

Table 4 Summary of empirical literature

Author/ Year	Study design	Methods (derived from article)	Population/ Setting	Summary of study	Findings/ Conclusions
Berger-González et al. 2016	Qualitative/ Ethnographic	Ethnographic fieldwork and interviews	Maya people in Guatemala	Ethnographic study that includes interviews with 67 different Maya healers. The complete study was undertaken throughout a period of 2 years.	Traditional medicine (TM) has strong foundations on social networks. Social networks are determinants of health for indigenous people and fundamental in the healing process.
Pinkoane et al. 2005	Qualitative	Video-recordings and semi-structured interviews including field-notes after each session.	Soth-Sotho people from the towns of Maokeng, Ikageng and Sebokeng in South Africa.	The study consisted on 2 phases. Firstly the interactions between patients and 6 different traditional healers were video-recorded, and followed by interview sessions with both healers (6) and patients (2 per healer).	Demographics show that TM users are of young age (39yr old average). The patient-healer interaction consists of an initial divination methods followed by immediate treatment that includes medicines. Family plays an important role although patients assume full responsibility for the healing.
Maiello 2008	N/A	N/A	Sangoma culture in north eastern South Africa	Opinion paper, based on a cross-cultural research on psychotherapy and the identified issues surrounding the therapeutic relationships.	In spite of the differences in concepts and use of verbal language, the author concludes that TM and mental-health therapies in western medicine have similarities and intercultural dialogues can benefit both practices.
Lambert 1997	Qualitative/ Ethnographic	Ethnographic fieldwork	Rajasthani people in India	Empirical study involving ethnographic fieldwork carried out during a 30 month period. The study focuses on the cultural understandings of sickness and traditional therapeutic rituals.	Although the details in the descriptions of health, illness and related TM practices are different, similarities are found between different locations. Auspicious and inauspicious descriptions reveal the individual's dealings with health-related matters. Auspiciousness is a key focus of TM.
Massé 2002	Qualitative	Fieldwork (no further details of the methods are described in the text)	Creole Caribbean people from Martinique, Santa-Lucia and Barbados.	Analysis based on two research projects and different fieldworks carried out by the author and 6 graduate students over a 7 year period in Martinique, Santa-Lucia and Barbados.	TM users believe in the existence of supernatural forces, this influences the interpretations and health-related practices. The patient-healer relationship is asymmetric, although there is a symmetric involvement of beliefs that are shared between TH and patients.
Thornton 2015	Qualitative/ Ethnographic	Ethnographic fieldwork	Sangoma culture in the District of Umjindi in South Africa	Long-term ethnographic study (over 15 years) focused on the interpretation of health-related practices and beliefs. The author was trained in the practice of traditional healing as part of this work.	TM are a set of practices - magic - that are appropriately situated in the emotional and spiritual context of the patient, and in this sense comparable to biomedicine. Differences are mainly understood in ways that both systems perceive the patient and the population. Networks are important in TM.
Waldram 2015	Qualitative/ Ethnographic	Video recordings and interviews	Q'eqchi Maya indigenous in southern Belize	Ethnographic study based on 10 year fieldwork including recorded interviews with 7 healers and their patients and video-recorded sessions. The patients were interviewed after the healing session.	The healer-patient interaction is not reliant on verbal communication. Symbolic and subtle corporeal language is used in many TM practices. TH's knowledge is specialized and technical. While this knowledge may not be understandable to patients or to some societies, TM users accept this. The healer-patient relationship does not need shared worldviews, language or culture to be effective.
Capps 2011	Qualitative/ Ethnographic	Participant observation, photography, video recordings and in-depth interviews	Hmong Americans in Milwaukee, United States	Ethnographic case study including participant observation and video recordings of a particular spiritual healing ceremony performed by a Hmong American healer and followed by in-depth interviews.	The use of both TM and biomedical health-care is common. Relationships are emphasised in the practice of TM. Family and social support are essential in the healing process. Respect, harmony and reciprocity are cultural values present in the healer-patient interaction.

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*Greenway 1998	Qualitative/ Ethnographic	Formal and informal interviews	Quechua indigenous in the southern Peruvian Andes	Study based on formal interviews on 43 households over a 15 month period and additional 4 months fieldwork, including informal interviews, discussions and observations of health-related practices.	TM is more than a health-care practice, is perceived as a process of reinstating the indigenous individual's identity. The medicines used in TM are usually used outside the patient's body. Western medicine does not address all of the indigenous health-related needs and thus, lacks treatments for some indigenous ailments.
*Westermeyer 1988	Qualitative	Ethnographic field-notes and interviews	Lao and Hmong populations in Laos	The study consisted mainly on conversations with patients, their families and 9 healers about traditional medicines. Interviews were undertaken during 7 visits over a period of 36 months.	The differences between Lao and Hmong TM were remarkable. However, concepts related to animistic and spiritual features were identified in both cultures. Lao culture revealed more diversity of treatments, concepts and types of TH. Unlike Hmong, most Lao descriptions of illness involve supernatural causation. TH are considered influential people in both cultures.
*Cardona-Arias 2012	Qualitative/ Ethnographic	Participant observation, field notes and semi-structured interviews	Embera-Chami indigenous from Caldas department in Colombia	Ethnographic study focused on the traditional medical system of the community and involving interviews with different types of traditional healers. The study was undertaken over a period of 1 year.	Spiritual concepts are fundamental in TM and to the indigenous people. Social networks play an important role in the healing process. Balance and harmony between body-mind-spirit of the individual and her environment are key aspects of TM. Health system integration and appropriate use of TM requires more research.
*Maher 1999	Qualitative	Review of literature	Aboriginal people throughout Australia	A Literature review of the aspects related to traditional health beliefs of different Aboriginal cultures mostly from rural and remote regions in Australia.	TM involve supernatural descriptions and interactions. TH are influential people and respected among their communities. There are various types of TM. The differences of health-related concepts between aboriginal and western medicine reflect the gaps between cultures.
*Reeve 2000	Mixed methods Quantitative and Qualitative	Interviews	Caboclo community in the lower Amazon - Abaetetuba region in Brazil	The study consisted on interviews with household members of the community and focused on concepts of illness and treatments. A total of 107 interviews were conducted over a 4 week period.	Health-related concepts of Caboclo people reflect the cultural amalgamation in the lower Amazon. TM is part of the identity of this culture. Accordingly, western medicine is considered a complementary medicine. Nonetheless, improved health-care services are needed in the region.
*Risenga et al. 2007	Qualitative	Focus groups and Interviews	Shangaan people in Limpopo province in northern South Africa	This study was focused on exploring the cultural beliefs and treatments related to hypertension, consisting of individual interviews with 15 traditional healers and focus groups with patients (30).	The descriptions of illness (hypertension) are influenced by the cultural concepts of health and worldviews. Importance of the relationships with ancestors is highlighted in TM. Western medicine is used for complications only. TM was reported as effective, although some treatments were uncomfortable. However, TM is preferred over western medicine for the prolonged use of medicines.
*White 2015	Qualitative	N/A	African indigenous in Ghana	Review of literature about the concepts of health and illness commonly used among African traditional cultures, specifically from Ghana. The analysis uses a phenomenological approach.	TM is available and accessible to the majority of the African population. Additionally, TM addresses mind-body-spirit which is important for many patients. TM is part of the cultural and religious context of individuals and a way in which people have dealt with illness for a long time. Western medical interventions must be sensitive to these facts.
*Turner 1989	Qualitative	Participant observation and field notes	Inupiat Eskimo population of Point Hope in Alaska	Empirical study that narrates the historical development of the culture and the traditional healing practice as it is currently undertaken. The study took place over a period of 11 months.	Religion missions had a deep impact in the culture and practice of TM. The perception of TH (good vs bad) was affected by the religious perceptions introduced with the missionaries. The Inupiat TM that prevailed focuses on the management of energies through the use of hands. TM has incorporated religious terms to the descriptions of illness and health-related treatments.

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*Yanez del Pozo 2005	Qualitative	Review of literature	Andean Indigenous throughout South America, includes examples in other cultures of the American continent	Review of different studies focused on health-related concepts and practices based on indigenous views. The results were presented and discussed among indigenous representatives in Ecuador.	TM is based on concepts of balance and harmony, with relevant applications to the relationships of the individual. TH's are considered bridges between the spiritual and physical realms. The appearance of new diseases require the use of biomedicine for indigenous populations. However, better dialogues and understanding of these cultures are needed within wesrtern health-care practice.
*Naranjo 2010	N/A	N/A	Different Indigenous populations in Ecuador	Review and analisis of ethnomedical and ethnobotanical concepts of Andean shamanic practices presented in the "First Andean Congress of Ethnomedicine" that took place in March 2007	N/A since this was not empirical work
*Valencia 2010	N/A	N/A	Andean Indigenous throughout South America	Review of andean worldviews and health related concepts. Based on the discussions presented at the "First Andean Congress of Ethnomedicine" that took place in March 2007 in Ecuador	N/A since this was not empirical work
*Mideros 2010	N/A	N/A	Andean Indigenous throughout South America	Review and comparison between Andean and allopathic birth practices, based on discussion from the "First Andean Congress of Ethnomedicine" that took place in March 2007 in Ecuador	N/A since this was not empirical work
*Jacome 2010	Opinion	N/A	Andean Indigenous in Ecuador	Opinion paper, based on the discussions that took place on the Congress of Intercultural Health in Ecuador in March 2010, organised by the "Fundacion Taitas y Mamas Yachaks del Ecuador".	N/A since this was not empirical work

* Literature not focused on the patient-healer relationship, but reconsidered for discussion