

ORIGINAL RESEARCH

Rongoā Māori and Western medicine: Advocating for collaborative healthcare in Aotearoa/New Zealand

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ABSTRACT

Introduction: The New Zealand health system has a long history of neglecting the perspectives of Māori (the Indigenous people). Despite recent efforts to reduce disparities between Māori and non-Māori significant gaps remain and, in some cases, have even widened. This article advocates for enhanced collaboration between *rongoā* Māori (traditional Māori healing) and Western medicine in Aotearoa/New Zealand, emphasizing the necessity of integrating Māori healing practices within the publicly funded health system to address cultural needs effectively.

Methods: In the *Te Ao Rauropi: a Biosphere of rongoā Māori* study, the role of *rongoā* Māori in the contemporary context was examined, drawing on a series of qualitative interviews with healers and patients in the community.

Results: The findings suggest that a collaborative approach, bringing together traditional Māori and Western healing practices, not only benefits patients but also strengthens the healthcare system by addressing gaps in service delivery and enhancing overall health outcomes. Greater collaboration between the two healing and health systems approaches will, we argue, create a holistic healthcare approach that respects and incorporates Māori cultural values, ultimately fostering a more inclusive environment for Māori patients. The potential benefits of a more collaborative approach are highlighted and a series of recommendations for policymakers are offered.

Conclusion: Ultimately, this paper argues that the integration of *rongoā* Māori within the healthcare system is essential for achieving equitable health outcomes and respecting the cultural heritage of the Māori Indigenous peoples of this land.

Keywords: Māori, health, health systems, integration, equity.

Abstract in Español at the end of the article

INTRODUCTION

Rongoā Māori, the traditional healing system of the Māori people of Aotearoa/New Zealand includes practices such as herbal remedies, physical therapies and spiritual practices [1-7]. In addition, Mark et al. [6] refer to *rongoā* as a traditional healing holistic healthcare system that is ancient, intact and complex which should also include consideration of the mind, body, spirit, family and land [5, 8]. A history of colonisation and suppression of the practice [9] has marginalised *rongoā* to

the point where today it is predominantly accessed as a complementary or alternative form of healthcare, frequently sought only after conventional biomedical options have been exhausted and often when it may be too late for optimal therapeutic outcomes. However, there are communities in which intergenerational transmission of *rongoā* knowledge and practices has been maintained within *whānau* (families), preserving traditional healing lineages [1, 4, 10]. In many cases, *rongoā* is administered by individual healers or collective groups

operating within local communities, with services typically offered in diverse settings and frequently provided on a *koha* (donation) basis.

Indigenous rights and the protection of *rongoā* Māori

Although this form of *rongoā* has been practiced since pre-colonial times, official recognition of healing practices by the health care and legal systems has been minimal. *Rongoā* Māori is entitled to protection under the Treaty of Waitangi, a foundational agreement established on February 6, 1840, between the British Crown and approximately 540 Māori *Rangatira* (chiefs) [11]. The Treaty of Waitangi comprises three articles that are directly relevant to *rongoā* Māori. Article I establishes a partnership and grants governance rights to the Crown. Article II guarantees Māori full *rangatiratanga* (self-determination) over their lands, villages, and *taonga* (treasures), which includes *rongoā* knowledge and practices [12]. Article III ensures that Māori have the same rights as non-Māori and access to equitable social outcomes. The principles of partnership, participation, and protection embedded in these articles are essential for the recognition and support of *rongoā* Māori.

Currently there is no legislation relating to, or protecting, *rongoā* healing practice, and it is only briefly mentioned in the most recent national health policy document *Tē Pae Tū: Hauora Māori Strategy* [13]. The strategy does acknowledge *te ao* Māori (the Māori world) and the value and role of distinctive Māori ways of knowing, being and doing which includes recognition of the healing potential of *Kaupapa* Māori (by Māori and for Māori) approaches, *rongoā* Māori, *whānau*, or family-centred approaches and Māori-led health care [13]. However, whereas a stated outcome of the strategy is the inclusion and protection of *mātauranga* Māori (Māori knowledge) throughout the health system, absent from the strategy is any comprehensive action, protection or funding specifically targeted at supporting *rongoā* Māori.

While the Treaty of Waitangi is widely acknowledged as the cornerstone of Māori-Crown relations, its application within the health sector has often fallen short of its foundational promises. Certainly the guarantee of *tino rangatiratanga* (self-determination) enshrined in Article II has not been effectively operationalised in health legislation or service delivery [14]. For example, despite commitments to protect *taonga* such as *rongoā*, there remains no statutory framework that supports the authority of Māori to lead the development and implementation of traditional healing practices.

A 2019 report of the Waitangi Tribunal (a commission established by the Treaty of Waitangi Act 1975 to investigate and make recommendation on Māori claims regarding Treaty of Waitangi breaches by the Crown) concluded that the Crown had systematically contravened obligations under *te Tiriti* (the Treaty) across the health sector [15]. The Tribunal's report recommended that the Crown acknowledge the overall failure of the legislative and policy framework of the New Zealand pri-

mary health system to improve Māori health outcomes [15]. Scholars, lawyers and researchers alike responded to the report arguing for greater Māori involvement in health care decision-making, greater representation by Māori in health leadership positions and dedicated funding to reduce health inequities [16]. Recommendations included the adoption of *Tiriti*-compliant legislation and policy; enhancing recognition of extant Māori political authority (*tino rangatiratanga*); strengthening accountability mechanisms; investing in Māori health; and embedding equity and anti-racism within the health sector [16]. To date, there is no evidence these recommendations have been actioned in a manner that supports comprehensive protection for, and funding of, *rongoā* Māori.

Māori experiences as health system users

One of the significant challenges facing the New Zealand health system is the engagement of patients, particularly those of Māori and Pacific ethnicity, who often experience lower socio-economic status and higher healthcare needs. These groups typically face unequal access to services and poorer health outcomes compared to the broader population. Although a "people-powered" policy has been implemented to encourage active patient engagement in all levels of the healthcare system, including decision-making around service design and care delivery, numerous barriers persist [17]. The literature is consistent in showing that for many Māori, the existing public health system is experienced as hostile and alienating where racism and culturally unsafe services prevent Māori from accessing health services [18, 19]. Although *whānau* members do provide support to mitigate Māori health service dissatisfaction, it often comes as a cost to *whānau*, and public health providers are encouraged to find ways to ensure that Māori consistently experience positive, high-quality healthcare interactions that support Māori ways of being [20].

Māori families experience a range of barriers to accessing culturally appropriate, timely and high-quality health care. Survey research has shown that barriers may be related to organisational or health service provider issues; costs of care; and cultural aspects of health treatment [21]. More recent studies have identified poor communication, a hostile healthcare environment, racism, and practical obstacles to accessing hospital care as being significant barriers to effective health outcomes [18, 22]. One example of the barriers experienced by Māori is a post-operative mortality audit that identified considerable disparities in post-operative mortality between Indigenous Māori and non-Indigenous New Zealanders. The numerous disparities identified required structural, care system, care process, care team and patient factor analysis to inspire action and intervention to address inequities in post-operative outcomes experienced by Indigenous peoples [22]. Facilitatory factors including practical assistance, *whakawhānau* (relationship building), *whānau* (family) involvement, *manaakitanga*

(hospitality), and cultural safety, have proven beneficial for Māori [18]. Unfortunately, these supportive elements are frequently absent within the hospital and healthcare systems, leaving a gap that *rongoā* Māori healers could effectively fill by providing the culturally appropriate treatments that these individuals seek.

Need for patient-centred care

Because Māori often experience difficulty within the health care system, there is an urgent need for patient-centred care that aligns with cultural understandings of health and healing. A patient-centred model emphasizes respecting patients' preferences, ensuring they feel understood and trusted, and motivating them to engage in self-care [23]. Research shows that patient-centred care for Māori often necessitates longer interactions with *whānau* [24]. Incorporating *kaitautoko* (supportive facilitators) within healthcare teams fosters trust and relatability, enabling more effective engagement of the patient and shared decision-making. Furthermore, this approach allows *whānau* to play a proactive role in managing chronic illnesses. Rather than patients and *whānau* recounting their stories repeatedly to various providers [24], health practitioners representing a number of disciplines are facilitated to work with the patient in a coordinated manner, addressing a multiplicity of health issues systematically. Studies indicate that Indigenous-led health service partnerships improve holistic health outcomes for Indigenous peoples, enhancing access to care and adherence to treatment plans [25]. In instances where the healthcare system fails to provide culturally appropriate and safe care for Māori, *rongoā* Māori healing and practitioners have the capacity to provide treatment, that is inclusive of the holistic Māori worldview of health and healing and is accepting of culturally based values such as *whānau*-based, spiritual or land and environmental interconnections. The purpose of this article is to argue for greater collaboration between *rongoā* Māori and Western medicine in *Aotearoa*/New Zealand, advocating for an integrated approach that respects and uplifts Māori healing practices within the broader healthcare landscape. Such collaboration could significantly enhance health outcomes for Māori and facilitate a more inclusive healthcare system that honours the cultural identity and rights of Māori as *tangata whenua* (people of the land).

METHODS

Under the umbrella of a *Kaupapa* Māori theoretical framework and qualitative research design, the *Te Ao Rauropi* study employed a combination of Western and Māori methods of data collection, analysis, and synthesis. *Kaupapa* Māori research is defined as research conceived, developed, and conducted by Māori, with outcomes designed to benefit Māori communities [26]. By utilizing this theoretical lens, the study prioritized *tino rangatiratanga*, ensuring that Māori cultural values were embedded throughout all phases of the research pro-

cess [26, 27]. Additionally, the research adhered to the principles outlined in the Cultural, Ethical, Research, Legal, and Scientific (CERLS) Guidelines, ensuring that the methods employed were culturally, methodologically, and ethically appropriate for all participants [5]. The CERLS guidelines stipulate that all *rongoā* research must maintain the cultural integrity; ensure full transparency; reflect *rongoā* healing principles; uphold the rights of healers to keep their own knowledge; and utilize culturally appropriate research methodologies [28].

The study involved recruitment of 55 participants, comprising healers and patients from various regions of *Aotearoa*/New Zealand, including Northland, Waikato, Manawatū, and Hauraki. Purposeful sampling [29] was employed to identify individuals with rich knowledge and experience related to *rongoā* Māori healing. Recruitment efforts were conducted via phone and email between March and August 2021. Participants, aged 20 to 80 years, self-identified as either healers, patients, or both, reflecting a spectrum of experiences in their healing journeys. A majority of 34 participants identified as *rongoā* practitioners and 26 as *rongoā* patients. Participants, sometimes, expressed difficulty in identifying exclusively as either a healer or a patient, frequently indicating that they had occupied both roles at different times. In response to this feedback, the research approach was adapted to acknowledge and reflect the dual identification of participants as both healers and patients leading to this number being higher than the participant total.

There were 39 female and 14 males, with 45 identifying as Māori and 15 European. Participants represented a wide variety of occupations, albeit mainly education or health related fields.

Once recruited, each participant was given the option to be interviewed separately or in a group, and no matter which option they chose, they participated in two meetings, during which face-to-face, semi-structured interviews were conducted. Interviews were audio-recorded and later transcribed for analysis [30, 31]. To acknowledge participants' contributions, a *koha* in the form of a grocery voucher was provided, and a shared meal was enjoyed post-interview, in alignment with Māori customs. Ethical approval for the study was granted by the New Zealand Ethics Committee under Protocol NZEC20_36.

Recruitment and data collection were cyclical, with initial data analysis commencing after each group of interviews. The research team utilized the *Rourou*, a Māori approach to research analysis based on a *whakataukī* (proverb), a culturally appropriate method of data analysis rooted in *Kaupapa* Māori principles. [32] This three-step analysis, informed by a *whakataukī* (proverb), comprised individual interview analysis, comparative interview analysis, and comprehensive interview analysis [33].

The *Rourou* approach to analysis is based on the *whakataukī* "*Nāu te rourou, nāku te rourou, ka ora ai te*

iwi" (literal translation "With your basket of food, and my basket of food, the people will be fed"). While the *whakataukī* is traditionally used to signify the concept of *manaakitanga* (hospitality), we reimagined the concept for research by likening the food being gathered to the collection of knowledge, ideas, and concepts. The *whakataukī* presents three steps that firstly acknowledge the *kōrero* (stories) from each participant, focus group or *wānanga* (group discussion) (hereafter referred to as the *kōrero*); secondly, it considers the interpretation of the research team; and finally, it creates a collaborative and consolidated version of the analysis and interpretation. In the extended version of the method, we added another step, *kīnaki* (the garnish), to allow for the conceptualisation and development of a map as a graphic representation of *rongoā* as an integrated, holistic, and dynamic system of healing relationships.

This comprehensive analysis process facilitated the creation of *Te Ao Rauropi* model whereby the information was collated into a graphic representation or map. The map, which explicated the wider environment of *rongoā* Māori, can be sourced elsewhere [34].

Limitations

While the research was conducted across four regions that included both urban and rural settings in Aotearoa/New Zealand, a broader range of locations might have revealed differing perceptions of *rongoā* practices between urban and rural populations. Additionally, the study coincided with COVID-19 lockdowns, necessitating some follow-up interviews to be conducted via phone or online platforms such as Zoom. This shift may have affected the interview dynamics, particularly as Māori participants often rely on non-verbal communication; thus, the data obtained might have differed had all interviews been conducted in person.

RESULTS

While some participants held a distrust in the Western healthcare system, others were positive about the benefits of collaboration and shared their experiences of both instances. Three main themes regarding collaboration were identified. Firstly, we deduced that the Western healthcare system alone is unable to address the health needs of Māori populations. The inadequate system that was recognised by participants is now many decades old and requires significant disruption if it is to better meet the needs of Māori *whānau*, *iwi*, and community. Second, the findings indicated that there were a number of collaborations which are regarded as having positive outcomes for both healers and patients. Finally, we were able to discern numerous benefits from the application of *rongoā* as a traditional and culturally recognized healthcare approach for Māori populations.

These themes are discussed in greater detail below, drawing on the specific *kōrero* of the study participants.

It should be noted that participant quotations represent personal, experiential accounts shared within the context of this qualitative study and should not be interpreted as reflections of clinical research outcomes.

Theme 1. Western healthcare system insufficiency in addressing the health needs of Māori populations

A recurring theme among Māori participants was a deep sense of mistrust toward the Western healthcare system. This distrust often originated from experiences of cultural dissonance, lack of recognition of Indigenous knowledge systems, and dissatisfaction with the practices and communication styles of health professionals. Many participants expressed frustration and disengagement, and preferred Indigenous approaches to health, particularly *rongoā* Māori, which they felt were more culturally appropriate.

One participant expressed deep disillusionment with Western medicine, describing an embodied rejection of a health system because it did not agree with her intuition:

"... my puku (stomach) had told me for years don't go down the Western route, it's useless, you know? It's the white man's world. And so ... I just don't believe in the Western world anymore ... you should be able to be in tune enough with your body to know where something is wrong and what you can do to assist." (Focus group, Hamilton)

This quote illustrates the contrast between the embodied and intuitive nature of traditional health knowledge that contrasts sharply with the impersonal and externalised frameworks of Western biomedicine.

Other participants were also skeptical, choosing to engage with Māori health services due to their alignment with Indigenous values, cultural familiarity, and holistic approaches. These services were seen not only as more respectful and inclusive but also as culturally affirming.

"I have a huge distrust of ... tākuta (doctors). I don't want to take medication that I don't know what it is for, however long, and I think ... [in] rongoā ... you come as you are, so you're unapologetically Māori, you're going to a service that is by Māori, for Māori, with Māori. So your healing is co-constructed, you don't have that ... hegemonic view where the experts are up here telling you in a lingo you don't even understand, and they make you feel condescended upon if you ask them to put it in layman's terms. Whereas when I came here and ... you felt loved and embraced by this korowai (cloak of care), that you don't get necessarily going to a doctor that you might have had since you were five. And who still doesn't know your name." (Focus group, Hamilton)

This is illustrative of the alienation experienced in Western clinical settings, where power dynamics and seemingly small things such as health staff not knowing the patients name, often leave Māori patients feeling belittled. However, Māori health services are seen as empowering, and culturally secure, highlighting the importance of culturally appropriate care that fosters trust.

In addition, *rongoā* Māori was often viewed not only as an alternative, but as a more desirable and enduring form of healing. For some participants, it offered a path of continuity and hope when Western medicine had reached its limits, as shown in this quote:

"When you hit a brick wall with the Western [system] you just keep going with rongoā Māori, you know? It never stops here. Where I found in the Western world it did stop for me, you know, we're just gonna give you pills for the rest of your life. Well, I don't want pills for the rest of my life, I want it to go, you know? So that's why I'm still, whole heartedly believe in rongoā ... Swear by it." (Focus group, Hamilton)

This quote indicated a strong preference for holistic wellness, rather than continual pharmaceutical management. It illustrates how *rongoā* is perceived as sustaining and transformative, in contrast to the perceived never-ending, and damaging, nature of Western treatments.

Participants also spoke about wanting to retain Māori cultural values in their care, and while this could refer to aspects to do with personal care of the body (e.g. bathing and dressing of wounds), participants also spoke about the importance of spiritual aspects of care, of practices which cleanse the spirit, and of practices which recognise the relationship between Indigenous peoples and their lands. For the patients who participated in this study, having access to the *whenua* (land), to the forests and the waterways was an important component of healing and the maintenance of health. Similarly, participants also spoke of the difficulty the Western health care system had in recognising the importance of spirituality as a facet of health and wellbeing. Participants spoke about how many Māori were treated in the mental health system due to the lack of understanding or recognition on the part of the Western system of spiritual malaise.

In this quote, the participant is critical of the over-reliance on pharmaceutical treatments, particularly steroids, within the Western medical model. They describe a cycle of dependency that creates both physical and well as economic burden on patients.

"Because with the steroids ... there's a whole addiction to that at the same time, it thins out the skin, you know? And it's a cycle. You gotta go back to the doctor, you gotta pay all this money, he or she is just gonna give you exactly the same thing but ... in terms of healing what I don't see them doing is getting to know the person, the family, the backgrounds. It's a conveyor belt of prescriptions. Rongoā doesn't do that cause what

I know we do is we take our ... nieces and nephews into our ngahere (forest) and say, arā (there), you pick that." (Interview, Whanganui)

For this participant the biomedical system is seen to be failing in addressing the holistic needs of patients. Instead of transactional health care, patients prefer *rongoā*, because it is a culturally embedded practice that is relational, intergenerational, and grounded in nature-based learning.

The next quote challenges the foundational language and assumptions of the Western medical paradigm, particularly the terminology used to define and manage illness, and offers alternative natural solutions:

"I think the word "patients" is a very clinical Western kupu (word). ... We've been ingrained or conditioned to think that okay, if we're māuiui (sick) we gotta go get antibiotics. Or we've gotta use that pill to stop the headache ... I think it's important for us to say, okay, we'll let's just look at what's happening inside. What are you consuming? ... how are you feeling at the moment? What's all the mamae (sickness) that's carrying on around you? What about take some time to just deep breathe? Breathe and take some time out? Whakawātea (cleanse)." (Interview, Whanganui)

This participant is critical of how clinical language and conditioning shape default responses to illness, such as reliance on pharmaceuticals. Instead, participants advocated for a more introspective and holistic approach to health that considers physical, emotional, environmental and spiritual factors.

"Well, I suppose for me health is the physical and wellbeing, is the metaphysical of spirit and the wairua (spirituality). That's how I carve those two things up, but then you have to blend those two together. That's my take on it. And so, the Rongoā, the stuff you take, use on yourself, and the karakia go together to give you health and wellbeing. For me that's what health and wellbeing is." (Focus group, Whanganui)

The emphasis on *whakawātea* (cleansing) and embodied practices like deep breathing reflects an Indigenous health worldview where balance and reflection are central to healing.

Another participant described her work in Māori mental health and the significance of spiritual cleansing (*wātea*) as a healing modality:

"... I ended up working in Māori mental health ... and one of the things that I took in ... was the ability to wātea whānau (cleanse family members) ... and I'd love to teach people how to do [that]. ... what I would do though is do my wātea (cleanse) in the way that I did which was always in my head ... and it was calling in those energies and beings to assist and wātea everything

... then they were kind of out within a few days and it's quick because that part is taken care of. The medicine side is taken care of. The physical, cool. But then the taha wairua (spiritual side) is a whole different [side] ... [that is] expertise that our whānau are entitled to ... learn and to know." (Focus group, Manawatū)

Her story highlights the significance of *taha wairua* (spiritual dimension) within Māori approaches to health that asserts the legitimacy of spiritual expertise and affirms the right of Māori whānau to learn and access such practices. By distinguishing between physical and spiritual aspects of healing, the participant frames *rongoā* as a multidimensional system that integrates ancestral knowledge into modern day health care.

Theme 2. Examples of existing positive outcome collaborations for both healers and patients

The integration of *rongoā* Māori within mainstream healthcare remains a topic of considerable significance and ongoing negotiation in Aotearoa/New Zealand. While the biomedical model continues to dominate health service delivery, there are emerging spaces in which Indigenous knowledge systems are being recognised, advocated for, or, at times, reluctantly acknowledged. Participants in this study reflected on their experiences and perspectives concerning the potential for *rongoā* to be acknowledged, respected, and utilised within formal clinical settings. These quotes reveal patient-driven advocacy, early signs of professional receptivity, and a broader awareness of the systemic shifts required for genuine integration. The following excerpts illustrate these dynamics, capturing both current limitations and future aspirations for bicultural collaboration in health.

This quote highlights a significant instance in which a patient's insistence served as the primary driver for incorporating *rongoā* into the care plan. It indicates patient-driven inclusion of *rongoā* in clinical decision-making, which is a rarely documented occurrence.

"I've had a doctor that come and ask for rongoā for someone... she [the doctor] said ... he [the patient] won't come and see me again if I don't get this rongoā that he wants. So it wasn't about ... the doctors saying, look, we can try this rongoā. The client ... the patient demanded, but it was quite good that he complied, you know?" (Focus group, Northland)

The power dynamic is significant, because it is the patient influencing the practitioner's actions, rather than the reverse. Although the doctor's compliance was reactive rather than proactive, this participant acknowledges it as a positive development, suggesting that patient advocacy can play a pivotal role in promoting culturally appropriate care within the biomedical system.

In this next quote, the participant shares an encounter with a medical professional who demonstrated an openness to Indigenous healing methods, indicating medical recognition of *rongoā*.

"... he told the doctor ... "I gave her some flax juice because she couldn't go to the toilet." And he's a professional person, he said, "You try any rongoā that you wanna try if you think it's going to work, or if you think it does work, share the knowledge." And I thought, 'hm, that's quite good that he acknowledges ... that there's other medications out there that you can take' ... so that's what we did." (Interview, Bay of Plenty)

The doctor's response to encourage the use and sharing of *rongoā* provides recognition for Indigenous health practices within a traditionally exclusionary system. The participant's surprise at this acknowledgment reflects the rarity of such professional attitudes, but also the potential for mutual respect when cultural knowledge is recognised as legitimate within clinical contexts.

The following quote recognises both the potential and the difficulty of integrating *rongoā* into conventional healthcare, and at the same time, indicating an awareness of structural barriers to collaboration.

"From my perspective, I think it's really likely that that collaboration can happen on a mainstream medical platform. And I would love if the opportunity presented itself in more places. But I'm just very aware, from a Western perspective, that after like 7-10 years of medical training on a Western platform, that to change the mindset of those that have practiced in that space, would just be so hard; and I understand that. But I think from a Māori perspective, I would love it, I think it's definitely got space. In modern society." (Interview, Hamilton)

While this participant demonstrates empathy toward medical professionals who have undergone extensive Western training, he also expresses a desire for increased space for Indigenous knowledge systems. This shows an understanding of how difficult it is for systems to shift and move towards change but affirms that collaboration is possible within the broader context of societal transformation.

This participant offers a hopeful, but realistic assessment of the time and effort required to shift entrenched medical norms, and this quote shows that they still have optimism for long term systemic change.

"I think it would definitely take a lot of effort and a lot of time, to change the mindset, in terms of what's just become normal. But I absolutely think that it would be possible, in the long-term." (Interview, Hamilton)

While acknowledging that the dominant biomedical paradigm has become "normal," this participant still believes that transformation is possible over time. This reinforces the importance of sustained commitment and cultural education in achieving long-term systemic change toward more inclusive health practices.

This quote offers a vision of an ideal future, and a vision for bicultural health practice, where general practitioners are not only aware of *rongoā* but actively refer patients to traditional practitioners as a legitimate and perhaps preferred option.

“And that you would walk in and have GP’s and doctors that would acknowledge rongoā, who would know rongoā practitioners, and be open to saying, -Actually, I think you should go in and see this person, instead of me just popping you a pill from a prescription pad.” (Interview, Northland)

This participant challenges the default practice of pharmaceutical prescribing and imagines a more balanced approach that affirms cultural identity and supports holistic healing. This statement encapsulates the broader aim of decolonising healthcare and fostering genuine partnership between medical systems.

Theme 3. Benefits from the application of *rongoā* as a traditional and culturally recognized healthcare approach for Māori populations

The inclusion of *rongoā* Māori within hospital settings is increasingly recognised not only for its cultural significance, but also for its practical contributions to patient wellbeing and healthcare system efficiency. Participants highlighted the multifaceted value of *rongoā*, describing both personal healing experiences for patients and broader organisational benefits for staff too. These excerpts provide insight into how traditional Māori healing practices can meaningfully complement biomedical services by alleviating system pressures and delivering culturally responsive care. Importantly, these perspectives frame *rongoā* not as an alternative or supplementary treatment, but as a primary mode of healing that is effective, accessible, and grounded in the natural environment.

This quote illustrates the systemic efficiencies created by integrating *rongoā* services within the hospital environment. However, it also shows that the use of *rongoā* services could reduce system pressure and enhance staff wellbeing, creating a double-pronged positive effect.

“If you look at the bigger picture as well, having this [name of rongoā unit situated at a hospital] down here, has got to have taken pressure off some parts of the hospital, of some of the staff, cause people coming in to get rash cream, that’s a consultation ... Whereas you can come in here and try some panipani (ointment), it works, see you later, you know? ... prescription writing and money, that would have been so much saving of people’s time, effort ... and also being able to mirimiri (massage) staff themselves when they’re stressed and ... they’re gonna work in a different way than they probably would have before cos they’re not feeling all that pressure and pain and stuff. So ... it’s kind of like helped in the bigger scale when

you think about it for the community. So, and that’s rongoā.” (Focus group, Northland)

This participant identifies tangible benefits such as reduced consultations, fewer prescriptions, and improved staff wellbeing through access to traditional practices like *panipani* and *mirimiri*. By shifting minor ailments and stress-related conditions away from overburdened clinical pathways, the *rongoā* unit is framed as both a culturally affirming and operationally beneficial component of health service delivery. This participant emphasises that the impact extends beyond the hospital walls to the broader community, positioning *rongoā* as a sustainable and scalable model of care.

The following story describes how this participant utilised *rongoā* Māori treatments to treat her skin as she was unable to use biomedical interventions.

“After I have babies, I always get really bad ... dermatitis on my hands and I’ve tried pretty much every medicine that you can have through the hospital and nothing works, it all feeds it. But mamaku pani (Sphaeropteris medullaris ointment) is the only thing that works ... I’ve come into the hospital; they’ve tried changing my diet and everything ... it’s never worked. It’s only been what the whenua (land) can give that worked. Like washing with just straight wai (water) instead of any soaps and stuff like that. Putting raw kawakawa (Piper excelsum) leaves on it overnight to try and ... keep it covered. It’s the only thing. All of the medicine that I’ve tried in this hospital doesn’t work. So, it’s been massive for me ‘cause I couldn’t use them at all.” (Focus group, Northland)

This participant compared hospital-based attempts such as dietary changes and prescribed medicines with the consistent and effective results of plant-based remedies like *mamaku, pani* and *kawakawa*. Her story shows the importance of *whenua*-based knowledge in healing and affirms the cultural logic of turning to Indigenous practices when biomedical pathways are ineffective.

Taken together, the voices represented across all of the quotes and themes form a compelling case for the recognition and integration of *rongoā* Māori within Aotearoa’s healthcare system. The participants’ experiences not only highlight the limitations and often alienating nature of Western medical practices, but also assert the efficacy, depth, and cultural resonance of Indigenous healing. *Rongoā* is positioned as more than a therapeutic alternative, rather, it is a reaffirmation of Māori ways of knowing, being, and caring that centres *whakapapa, wairua*, and the interconnectedness of people and place.

While institutional change may be gradual and met with resistance, these quotes indicate there are already signs of transformation. Patient demand, practitioner openness, and positive outcomes within both community and clinical contexts indicate a growing momentum

toward health equity and cultural revitalisation. Importantly, the integration of *rongoā* must not be tokenistic or superficial but grounded in *tino rangatiratanga* (self-determination) and guided by Māori leadership and knowledge holders.

Ultimately, these excerpts call for a paradigm shift in healthcare—one that moves beyond Western dominance toward a genuinely bicultural model that respects, resources, and embeds *rongoā* Māori as an essential dimension of holistic wellbeing in *Aotearoa*.

DISCUSSION

This article provides an argument for enhancing formal collaboration between *rongoā* Māori and Western medicine within *Aotearoa*/New Zealand, emphasizing the importance of respecting and uplifting Māori healing practices to better meet the health and cultural needs of patients. Achieving equitable health outcomes in this country requires that policymakers and health-care decision-makers alike, acknowledge and make an active commitment to, the role of *rongoā* Māori as the traditional healing system alongside cultural and other social determinants of health. While the New Zealand health system has progressed from a historical neglect of Māori perspectives to a recognition of the need to address health inequities, substantive progress remains elusive [35]. Disparities have continued to widen during the 1990s, showing that an acknowledgment alone of these issues does not create any impact. A lack of sufficient will from the major political parties to create change, often means that nothing happens to substantially reverse these health inequities [36]. In this context, collaboration between *rongoā* Māori and the conventional medical system emerges as a critical strategy. By integrating *rongoā* Māori practices into the broader healthcare framework, it becomes possible to adopt a more holistic approach that respects and incorporates Māori cultural values. Such collaboration not only has the potential to enhance the effectiveness of health interventions but also fosters a more inclusive healthcare environment that addresses the diverse needs of Māori patients.

Previous scholarship has identified various necessary steps for integration, as opposed to collaboration, which involves such as establishing policy, legal, and regulatory frameworks, conducting scientific research, and implementing strategies to instigate the registration and institutionalization of traditional medicine [37]. The strength of traditional medicine lies in its holistic and collective nature to care for the people and the land, based on cultural worldviews, practices and values [5].

Instead, some scholars argue that prioritizing collaboration as an equal partnership, where neither party is required to change, is the ideal state [38]. Previous research has showed that *rongoā* healing/Western medicine collaboration includes values such as cultivating mutual trust and respect among practitioners and ensuring educational initiatives to share healing and

healing knowledge and to protect traditional healing practices [38]. There are encouraging signs of successful collaboration between healers and doctors as shown in the North Adelaide Local Health Network (NALHN) partnership with the *Anangu Ngangkari* (traditional healers) *Tjutaku* Aboriginal Corporation (ANTAC) to deliver traditional Aboriginal treatments to patients in primary and acute care settings [39]. Similarly, a pilot study has been conducted where a doctor and a *rongoā* healer consulted with patients simultaneously in the same appointment [40]. However, these examples are few, and a considerable amount of groundwork must still be laid by various stakeholders before any attempt at collaboration could be made within countries, or globally, in a way that protects the cultural integrity of traditional healing systems [41].

In *Aotearoa*/New Zealand the potential benefits for patients in a collaborative approach are significant. Research indicates that increased inclusion of *rongoā* could lead to improved health outcomes and foster a sense of safety among patients by providing a holistic treatment approach that aligns closely with Māori cultural views of health [2, 38]. Arguably a patient-centered model should allow for individuals to choose whether to receive *rongoā* Māori treatment and allow them to take an active role in their healthcare decisions, thereby enhancing collaboration in their treatment plans [38]. Additionally, fostering an environment of openness among health practitioners could encourage patients to share their use of alternative medicine, potentially leading to greater adherence to medical protocols [43]. Notably, studies reveal that a significant majority of Indigenous respondents who utilize traditional medicine express fear of disclosing this information to health professionals [25].

For healers, collaboration could yield recognition and validation from their medical peers, ideally transitioning from a landscape marked by mixed animosity to one of mutual respect and referral. Existing literature indicates a spectrum of attitudes among health practitioners, ranging from a willingness to collaborate to outright rejection of traditional medicine showing both support and resistance [32, 44]. Resistance to the integration of traditional healing practices within biomedical contexts has been observed among health professionals, often stemming from paradigmatic differences in clinical training and entrenched power imbalances between biomedical and Indigenous practitioners. A range of strategies have been proposed to bridge these divides, including patient co-referrals, formal collaborations between biomedical and traditional medical practitioners, and the establishment of healthcare units where patients are empowered to choose between biomedical and traditional modalities, or utilise both [44]. There are examples showing how global Indigenous collaboration efforts are an ongoing and emerging international debate. Roher et al. [45] show that while hospitals in Canada have begun incorporating Indigenous wellness services, such as cultural supports and traditional medicine, these efforts

still encounter structural and epistemic barriers, such as colonial legacies and biomedical dominance. This reflects a broader struggle for equitable collaboration. In addition, Soriano [46] emphasizes how global efforts, including initiatives by the World Health Organization (WHO) and the establishment of the WHO Global Traditional Medicine Centre in India, are institutionalizing therapeutic pluralism and integrative health models that include Indigenous knowledge systems. Srestha et al. [47] also reinforce this trend by empowering traditional healers in dementia care across Canada, Australia, and New Zealand arguing that effective cultural integration reduces health disparities and promotes equity. Finally, Trindade et al. [48] show how public health frameworks in Brazil are being adapted to respect traditional Indigenous knowledge and address systemic marginalization. Although these are only a few of the many studies that confirm that there is a growing global alignment toward pluralistic, patient-centered, and culturally rooted healthcare models, it represents the need for continued attention, discussion and discourse about both policy and practice of collaboration efforts.

Despite these proposals, concerns persist on both sides. While there is mutual recognition among biomedical and traditional practitioners that patients may benefit from a combined approach, and a demonstrated willingness to collaborate, tensions remain. Health professionals have raised issues related to patient safety and human rights in the context of traditional healing methods, while some traditional healers have expressed scepticism about the efficacy and cultural appropriateness of Western psychiatric medications [49]. Nevertheless, promising models of collaboration have emerged. In one study, a Māori medical doctor and a traditional healer jointly conducted a pilot project to treat non-acute patients. The initiative yielded positive outcomes for all parties involved—patients, the biomedical practitioner, and the healer—demonstrating the potential for effective and respectful integration [50]. It is important to acknowledge, however, that the success of this pilot may have been influenced by the shared cultural worldview between the practitioners, suggesting that replication of this model may require careful contextual and relational considerations.

In the absence of full collaboration, collaborative elements of healthcare models would still suffice, allowing for health practitioners to refer patients experiencing cultural issues to *rongoā* healers, thereby acknowledging the value of each set of practices and providing culturally appropriate care [44].

There are also benefits to the health system itself that can be derived from a collaborative approach. Previous research has demonstrated that traditional medicine can complement the biomedical system by addressing ailments that are often inadequately treated within that framework, particularly at the community level [51]. Traditional medicine could fill gaps in healthcare access, especially in rural areas where biomedical facilities may

be scarce. By welcoming traditional knowledges and practices, the health system could enhance service delivery where biomedical facilities face challenges such as shortages of medicines or personnel, or lack of cultural knowledge and awareness.

Previous research with healers, health practitioners and patients has mapped an ideal collaboration equation. Elements would ideally include collaboration values; knowledge-sharing; patient-centred choice and treatment; full and equal partnership; protection and medical acceptance of *rongoā* [38]. At the centre of any future collaboration would be input and feedback from the healers, patients and medical staff involved, which would be essential to ensure inclusivity of all perspectives. This could also be a potential model for the health and healing collaboration efforts for other Indigenous cultures.

To support a viable collaboration pathway, several policy actions are recommended. First, the formal recognition of *rongoā* Māori as a distinct and legitimate health modality must be embedded within national legislation, accompanied by regulatory protections that safeguard intellectual property and uphold *tino rangatiratanga*. Second, health provider education curricula should include compulsory modules on Māori health models and *rongoā* principles, co-developed and co-taught by Māori healers and academics. Third, mechanisms for dual-referral systems should be piloted within primary care and hospital settings, allowing for reciprocal collaboration between medical professionals and *rongoā* practitioners. Performing these steps would mark tangible progress toward dismantling structural inequities and fulfilling New Zealand's obligations under *Te Tiriti o Waitangi*.

Future research

This study was conducted over a three-and-a-half-year period but represents the culmination of over a decade of work in the field of *rongoā* Māori. Whereas the research has provided the evidence to advocate for greater collaboration to improve Māori health outcomes, more work is still required. Future research could explore how the inclusion of *rongoā* Māori can further support health care and services to patients, particularly in areas of chronic disease management, mental health, and *whānau*-centred care. Further inquiry is also needed into the institutional dynamics that enable or hinder collaboration between Māori and Western providers, including power imbalances, funding structures, and professional gatekeeping. Research is also needed into the needs of *rongoā* practitioners, how they are recompensed for their work in the community and their professional development needs. It is important that future studies continue to be Indigenous-led, drawing on *Kaupapa* Māori and other decolonial frameworks to ensure that Māori voices remain at the forefront of system transformation. By centring research on Indigenous priorities, *Aotearoa* / New Zealand could move closer to a healthcare system and a society that is not only equitable, but truly reflective of

its founding partnerships.

Conclusion

Greater collaboration between *rongoā* Māori and the mainstream health system in *Aotearoa*/New Zealand represents a significant step toward achieving equitable health outcomes for Māori communities. By fostering collaboration between *rongoā* practitioners and Western medical professionals, a more inclusive and culturally responsive healthcare system could be created that respects and uplifts Māori healing practices. The results of such collaboration would go some way to addressing the significant health disparities that persist and acknowledging the social and environmental determinants of health that influence well-being beyond the confines of traditional medical approaches.

Although such a vision would require sustained effort from policymakers, healthcare providers, and the broader community to establish the necessary frameworks, the potential benefits are multifaceted, encompassing improved health outcomes, greater patient agency, and enhanced mutual respect among practitioners. By prioritising open communication and understanding between *rongoā* Māori and Western medicine, a healthcare environment could be built that encourages shared decision-making and empowers patients to take control of their health journeys. Ultimately, this collaborative approach represents not just a pathway to better health outcomes, but a reaffirmation of the cultural identity and autonomy of Māori communities.

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Publication Consent

Not applicable.

Competing interests

None declared.

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Author contributions

Glenis Mark contribution: conception, design, participant recruitment, interviewing, analysis, interpretation, article drafting and revising the article and agrees to be accountable for all aspects of the work including answering any questions about this work. Amohia Boulton contribution: conception, design, interviewing, analysis, interpretation, article drafting, revising the article and in agreement to be accountable for all aspects of the work including answering any questions about this work. Gill Potaka-Osborne contribution: participant recruitment, interviewing, analysis, interpretation, revising the article and agrees to be accountable for all aspects of the work including answering any questions about this work.

Data availability

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ABSTRACT IN SPANISH

Rongoā Māori y medicina occidental: Abogando por una atención sanitaria colaborativa en Aotearoa/Nueva Zelanda

Introducción: El sistema de salud de Nueva Zelanda tiene una larga historia de desatender las perspectivas de los Māori (el pueblo Indígena). A pesar de los esfuerzos recientes por reducir las disparidades entre Māori y no Māori, persisten brechas significativas y, en algunos casos, éstas incluso se han ampliado. Este artículo aboga por una mayor colaboración entre la *rongoā* Māori (medicina tradicional Māori) y la medicina occidental en Aotearoa/Nueva Zelanda, enfatizando la necesidad de integrar las prácticas de sanación Māori dentro del sistema de salud financiado públicamente para responder de manera efectiva a las necesidades culturales.

Métodos: En el estudio *Te Ao Rauropi: a Biosphere of rongoā Māori*, se examinó el rol del *rongoā* Māori en el contexto contemporáneo, a partir de una serie de entrevistas cualitativas realizadas con sanadores y pacientes de la comunidad.

Resultados: Los hallazgos sugieren que un enfoque colaborativo, que reúna las prácticas de sanación Māori tradicionales con la medicina occidental, no solo beneficia a los pacientes, sino que también fortalece el sistema de salud al abordar vacíos en la prestación de servicios y mejorar los resultados generales en salud. Sostenemos que una mayor colaboración entre ambos enfoques de sanación y salud generará un modelo de atención más holístico, que respete e incorpore los valores culturales Māori, fomentando en última instancia un entorno más inclusivo para los pacientes Māori. Se destacan los beneficios potenciales de un enfoque más colaborativo y se presentan una serie de recomendaciones para los responsables de la formulación de políticas.

Conclusión: En definitiva, este artículo sostiene que la integración del *rongoā* Māori dentro del sistema de salud es esencial para alcanzar resultados de salud equitativos y respetar el patrimonio cultural del pueblo Indígena Māori de este país.

Palabras clave: Māori, salud, sistemas de salud, integración, equidad.

REFERENCES

- [1] Ahuriri-Driscoll A, Baker V, Hepi M, Hudson M. The Future of Rongoā-Māori: Wellbeing and Sustainability. Institute of Environmental Science and Research Ltd; 2009.
- [2] Jones R. Rongoā Māori and Primary Health Care. Auckland: University of Auckland; 2000.
- [3] Keats-Farr L. He kākano ahau: Exploring everyday engagement with rongoā Māori and well-being [PhD thesis]. Palmerston North: Massey University; 2022.
- [4] Mark G. Rongoā Māori (Traditional Māori Healing) through the eyes of Māori healer: Sharing the healing while keeping the Tapu [Master's thesis]. Palmerston North: Massey University; 2012.
- [5] Mark G, Johnson M, Boulton A. Cultural, Ethical, Research, Legal and Scientific (CERLS) Issues of Rongoā Māori Research. Whanganui: Whakauae Research for Māori Health and Development; 2018.
- [6] Mark G, Boulton A, Kerridge D. Rongoā Māori is not a complementary and alternative medicine, Rongoā Māori is a way of life. *Int J Hum Rights Educ*. 2019;3(1):1–17.
- [7] Marques B, Freeman C, Carter L. Adapting traditional healing values and beliefs into therapeutic cultural environments for health and well-being. *Int J Environ Res Public Health*. 2022;19(1):426.
- [8] Mark GT, Lyons AC. Māori healers' views on wellbeing: The importance of mind, body, spirit, family and land. *Soc Sci Med*. 2010;70(11):1756–64.
- [9] Ahuriri-Driscoll A, Baker V. Traditional healing and Indigenous wellbeing in Aotearoa, New Zealand. In: *Routledge Handbook of Indigenous Wellbeing*. London: Routledge; 2019. p. 58–70.
- [10] Marques B, McIntosh J, Hall C. Cross-cultural Rongoā healing: a landscape response to urban health. *Landscape Res*. 2023;48(8):1091–107.
- [11] New Zealand History. Treaty of Waitangi. 2024 [cited 2025 Oct 3]. Available at: <https://nzhistory.govt.nz/politics/treaty-of-waitangi>.
- [12] Waitangi Tribunal. Ko Aotearoa Tēnei: A report into claims concerning New Zealand law and policy affecting Māori culture and identity – Te Taumata Tuatahi. Lower Hutt (NZ): Waitangi Tribunal; 2011. Report No.: WAI 262.
- [13] Ministry of Health. Pae Tū: Hauora Māori Strategy. Wellington: Ministry of Health; 2023.

- [14] Wihōngi H. Tino rangatiratanga in health policies and practises: A Kaupapa Māori analysis of the 1996 National Cervical Screening Programme's policy document – the years 1990 to 2000 [Master's thesis]. Hamilton: University of Waikato; 2010.
- [15] Waitangi Tribunal. HAUORA: Report on stage one of the health services and outcomes Kaupapa inquiry. Wellington: Waitangi Tribunal; 2019.
- [16] Came H, O'Sullivan D, Kidd J, McCreanor T. The Waitangi Tribunal's Wai 2575 Report: Implications for decolonizing health systems. 2020.
- [17] Gauld R. Healthcare system restructuring in New Zealand: problems and proposed solutions. *Asia Pac J Health Manag.* 2016;11(3):75–80.
- [18] Espiner E, Paine S, Weston M, Curtis E. Barriers and facilitators for Māori in accessing hospital services in Aotearoa New Zealand. *N Z Med J.* 2021;134(1546):47–58.
- [19] Kidd J, Tipa Z, Arnet H, Renata H. Hauora Māori: Aspirations of Māori health practitioners for a culturally relevant health system. *Ethnogr Edge.* 2025;8(1):57–76.
- [20] Graham R, Masters-Awatere B. Experiences of Māori of Aotearoa New Zealand's public health system: a systematic review of two decades of published qualitative research. *Aust N Z J Public Health.* 2020;44:193–200.
- [21] Jansen P, Bacal K, Crengle S. He Ritenga Whakaaro: Māori experiences of health services. Auckland: AMO Associates; 2009.
- [22] Gurney JK, McLeod M, Thomas C, Campbell D, Dennett E, Jackson S, et al. Understanding disparities in post-operative mortality for Indigenous patients. *N Z Med J.* 2022;135(1565):104–10.
- [23] Epstein RM, Street RL. The values and value of patient-centered care. *Ann Fam Med.* 2011;9(2):100–3.
- [24] Carswell P. Te Whiringa Ora: person-centred and integrated care in the Eastern Bay of Plenty, New Zealand. *Int J Integr Care.* 2015;15:1–15.
- [25] Allen L, Hatala A, Ijaz S, Courchene D, Bushie B. Indigenous-led health care partnerships in Canada. *CMAJ.* 2020;192.
- [26] Walker S, Eketone A, Gibbs A. An exploration of Kaupapa Māori research, its principles, processes and applications. *Int J Soc Res Methodol.* 2006;9:331–44.
- [27] Pihama L, Cram F, Walker S. Creating methodological space: A literature review of Kaupapa Māori research. *Can J Native Educ.* 2002;26(1):30–43.
- [28] Boulton A. Implementing Indigenous research ethics at the interface. In: George L, editor. *The Limits of Research Ethics: Indigenous Knowledges, Values, and Priorities.* Bingley (UK): Emerald Publishing; 2020.
- [29] Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Adm Policy Ment Health.* 2015;42:533–44.
- [30] Green J, Thorogood N. *Research Methods in Health: Investigating Health and Health Services* [Internet]. 3rd ed. London: SAGE; 2009.
- [31] Stake RE. Case Studies. In: Denzin NK, Lincoln YS, editors. *Strategies of Qualitative Inquiry.* 2nd ed. Thousand Oaks: Sage Publications; 2000.
- [32] Mark G, Kerridge D. Māori healers and medical doctors: Collaboration, integration or cooperation? *Aust Community Psychol.* 2012;24.
- [33] Mark G, Chamberlain K, Boulton A. Rourou Māori methodological approach to research. *MAI J.* 2017;6(1):60–70.
- [34] Mark G, Boulton A, Kerridge D, Allport T, Potaka-Osborne G. Te Ao Rauropi. 2024 [cited 2025 Oct 3]. Available at: <https://www.teaorauropi.co.nz/te-ao-rauropi-model>.
- [35] Cumming J, Middleton L, Silwal P, Tenbensen T. Integrated care in Aotearoa New Zealand 2008–2020. *Int J Integr Care.* 2021;21(4):1–17.
- [36] Brown H, Bryder L. Universal healthcare for all? Māori health inequalities in Aotearoa New Zealand. *Soc Sci Med.* 2023;319:1–15.
- [37] Elujoba AA, Odeleye OM, Ogunyemi CM. Traditional medicine development for medical and dental primary health care delivery system in Africa. *Afr J Tradit Complement Altern Med.* 2005;2:46–61.
- [38] Mark G, Koea J. Bridging Rongoā Māori healing and medical health treatment collaboration. Auckland: Health Research Council; 2021.
- [39] Aboriginal and Northern Services Canada. Healing from the Centre: Integrating Aboriginal healing into the health system. Ottawa: Government of Canada; 2022.
- [40] Mark G, Koea J, Kerridge D, Boulton A; Health Research Council of New Zealand. Te Matahourua: Charting the course of Rongoā and medical collaboration. Auckland: Health Research Council; 2024.
- [41] Mokgobi MG. Views on traditional healing: Implications for integration of traditional healing and Western medicine in South Africa [PhD thesis]. Pretoria: University of South Africa; 2012.
- [42] Chrystal K, Allan S, Forgeson G, Isaacs R. The use of complementary/alternative medicine by cancer patients in a New Zealand regional cancer treatment centre. *N Z Med J.* 2003;116(1168).
- [43] Mark G. Rongoā ki a ngaiatouu: Māori views on Rongoā Māori and primary health. Whanganui: Whakauae Research for Māori Health and Development; 2014.
- [44] Kwame A. Integrating traditional medicine and healing into the Ghanaian mainstream health system: Voices from within. *Qual Health Res.* 2021;31(10):1847–60.

- [45] Roher SIG, Andrew P, Chatwood S, Fairman K, Galloway T, Mashford-Pringle A, et al. Nats'oji (healing): Examining patient and provider experiences with hospital-based Indigenous wellness services in Northwest Territories, Canada. *Can J Public Health*. 2025;116(2):272–83.
- [46] Soriano S. Wholeness and interconnection as the foundation for a new epistemology of health. *Glob Adv Integr Med Health*. 2025;14:27536130251328636.
- [47] Shrestha HL, Shrestha L, McArthur M, Rowe RK, Maar M, Walker JD. Traditional healing and medicine in dementia care for Indigenous populations in North America, Australia, and New Zealand: Exploring culturally-safe dementia care policy from a global perspective. *Alzheimers Dement Diagn Assess Dis Monit*. 2023;16(4).
- [48] Trindade YSL, Vieira Farias MEAM, Frota NA, Andrade KSO, Maximino JS, Eugênio AP, et al. Public health in Indigenous populations: Integrative approaches to rescue traditional knowledge. *ARACE*. 2025;7.
- [49] Green B, Colucci E. Traditional healers' and biomedical practitioners' perceptions of collaborative mental health-care in low- and middle-income countries: A systematic review. *Transcult Psychiatry*. 2020;57(1):94–107.
- [50] Koea J, Mark G, Kerridge D, Boulton A. Te Matahouroa: A feasibility trial combining Rongoā Māori and Western medicine in a surgical outpatient setting. *N Z Med J*. 2024;21(1597):25–35.
- [51] Kabyemela M. Traditional medicine: A complementary and accommodating health services delivery system at the village level of Tanzania. *Afr Stud Q*. 2020;19(2):1–15.