world average because of the migration of people with Indigenous backgrounds to large modern cities” [6].

Beyond historical and definitional critiques, this pattern of exclusion can be understood as a form of overgeneralization - a cognitive distortion that emerges when broad conclusions are drawn from limited or selective evidence [7, 8]. For example, a person who struggles to find a job may conclude: “I will never get a job” despite limited evidence to support such a claim. Similarly, referring to all medicine practiced in the West as “Western medicine” while ignoring the persistence and contributions of Indigenous medical systems reflects a generalization that flattens differences. As Abu-Lughod [9] argues, generalization is a language of power; it simplifies complexity and imposes dominant narratives over marginalized ones. In response to the limitations of such generalizations, some health systems have embraced more inclusive approaches, most notably, intercultural medicine, which seeks to integrate diverse medical traditions.

Intercultural Medicine

The term ‘intercultural’ can be defined as promoting communication between different cultures and learning from each other, as well as fostering awareness of differences to resolve conflicts [10]. As Bernabé-Villodre [10] said, the term ‘intercultural’ promotes recognition and integration. ‘Intercultural medicine’ is a term that includes Indigenous healing practices and ‘Western medicine,’ as exemplified by the Bolivian health system. The case of Bolivia exemplifies the progress made in recognizing traditional Indigenous medicine. Forty years ago, Bolivia initiated a continuous process of legal recognition of Indigenous traditional medicine within its health system. In 1984, the promulgation of Supreme Resolution No. 198771 officially recognized the Bolivian Society of Traditional Medicine (SOBOMETRA) as the first national-level organization of traditional doctors [11]. This recognition, together with other policies in favor of traditional medicine, has recently gained popularity to the extent that the term ‘intercultural medicine’ has been coined to describe the integration of Indigenous healing methods with Western medical practices. This concept aims to promote a harmonious coexistence between biomedicine and traditional medicine, emphasizing a relationship of equality and collaboration rather than one marked by dominance or hegemony [12].

The use of the term ‘intercultural medicine’ was officially adopted by the government in 2008 in the Supreme Decree



29601 which established the Health Care and Management Model within the framework of the Intercultural Community Family Health - SAFCI [13-14]. According to the Ministry of Health and Sports in Bolivia [15], the SAFCI model involves establishing regional, departmental, and municipal workshops as platforms for the exchange of knowledge and practices. These workshops serve to develop policies for collaboration and complementarity between traditional and academic medicine.

Conclusion

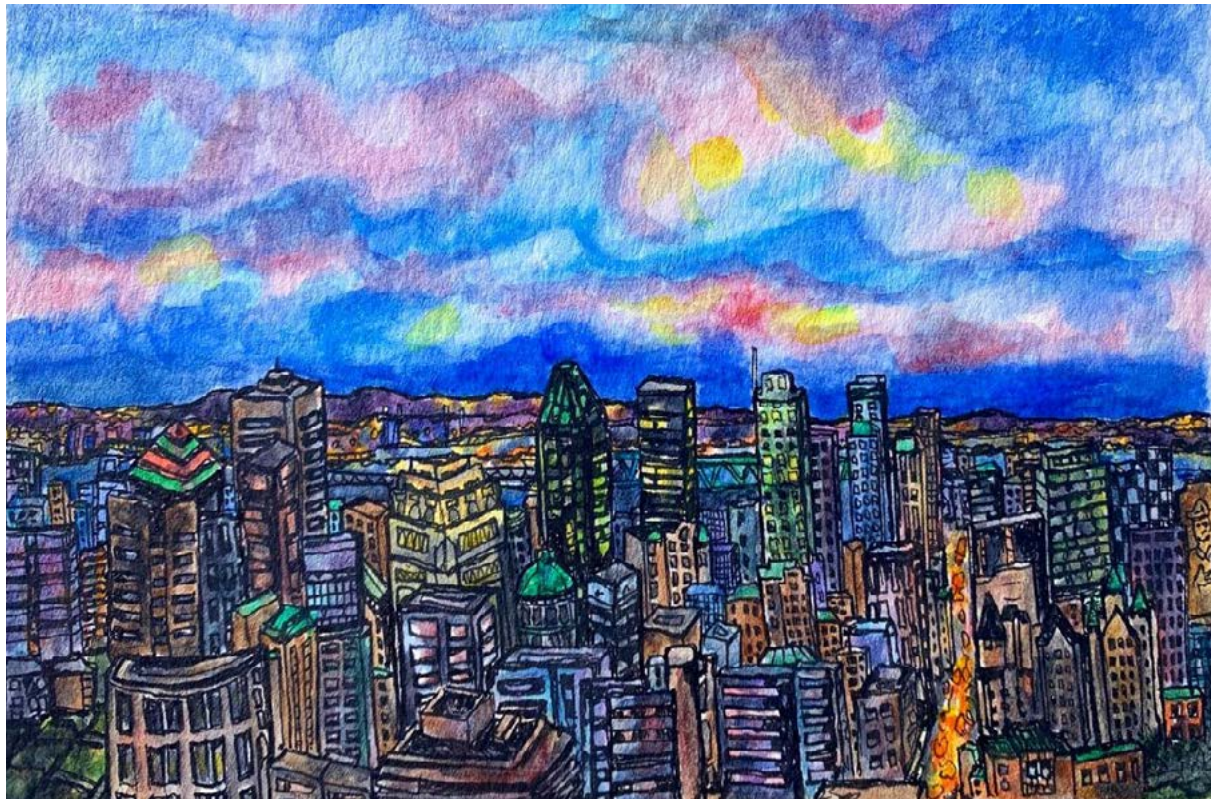
Although the term Western medicine is widely used and may never have a more inclusive meaning than that suggested in this article, it is important to critically examine and challenge the overgeneralization embedded in the term 'Western medicine,' particularly as it continues to shape global health narratives and policies. This overgeneralization reinforces the marginalization of Indigenous healing systems and calls for more inclusive frameworks in global health.

References

1. Elendu, Chukwuka BSc, MDA,*. The evolution of ancient healing practices: From shamanism to Hippocratic medicine: A review. *Medicine* 103(28):p e39005, July 12, 2024.DOI: 10.1097/MD.00000000000039005
2. Tobyn G. *Culpeper's Medicine. A practice of Western Holistic Medicine.* London: Singing Dragon an imprint of Jessica Kingsley Publishers; 2013..
3. Conrad L, I. , Neve M, Nutton V, Porter R, Wear A. *The Western Medical Tradition. 800 BC to AD 1800.* New York: Cambridge University Press; 1995. 574 p.
4. Ratmanov PE. The Western Medical Tradition and Typology of "Kinds of Medicine". *History of Medicine/ru.* 2014;1(1):117.
5. Kleinman A. What is specific to Western medicine? In: Bynum WF, Porter R, editors. *Companion Encyclopedia of the History of Medicine.* New York: Routledge; 1997. p. 15-23.
6. Salaverry O. Back to the roots: traditional medicine for cancer control in Latin America and the Caribbean. *The Lancet oncology.* 2013;14(5):384.
7. Victoria Álvarez L, Ayala Moreno NY, Bascuñán Cisternas R. Las distorsiones cognitivas y el riesgo de suicidio en una muestra de adolescentes chilenos y colombianos: un estudio descriptivo-correlacional. *PSICOGENTE.* 2019;22(41):1-22.
8. Lemos Hoyos M, Londoño Arredondo NH, Zapata Echavarría JA. Distorsiones cognitivas en personas con dependencia emocional. *Informes Psicológicos.* 2007;9:55-69.
9. Abu-Lughod L. Writing against culture. In: Fox RG, editor. *Recapturing Anthropology: Working in the Present.* Santa Fe: School of American Research Press 1991. p. 137-54.
10. Bernabé Villodre MdM. Pluriculturalidad, , multiculturalidad e interculturalidad, conocimientos necesarios para la labor docente. *Revista Educativa Hekademos.* 2012;11:67-76.
11. Ministerio de Salud y Deportes de Bolivia. *Mapeo de Normas sobre Salud Materna y Factores Culturales en Bolivia 1994-2010.* 2011.
12. Aguilar Peña M, Tobar Blandón MF, García-Perdomo HA. Salud intercultural y el modelo de salud propio indígena. *Revista de salud pública = Journal of public health.* 2020;22(4):1-5.
13. Presidencia Constitucional de la República de Bolivia. Decreto Supremo No. 29601. *Nuevo Modelo Sanitario de Bolivia. "Modelo de salud familiar comunitario intercultural".* La Paz, Bolivia: Presidencia Constitucional de la República; 2008.
14. Ministerio de Salud y Deportes de Bolivia. *Norma Nacional. Red Municipal de Salud Familiar Comunitaria Intercultural - Red Municipal SAFCI- y Red de Servicios.* La Paz 2008.
15. Ministerio de Salud y Deportes de Bolivia. *La Política SAFCI, su Estrategia de Promoción de la Salud y Prácticas Alimentarias Saludables.* La Paz; 2013.

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