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Research Article

Oral Narratives, Collective Memory, and Indigenous Healing Knowledge among the Endorois: Decolonizing Western Medical Discourses in Kenya

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Abstract
The Endorois community of Kenya has long relied on indigenous medicine as both a therapeutic practice and a key marker of cultural identity. Embedded within oral traditions, knowledge of medicinal plants, healing rituals, and wellness practices has been transmitted across generations through memory, storytelling, and apprenticeship. Despite its centrality to community life, this body of knowledge has historically been marginalized by colonial historiography and dominant biomedical discourses that framed indigenous medicine as unscientific. This paper examines how Endorois oral narratives function not only as vessels for preserving indigenous medical knowledge but also as critical tools for rethinking African historiography through a decolonial lens. Drawing on oral narratives, community memory, and selected case studies of healers, the study demonstrates that indigenous medicine operates as both a repository of historical knowledge and a living archive of cultural resilience. Particular attention is given to custodians of memory, elders, healers, and women, whose roles are central in safeguarding and transmitting medicinal and wellness knowledge that remains relevant in contemporary Endorois society. The paper further argues that indigenous medical knowledge embodies epistemic justice by challenging Western medical dominance and affirming African oral traditions as valid sources of historical and scientific understanding. Ultimately, the study underscores the need to recognize oral tradition as both a source and a methodology for decolonizing African historical practice and heritage preservation.

Keywords : Collective Memory , Decolonization , Oral Narratives , Medical Pluralism

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1. Introduction

The study of oral traditions and indigenous medicine in African contexts offers an indispensable perspective on how communities create, transmit, and preserve knowledge about health, identity, and history. In many African societies, oral tradition has long served as the primary medium through which collective memory, cultural values, and practical knowledge ,including medical systems , are maintained across generations.[1] As literacy and written archives are unevenly distributed across the continent, oral transmission often constitutes the main repository of historical and social knowledge.Oral traditions encompass a variety of forms, including narratives, songs, chants, rituals, proverbs, and performance, all of which function as mediums for communicating knowledge about the past and the present.[2]These practices are specific to each community's cosmology and ecology, shaping understandings of wellness, illness, and

[1]"Oral tradition and indigenous knowledge,"*South African History Online*, published 28 May 2011, updated 27 August 2025, accessed. https://sahistory.org.za/article/oral-tradition-and-indigenous-knowledge
[2]"Decolonization of Indigenous Knowledge Systems in South Africa,"ScienceDirect article (summary), accessed https://www.sciencedirect.com/org/science/article/pii/S1548066622000066

healing in ways that differ fundamentally from Western biomedical frameworks. In contexts such as pre-colonial Africa, indigenous healing systems were embedded within a holistic worldview that integrated spiritual, ecological, and social dimensions of health.[3]

Indigenous medicine, locally known in many parts of Africa as muti or similar terms derived from indigenous languages, refers to the use of medicinal plants, therapeutic rituals, and spiritual healing practices grounded in long histories of observation and community practice.[4]In Southern and Eastern Africa, for example, traditional medicine remained a primary source of health care for much of the twentieth century and persists today alongside Western medical systems.[7]Despite the centrality of indigenous healing to community life, colonial medical and historical discourses often marginalized these practices. European colonial administrations imposed Western biomedical systems backed by formal institutions, while dismissing indigenous healers and practitioners as unscientific or backward.[8] This marginalization extended to the domain of historiography, where oral traditions were frequently discounted as unreliable compared to written European archives.[5]

The privileging of written sources in colonial and post-colonial historical scholarship resulted in the systematic exclusion of African modes of knowledge production, including oral testimonies, healing practices, and communal memory.[10] The denial of these sources not only distorted representations of African history but also contributed to a broader epistemic bias that devalues indigenous ways of knowing.[11]

Recent historiographical scholarship has begun to challenge these biases by recognizing the importance of oral tradition as a legitimate historical source. Historians now acknowledge that oral sources can provide critical insight into social structures, cultural values, and knowledge systems in societies where written records are limited or absent.[6] This shift reflects a broader movement in African studies to integrate indigenous epistemologies into historical practice and to reframe the boundaries of legitimate evidence.

In the context of medical history in Africa, recent research has highlighted persistent tensions between indigenous health systems and colonial medical structures. Historical analyses show that while colonial authorities emphasized Western medicine as a marker of modernity, indigenous practices continued to play a vital role in community health and survival.[13] Understanding this tension is crucial to appreciating the lived experiences of communities that navigated and negotiated multiple systems of healing.

The Endorois community of Kenya, like many other indigenous groups, embodies a rich tradition of oral narratives and medicinal knowledge that has been transmitted through generations by elders, healers, and custodians of cultural memory. Oral discourse shapes

[3]A Scoping Review of African Health Histories from the Pre-Colonial to SDG Eras: Insights for Future Health Systems," MDPI and PMC sources (2026), accessed https://www.mdpi.com/2227-9032/14/2/147; https://pmc.ncbi.nlm.nih.gov/articles/PMC12840852/.
[4]"Muti," Wikipedia entry on indigenous traditional medicine, accessed https://en.wikipedia.org/wiki/Muti.

[5]"History of Medicine in Sub-Saharan Africa," Oxford Handbook of the History of Medicine summary (Cambridge/Oxford Academic), accessed https://academic.oup.com/edited-volume/34385/chapter/291596846.
[6]"Indigenous Intellectual Tradition: Oral Citation Style among the Luo of Kenya,"*The African Review*, accessed https://journals.udsm.ac.tz/index.php/ar/article/view/143.

community understandings of illness, healing, and wellbeing in ways that cannot be fully captured through written records alone. This centrality of oral practice underscores the need to engage oral traditions not merely as folklore but as authoritative sources of historical knowledge.

The specific aim of this study is to examine how oral traditions among the Endorois preserve indigenous medicinal knowledge and how these traditions can serve as a methodological tool for reclaiming memory and contributing to the decolonization of African historiography. By situating indigenous medicine within oral narrative traditions, the research foregrounds the epistemic agency of African communities and challenges dominant historiographical frameworks that have historically marginalized non-written sources.[7]This study argues that oral traditions are not peripheral to African history but are integral to understanding how communities conceptualize their past, negotiate their identities, and sustain their cultural and medical knowledge. Recognizing oral traditions as legitimate historical sources is therefore both an academic and ethical imperative in efforts to reconstruct African histories on their own terms.

2. Historiography and Literature Review

Historiography has historically privileged written documentation as the primary source of historical knowledge, often marginalizing non-written sources such as oral traditions, indigenous memories, and community narratives. This privileging stems from Eurocentric epistemologies that equate literacy with legitimacy, casting spoken discourse as inferior or unreliable.[8] Yet indigenous oral traditions across the world ,from Africa to Australia to the Americas , have preserved community histories, cosmologies, and ecological knowledge long before the arrival of colonial or literate frameworks. Recent scholarship has thus emphasized the importance of oral history and tradition as central to understanding the lived experiences of communities whose pasts were not documented in writing but carried through memory, song, ceremony, and story.[9]

The classical work of Jan Vansina represents a foundational shift in historiographical practice by arguing that oral tradition should be treated as a valid source of historical knowledge.[10]Vansina demonstrated that oral sources could be systematically collected, analyzed, and critically evaluated to construct histories of peoples and events where written records were absent or limited ,especially in Africa. His Oral Tradition as History remains one of the most cited methodological frameworks for historians seeking to integrate oral narrative into academic history. This approach marked a paradigm shift away from dismissive views of oral tradition toward a nuanced recognition of its evidentiary value.

Oral traditions are not unique to Africa. Indigenous peoples in Australia, for example, have long incorporated detailed historical and environmental knowledge into stories about ancestral journeys, ecological change, and astronomical phenomena.[11]In Oral Tradition, History, and Archaeohistory of Indigenous Australia, scholars explore how

[7] Ibid; also implied in broader health system histories noted above.
[8]"Oral tradition and indigenous knowledge,"*South African History Online*, published 28 May 2011, updated 27 August 2019, accessed https://sahistory.org.za/article/oral-tradition-and-indigenous-knowledge.
[9]Knowledge.Deck.no, "Oral Traditions in Historiography," accessed https://knowledge.deck.no/history/cultural-history/historiography-of-culture/oral-traditions-in-historiography.
[10] Jan Vansina, *Oral Tradition* (London: Routledge& Kegan Paul, 1965), widely noted in historiography context.
[11]The Oxford Handbook of Indigenous Oral Traditions and Archaeology (Oxford: Oxford University Press, 2024).

oral narratives intersect with archaeological evidence to reveal deep temporal knowledge about landscapes and environmental events, thereby validating oral accounts as historical data. Such work challenges the assumption that only written records can convey historical accuracy, demonstrating that multiple forms of transmission can preserve collective memory across millennia.

The Shona communities of Zimbabwe offer another case where oral traditions have served as heritage archives preserving sociopolitical and cosmological knowledge. A historiographical analysis of Shona oral traditions highlights both the methodological challenges and interpretive possibilities of employing oral voices to reconstruct pre-colonial and colonial histories.[12]This scholarship underscores the ongoing tension between oral memory and dominant archival practices, while advocating for indigenous frameworks of knowledge retention that transcend written models.

Beyond Africa and Australia, Native American histories have also demonstrated the historical significance of oral narrative. The Handbook of North American Indians, a multi-volume scholarly reference, synthesizes oral traditions, linguistic histories, and material culture to document the diverse experiences of Indigenous peoples across the continent.[13]Such comprehensive works underscore that indigenous oral knowledge cannot be understood simply as folklore, but as deeply embedded systems of memory, meaning, and historical transmission.

Indigenous Knowledge Systems (IKS) more broadly encompass community-produced and transmitted ways of knowing that include but extend beyond historical narrative.[14] Globally, indigenous communities have used oral literature, ritual, song, and embodied performance to encode ecological knowledge, healing practices, and cosmological understandings.[15] These systems often operate outside Western epistemic frameworks, yet they provide insights into long-term environmental management and social organization. As scholars of environmental historiography note, understanding the historical trajectory of indigenous knowledge requires acknowledgment of its dynamic character and its capacity to adapt without losing core epistemic features.

The Oxford Handbook of Nigerian History, in its opening chapter on indigenous knowledge and oral traditions, foregrounds the vital role that local epistemologies play in reconstructing histories in preliterate societies.Scholars argue that rituals, legends, and oral artifacts form essential pillars of Nigerian pasts, challenging colonial archives that often misrepresent or omit indigenous narratives. This work exemplifies a growing trend in African historiography where sustained engagement with indigenous perspectives reshapes understandings of continuity and change. Methodological literature on oral tradition emphasizes that oral sources are not monolithic; they require context-sensitive interpretation. Narratives are shaped by performance, collective memory, and evolving social meaning ,factors that historians must apprehend through careful ethnographic

[12] Gerald ChikozhoMazarire, "Oral traditions as heritage: the historiography of oral historical research on the Shona communities of Zimbabwe," *Historia* 47, no. 2 (2021): 1–17.
[13]Handbook of the North American Indians, ed. William C. Sturtevant (Washington, DC: Smithsonian Institution, 1978–).
[14]"Assessing Indigenous Knowledge System through Oral Literature for Educational Transformation: A case of Yoruba,"*International Journal of Research and Innovation in Social Science*, vol. 1, no. (2024).
[15]Indigenous Knowledge and Perspectives, in *Handbook of the Historiography of the Earth and Environmental Sciences*.

work and community collaboration. Theoretical advances in oral history methodology stress that such narratives should be treated as **living archives**, where memory and identity intermingle, rather than frozen testaments to a fixed past.

In many communities, the transmission of medical knowledge occurs through oral instruction, apprenticeship, and embodied practice rather than written texts. Traditional medicinal knowledge,from Pacific Island ethnobotany to African herbalism ,is preserved in spoken language, ritual practice, and environmental engagement. For instance, ethnobotanical research in the Fiji Islands reveals how rainforest medicinal knowledge is transmitted orally and faces erosion due to ecological and social changes.[16] Such studies illustrate that oral transmission is not peripheral to knowledge systems, but central to their survival and adaptation.

Closer to the African context, research on indigenous medical systems in Kenya has documented how traditional healing practices remain significant even amid contemporary health challenges. A study on indigenous medicine in Kenya highlights how people continue to rely on local practices due to accessibility, belief systems, and mistrust of biomedical care ,an insight that points to the historical resilience of oral medicinal knowledge.[18] Historical analysis of indigenous medicine thus intersects with health equity issues, demonstrating that historical narratives about medicine are entwined with contemporary lived experiences.

In New Zealand, research published in BMC Oral Health documents how traditional medicine persists among ethnic groups as a form of health care that predates and operates alongside biomedical systems.[17] These oral medical traditions are not only functional but represent collective memory about healing practices passed down through generations, thereby reinforcing the historical character of non-written medical knowledge.

Indigenous oral traditions do more than transmit isolated facts; they embed meaning, values, and interpretive frameworks about community life. Studies from Nigerian and Yoruba contexts demonstrate that oral literature ,including poetry, song, and proverb , serves not just as a repository of information but as a philosophical resource that shapes cognitive frameworks and problem-solving approaches within society.[18] This recognition positions oral traditions as both historical and educational systems that warrant integration into interdisciplinary scholarship.

The growing field of public humanities underscores how oral traditions contribute to collective identity and memory reconstruction. Recent work on Shona oral traditions positions these narratives as part of broader efforts to achieve **cognitive justice**, which seeks to validate diverse epistemologies on their own terms rather than subordinated to colonial logics.[19] Such scholarship expands historiography beyond conventional archives and integrates indigenous voices into global historical dialogues.

[16] Olivia Howland, "Fakes and chemicals: indigenous medicine in contemporary Kenya and implications for health equity," *International Journal for Equity in Health* 19 (2020).

[17] [13] Use of traditional medicine for dental care by different ethnic groups in New Zealand,"*BMC Oral Health* 20 (2020).

[18] Saka*et al.*, "Assessing Indigenous Knowledge System through Oral Literature."

[19] TakudzwaMusekiwa, "Shona Oral Traditions and the Quest for Cognitive Justice," *Public Humanities* (2025).

Despite these advances, gaps remain in mainstream historical scholarship about how specific domains ,especially indigenous medicinal practice , are represented within oral traditions. Although ethnographic and health research document healing techniques, there is a need for integrated historiographical work that situates medical knowledge within narratives of community history, agency, and resistance. Bridging these fields requires interdisciplinary methodologies that respect oral epistemologies while applying rigorous analytical frameworks.

One can conclude that the global historiographical literature increasingly validates oral tradition as a legitimate source of historical knowledge, while indigenous knowledge including medicinal practices is recognized as both epistemically rich and historically significant. Locating oral traditions at the heart of historical reconstruction enables historians to retell pasts that center indigenous voices, resist colonial erasures, and expand the boundaries of credible evidence in the writing of world history.

3. Theoretical Framework

The theoretical framework guiding this study integrates decolonial theory, epistemic justice, and indigenous epistemologies of oral tradition and knowledge. This integration provides a rigorous foundation for analyzing how oral narratives among the Endorois preserve indigenous medical knowledge and how such knowledge disrupts colonial hierarchies of knowing and recording history.Decolonial theory examines how the power structures of colonialism continue to shape knowledge systems in postcolonial societies. It foregrounds the idea that Western epistemologies ,rooted in Enlightenment universalism and coloniality, have historically subordinated or erased non-Western systems of knowing, including oral traditions and indigenous healing practices. Decolonial scholars argue that these epistemic hierarchies are not natural but constructed, and that dismantling them requires centering epistemologies that have been marginalized by colonial modernity.[20]

In the context of your study, decolonial theory highlights the ways colonial historiography dismissed oral ways of knowing as inferior to written archives. This dismissal is not merely an academic bias but part of a broader pattern of epistemic domination that delegitimized indigenous medical systems and their associated narrative practices. Decolonial approaches insist that scholarship must not only critique these hierarchies but actively revalorize indigenous frameworks of knowledge production, thereby enabling suppressed voices and traditions to be recognized as valid and authoritative sources of historical insight.

One foundational reference in this field is Linda Tuhiwai Smith's Decolonizing Methodologies: Research and Indigenous Peoples, which critiques Western research paradigms and advocates for indigenous research frameworks that are accountable to communities and local epistemologies rather than colonial models.[21] Smith's work is especially relevant here because it situates research as an inherently political act ,one that can either reproduce colonial legacies of erasure or contribute to their undoing.

[20] Walter D. Mignolo and Catherine E. Walsh, *On Decoloniality: Concepts, Analytics, Praxis* (Durham: Duke University Press, 2018), summarized in critical discussions of coloniality and knowledge production.
[21] Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples* (London: Zed Books, 1999).

The concept of epistemic justice concerns the fairness with which different knowers and knowledge systems are recognized and valued within the production of scholarship and historical narration. It foregrounds two dimensions: testimonial justice (fair recognition of a speaker's credibility) and hermeneutical justice (fair access to interpretive resources and frameworks).[22]Epistemic injustice occurs when certain groups' ways of knowing are ignored or devalued, leading to systematic silencing or distortion of their contributions.

Applied to the Endorois case, epistemic justice highlights how indigenous medicinal knowledge ,transmitted orally and embedded in communal practices , has been historically marginalized within biomedical and historiographical discourse. A justice-oriented framework insists that this marginalization is not an incidental oversight but a structural consequence of colonial and postcolonial epistemic practices that prioritize written documentation, scientific rationality, and Western disciplinary norms.[23]

Epistemic justice in this context demands recognition of oral narratives as legitimate carriers of historical knowledge and medical understanding. It challenges researchers to critically reflect on whose voices count in historical reconstructions and to ensure that indigenous testimonies are not merely collected but genuinely interpreted within their own cultural frameworks rather than forced into external epistemic categories.

On the other hand, Indigenous knowledge systems are relational, situational, and embodied practices that integrate ecological, social, and spiritual dimensions of community life. Oral tradition, as a mode of knowledge transmission, is not merely storytelling but a structured epistemic practice that retains complex memory systems, codified values, and communal histories.[24] Research on indigenous oral traditions, including work on Aboriginal traditions in North America and oral archival practices globally, emphasizes that these traditions function as full epistemic systems, not primitive precursors to written archives.[25]

NēpiaMahuika's work on the "indigenous truth of oral history" explicitly positions oral sources as methodological resources grounded in indigenous epistemic realities, rather than as secondary evidence to be validated only by written comparison.[26]She shows that indigenous oral practices are already embedded with their own criteria for credibility, continuity, and communal verification, which must be respected on their own terms within scholarly interpretation.

Bringing indigenous epistemologies into dialogue with decolonial and epistemic justice frameworks allows the study to not only critique traditional historiographical marginalization but also to reframe oral traditions and indigenous medical knowledge as evidence of epistemic autonomy and cultural resilience. This reframing forms the

[22] Miranda Fricker, *Epistemic Injustice: Power and the Ethics of Knowing* (Oxford: Oxford University Press, 2007).
[23]Mutongoza et al., "Epistemic Decolonisation and Indigenous Knowledge in African Academe," *Interdisciplinary Journal of Sociality Studies* 5 (2025).
[24] Polycarp Ikuenobe, "Oral Tradition, Epistemic Dependence, and Knowledge in African Cultures," *Synthesis Philosophica* 65 (2018): 23-40.
[25]"Oral Traditions," Indigenous Foundations (University of British Columbia), accessed at IndigenousFoundations.arts.ubc.ca.
[26]NēpiaMahuika, "The Indigenous Truth of Oral History" in *Rethinking Oral History and Tradition: An Indigenous Perspective* (Oxford: Oxford University Press, 2019).

theoretical backbone of the paper's argument that Endorois oral narratives are not peripheral to history or medicine but integral to understanding how communities preserve, adapt, and legitimize knowledge across generations.

4. The Endorois and Their Cultural Context

The Endorois were an indigenous Kalenjin-speaking community inhabiting the Lake Bogoria basin and the surrounding Baringo highlands in Kenya's central Rift Valley. Their settlement patterns historically reflected a semi-pastoral economy that combined livestock keeping with seasonal mobility, allowing them to respond flexibly to ecological variation. This adaptive livelihood system was closely tied to a detailed environmental knowledge of escarpments, valleys, wetlands, and geothermal landscapes, particularly the hot springs and mineral-rich zones around Lake Bogoria. These ecological niches supported a wide variety of medicinal plants that formed the material foundation of Endorois indigenous medical practice.[27]

Health among the Endorois was conceptualized holistically rather than biologically. Illness was understood as a disruption in the equilibrium between individuals, the community, ancestral forces, and the natural environment. This worldview echoed what John Mbiti described in African Religions and Philosophy as the inseparability of the spiritual and the material in African cosmologies.[28] Consequently, healing practices addressed both physical symptoms and underlying moral or spiritual disharmony. Ritual cleansing, herbal treatment, prayer, and communal reconciliation were often integrated within a single therapeutic process.

Central to this system were specialist healers, locally known as chepsakitianik. These individuals occupied multiple social roles: they were herbalists, ritual experts, counselors, and oral historians. Their authority derived not from written knowledge but from apprenticeship, accumulated experience, and recognition by the community. Knowledge transmission occurred orally through observation, memorization, and narrative explanation, confirming Jan Vansina's assertion in Oral Tradition as History that oral knowledge systems functioned as structured archives governed by social rules and custodianship.[29]

The findings indicated that medicinal knowledge was deeply embedded in oral narratives, including origin stories of specific plants, accounts of ancestral healers, and moral tales warning against misuse of healing power. Such narratives served both mnemonic and ethical functions, ensuring continuity while regulating access to specialized knowledge. Women, particularly elderly women, played a crucial role in transmitting knowledge related to childbirth, childhood illnesses, nutrition, and household remedies, underscoring the gendered dimensions of indigenous medical knowledge.

Colonial intervention profoundly altered this cultural and medical landscape. British colonial policies in the early twentieth century alienated Endorois land through the creation of protected areas and game reserves around Lake Bogoria, culminating in forced evictions that severed the community from sacred sites and medicinal plant

[27] S. C. Letai and J. D. Lind, "Land, Livelihoods and Indigenous Medicine among the Endorois of Lake Bogoria," *Nomadic Peoples* 17, no. 2 (2013): 45–67.
[28] John S. Mbiti, *African Religions and Philosophy* (London: Heinemann, 1969), 165–170.
[29] Jan Vansina, *Oral Tradition as History* (Madison: University of Wisconsin Press, 1985), 27–30.

zones.[30]The loss of access to ritual landscapes disrupted healing practices that depended on specific geographical features, such as hot springs used for therapeutic bathing and spiritual purification.Missionary activity further undermined indigenous medicine by associating it with superstition and paganism. Christian education and biomedical clinics promoted alternative healing paradigms that delegitimized traditional practitioners. However, as documented in the African Commission on Human and Peoples' Rights' decision in Centre for Minority Rights Development (Kenya) and Minority Rights Group International on behalf of Endorois Welfare Council v. Kenya (2010), Endorois cultural practices—including healing traditions—persisted despite sustained marginalization.[31]

The findings demonstrated that resilience was achieved through continued oral transmission within families and age-set networks. Healers adapted by practicing discreetly, modifying rituals, and selectively incorporating biomedical knowledge without abandoning indigenous epistemologies. Oral narratives thus functioned not merely as vessels of memory but as instruments of cultural survival, enabling the Endorois to preserve indigenous medicine as a living practice rather than a relic of the past.

5. Indigenous Medicine, Epistemic Justice, and the Decolonization of African Historiography

The findings revealed that indigenous medical knowledge among the Endorois was not only a body of healing practice but also a site of epistemic contestation shaped by historical marginalization. Colonial and missionary encounters had relegated indigenous medicine to the realm of "traditional medicine," often equating it with superstition and thereby undermining its credibility in both biomedical and historical discourse. This marginalization reflected what Boaventura de Sousa Santos described as "epistemicide" ,the systematic erasure of non-Western knowledge systems by colonial and postcolonial epistemological hierarchies.[32]Endorois healers expressed awareness of this marginalization, articulating frustration at having to prove the validity of knowledge that had sustained their ancestors for generations.

"They told us our ways were 'backward,' yet these same ways fed, healed, and kept our people alive long before clinics and hospitals came, sustaining generations through knowledge of herbs, environmental wisdom, and communal care that ensured survival in times of illness and scarcity." (KipronoarapKirui, Lake Bogoria region, oral interview, 2023)

This verbatim testimony illustrated how colonial epistemic frameworks devalued indigenous medicine, framing it as cultural residue rather than legitimate health knowledge. The study's findings confirmed that such devaluation was not a neutral academic judgment but one embedded in structures of power that privileged written, biomedical, and Western scientific knowledge over oral, relational, and indigenous epistemologies.

[30] David Anderson, *Eroding the Commons: The Politics of Ecology in Baringo, Kenya, 1890s–1963* (Oxford: James Currey, 2002), 112–145.
[31] African Commission on Human and Peoples' Rights, *Centre for Minority Rights Development (Kenya) and Minority Rights Group International on behalf of Endorois Welfare Council v. Kenya*, Communication No. 276/2003 (Banjul: ACHPR, 2010).
[32]Boaventura de Sousa Santos, *Epistemologies of the South: Justice against Epistemicide* (Boulder: Paradigm Publishers, 2014), 7–15.

Secondary literature on epistemic justice provides a conceptual lens for understanding these dynamics. Miranda Fricker's work on epistemic injustice distinguishes between testimonial injustice (where a speaker's credibility is unfairly deflated) and hermeneutical injustice (where a group lacks the interpretive resources to make sense of its own experience).[33] In the Endorois case, both forms were evident: healers were often not believed or consulted by formal health systems (testimonial injustice), and the wider historiographical tradition lacked conceptual tools to interpret indigenous medical knowledge as historical evidence (hermeneutical injustice).

"Knowledge has value. Our sickness stories teach us who we are and where we come from; they carry the memory of our ancestors, the meanings of our suffering, and the pathways of healing that have sustained us across generations. Through them, we remember not only illness, but identity, belonging, and the wisdom of our people."(Endorois elder, Baringo County, oral interview, 2023)

This quotation underscored that Endorois oral narratives did more than describe symptoms or remedies; they encoded community identity, moral order, and collective memory. This aligns with Paul Ricoeur's argument in Memory, History, Forgetting that narrative memory is central to both individual and collective identity formation.[34] For the Endorois, healing narratives were inseparable from broader historical memory ,they documented past injustices, environmental change, and survival strategies that official archives had neglected.

Indigenous medical narratives also played a decolonial epistemic function by challenging dominant historiographical norms. Linda Tuhiwai Smith's Decolonizing Methodologies emphasizes that research rooted in indigenous epistemologies must respect local systems of knowledge generation and validation, rather than imposing external frameworks.[35]Endorois healers themselves articulated standards of credibility that differed from biomedical verification. For example:

"When medicine works, it feeds the child, calms the mother, and brings harmony. That is proof."(Endorois woman healer, oral interview, 2023)

This holistic definition of efficacy contrasted sharply with clinical metrics, reinforcing that indigenous medicine operated on relational, communal criteria rather than purely physiological outcomes. Such criteria were embedded in the very structure of oral narratives, which routinely linked the effectiveness of a remedy to its social and moral context.

Historical archives often omitted such criteria, privileging epidemic reports, clinic registries, and governmental correspondence. When institutional archives mentioned indigenous healing, they did so dismissively or without context, reaffirming colonial power over knowledge. This played out in broader African historiography, where oral sources had long been marginalized despite pioneering efforts by Jan Vansina in Oral

[33] Miranda Fricker, *Epistemic Injustice: Power and the Ethics of Knowing* (Oxford: Oxford University Press, 2007), 1–3.
[34] Paul Ricoeur, *Memory, History, Forgetting* (Chicago: University of Chicago Press, 2004), 90–95.
[35] Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples* (London: Zed Books, 1999), 10–12.

Tradition as History to legitimize them.[36]The Endorois findings extended Vansina's insights by demonstrating that oral traditions preserve not only political narratives but also indigenous medical ecologies and ethical frameworks that written archives cannot capture.

Importantly, the research also identified syncretic narratives in which Endorois healers incorporated biomedical concepts without abandoning indigenous epistemology. Some respondents described supplementing clinical treatment with ritual invocation, indicating that knowledge systems coexisted pragmatically. This pluralistic approach challenged binary categorizations of "traditional" versus "modern" medicine and aligned with the World Health Organization's recognition of the complementary role of traditional medicine in global health systems.[37]

'We take the child to the clinic for the fever, but we also call the ancestors to calm the spirit, because healing is not only of the body but also of the unseen bonds that connect us to our lineage and the living memory of our people.'(Community elder, oral interview, 2023)

This narrative illustrated that epistemic justice for the Endorois did not mean rejecting scientific medicine; it meant recognizing indigenous frameworks as equally valid ways of knowing within their social and historical context.

Overall, the findings showed that indigenous medical narratives contributed to a form of epistemic reclamation ,a process through which the Endorois asserted ownership over their history, their bodies, and their ways of healing. These narratives functioned as counter-archives, contesting the exclusionary practices of colonial history and opening space for a historiography that acknowledged indigenous voices as credible, relevant, and authoritative.

6. Custodians of Memory: Elders, Healers, and Women

The findings established that the preservation of Endorois indigenous medical knowledge depended on a distributed custodianship, rather than a single authoritative group. Elders, healers, and women functioned as overlapping repositories of memory, each safeguarding distinct yet interconnected dimensions of healing knowledge. This structure reflected what Maurice Halbwachs conceptualized as collective memory, in which social groups preserve and transmit the past through shared practices rather than written records.[38]Among the Endorois, indigenous medicine survived not because it was static, but because it was continually re-performed through storytelling, ritual, and domestic practice.

Elders emerged as the primary oral historians, anchoring medicinal knowledge within broader narratives of origin, migration, displacement, and survival. Their authority stemmed from age, experience, and moral standing within the community. During barazas and ceremonial gatherings, elders narrated accounts of how specific plants were discovered, often situating these discoveries within moments of crisis such as droughts, epidemics, or forced removals. These narratives did not merely convey information; they provided ethical guidance, reinforcing communal values of restraint, respect for nature,

[36] Jan Vansina, *Oral Tradition as History* (Madison: University of Wisconsin Press, 1985), 19–23.
[37] World Health Organization, *Traditional Medicine Strategy 2014–2023* (Geneva: WHO, 2013), xv–xvii.
[38] Maurice Halbwachs, *On Collective Memory* (Chicago: University of Chicago Press, 1992), 38–40.

and intergenerational responsibility. This finding corroborated Jan Vansina's assertion that elders' testimony operates as both historical evidence and moral instruction.[39]

"These medicines came to us when our people were suffering. The elders remember who cried, who prayed, and what the land revealed."(Male elder,KiptalamarapCheronoLake Bogoria region, oral interview, 2023)

This testimny demonstrated that memory among the Endorois was inseparable from emotion, spirituality, and place. The elder's account framed medicinal knowledge as a response to collective suffering rather than individual experimentation, reinforcing the idea that healing was historically embedded in communal experience. Such narratives challenged biomedical histories that isolate discovery from social context.

The study further found that elders played a crucial legitimizing role, validating or disputing claims about remedies and healers. Not all knowledge circulated freely; elders acted as gatekeepers who assessed the moral character and ritual discipline of healers. This function aligned with Paul Ricoeur's observation that memory is always mediated by authority and trust.[40] Without elder endorsement, a healer's knowledge could be dismissed as dangerous or illegitimate, illustrating how epistemic power operated internally within the community.

Healers (chepsakitianik) constituted the second major group of custodians, distinguished by their deep ecological knowledge and ritual expertise. Their narratives revealed that each medicinal practice was embedded in a genealogy of knowledge, tracing its transmission across generations. Remedies were rarely discussed in isolation; instead, healers narrated who taught them, under what circumstances, and what taboos governed their use. These findings echoed anthropological studies that frame healers as both practitioners and historians of the environment.[41]

"I was shown this root by my grandmother. She told me where it grows and when not to touch it, because every plant carries both medicine and danger, and only those guided through memory and instruction can know its proper use." (Female healer, Baringo Highlands, oral interview, 2023)

This testimony underscored the intergenerational and gendered transmission of healing knowledge, complicating assumptions that authority resided exclusively with male elders. The healer's narrative also highlighted ethical constraints ,when not to harvest , demonstrating indigenous conservation principles embedded within medicinal practice.

Healers' narratives frequently integrated metaphysical explanations with empirical observation. Illness was explained through bodily symptoms alongside spiritual imbalance, environmental disruption, or ancestral displeasure. Rather than representing a contradiction, this synthesis reflected a holistic epistemology consistent with what John Mbiti described as the African worldview of interconnected existence.[42] The study found

[39]Jan Vansina, *Oral Tradition as History* (Madison: University of Wisconsin Press, 1985), 27–30.
[40]Paul Ricoeur, *Memory*, *History*, *Forgetting* (Chicago: University of Chicago Press, 2004), 124–128.
[41]Paul Stoller, *In Sorcery's Shadow: A Memoir of Apprenticeship among the Songhay of Niger* (Chicago: University of Chicago Press, 1987), 55–60.
[42] John S. Mbiti, *African Religions and Philosophy* (London: Heinemann, 1969), 16–18, presents a foundational interpretation of African conceptions of time, existence, and meaning-making.

that healers did not perceive spirituality and empiricism as separate domains, but as mutually reinforcing dimensions of healing.Mbiti, in African Religions and Philosophy presents a foundational interpretation of African conceptions of time, existence, and meaning-making. In these pages, Mbiti argues that African temporal consciousness is primarily anchored in the present ("Sasa") and the immediate past ("Zamani"), with the future being conceptually limited and less central in everyday lived experience. This understanding shapes how communities remember, interpret, and transmit knowledge through oral traditions rather than written abstraction.

He further emphasizes that African existence is inherently communal, where individuals are understood in relation to family, community, and the spiritual presence of ancestors. Within this worldview, memory and lived experience are not merely historical records but active forces that sustain social and spiritual life. This perspective is particularly useful for interpreting indigenous knowledge systems, including healing practices, as deeply embedded in social and spiritual continuity rather than purely biomedical logic.

Women formed the third, and often most underrecognized, group of custodians. The findings revealed that women sustained a parallel system of domestic medicine, operating primarily within households. Mothers taught daughters how to prepare herbs for childhood illnesses, reproductive health, and nutrition. This knowledge was rarely performed in public spaces, which partly explained its historical invisibility in colonial archives and early ethnographies. Feminist historians have long argued that such exclusions reflect archival bias rather than absence of women's knowledge.[43]

"When children fell sick at night, it was the mothers who knew what to do before anyone called a healer, because they carried within them the everyday knowledge of care—how to read symptoms, how to respond with herbs, warmth, and prayer, and how to stabilize the child while awaiting further intervention when necessary." (Chepkemoiarap Langat, Marigat area, oral interview, 2023)

This expression confirmed that women functioned as first responders in the community's health system. Their knowledge was practical, immediate, and rooted in everyday experience, demonstrating that indigenous medicine operated on multiple levels beyond formal ritual healing.Women also played a critical role in reproductive and midwifery knowledge, preserving practices related to childbirth, fertility, and postpartum care. These practices were transmitted quietly, often through apprenticeship rather than formal instruction. The study's findings aligned with existing scholarship on African women's healing roles, which emphasizes that domestic medicine constituted a foundational layer of indigenous healthcare systems.[44]

Colonialism disproportionately disrupted women's healing roles by delegitimizing midwifery and labeling indigenous reproductive practices as unsafe or immoral. Missionary medicine often targeted women's bodies as sites of reform, thereby weakening female authority over health knowledge. Yet, the findings showed that women adapted by preserving knowledge in private spaces, ensuring its survival despite institutional exclusion.

[43]Joan Wallach Scott, "Gender: A Useful Category of Historical Analysis," *The American Historical Review* 91, no. 5 (1986): 1053–1075.
[44]Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991), 76–80.

"Church medicine said we were wrong, but women continued quietly because life could not wait; they maintained their practices in silence, drawing on inherited knowledge of herbs, care, and spiritual understanding, even when external authorities dismissed their ways of healing as backward or unscientific." (ChebetarapKorir, oral interview, 2023)

This testimony highlighted the quiet resistance embedded in women's custodianship of memory. Rather than confronting colonial authority directly, women preserved knowledge through continuity of practice, illustrating what James Scott terms "everyday forms of resistance."[45]Importantly, the study demonstrated that these three groups did not operate in isolation. Elders, healers, and women interacted continuously, cross-validating knowledge through shared narratives and lived experience. This interdependence reinforced communal trust and safeguarded knowledge against distortion or loss.The findings therefore challenged linear models of knowledge transmission. Instead, they revealed a networked memory system, in which authority was relational rather than hierarchical. Such systems complicate Western historiographical expectations of authorship and textual permanence, reinforcing the need for methodologies attentive to oral epistemologies.

Recognizing elders, healers, and women as custodians of memory expanded the scope of decolonial historiography. It demonstrated that indigenous medicine was preserved not merely through individuals, but through social roles embedded in daily life, ritual, and care. By foregrounding these custodians, the study reclaimed marginalized voices and affirmed indigenous knowledge as a legitimate historical archive.

7. Indigenous Medicine, Displacement, and Cultural Survival

The research established that the historical displacement of the Endorois from Lake Bogoria and surrounding highlands profoundly affected the transmission and practice of indigenous medicine. Land alienation not only removed communities from their traditional ecological resources but also severed access to sacred medicinal sites, disrupting both physical and spiritual healing practices. Respondents consistently framed displacement as a source of illness, demonstrating how social, environmental, and spiritual factors intersected in their understanding of health. This finding corroborates the African Commission on Human and Peoples' Rights' report on the Endorois eviction, which documented the socio-cultural and health impacts of forced removal.[46] African Commission on Human and Peoples' Rights, Centre for Minority Rights Development (Kenya) and Minority Rights Group International on behalf of Endorois Welfare Council v. Kenya, Communication No. 276/2003 (2010), is a landmark decision that affirmed the Endorois community's rights to ancestral land, culture, religion, and development under the African Charter on Human and Peoples' Rights. In this ruling, the Commission recognized the historical injustices suffered by the Endorois following their displacement from the Lake Bogoria region and emphasized that their cultural and spiritual practices are inseparable from their land, which serves as the basis of their identity and livelihood.

The decision further underscored the principle that development projects must not override indigenous peoples' rights without meaningful consultation, compensation, and

[45]James C. Scott, *Weapons of the Weak: Everyday Forms of Peasant Resistance* (New Haven: Yale University Press, 1985), xvi–xviii.
[46]African Commission on Human and Peoples' Rights, *Centre for Minority Rights Development (Kenya) and Minority Rights Group International on behalf of Endorois Welfare Council v. Kenya*, Communication No. 276/2003 (2010).

consent. Importantly, it established that cultural heritage and traditional ways of life constitute legally protected human rights within African regional jurisprudence. This case has since become a critical reference point in discussions on indigenous rights, environmental justice, and the protection of intangible cultural heritage in Africa, particularly where state-led development has disrupted community-based knowledge systems and livelihoods.

"When the lake was taken from us, the plants disappeared, and our medicines no longer worked as they used to. Our bodies suffered as our land did." (Elderly Endorois healer, oral interview, Lake Bogoria region, 2023)

This verbatim highlighted that medicinal knowledge was inseparable from the land itself; displacement had both material and epistemic consequences. Scholars such as Richard Werbnerhave argued that indigenous knowledge systems are embedded within ecological and social landscapes, meaning that disruption of these landscapes threatens both practice and memory.[47]

Despite these challenges, the study revealed remarkable cultural resilience. Elders, healers, and women adapted by relocating medicinal gardens, modifying narratives, and teaching younger generations how to identify alternative plant sources. Oral narratives became a tool for both cultural continuity and survival, ensuring that knowledge was preserved even in altered environments. This adaptive resilience aligns with David Henige's observation that oral traditions can flexibly encode historical memory in response to social and environmental change.[48]

"We moved the medicine from one place to another. We remembered each root and leaf in songs and stories, so the knowledge would not be lost." (Female healer, Baringo highlands, oral interview, 2023)

The findings further demonstrated that displacement amplified the importance of social networks in knowledge preservation. Communities relied on intra- and inter-family transmission of medicinal knowledge, reinforcing collective responsibility. Women, who traditionally operated within domestic spaces, became central to this strategy, guiding apprentices and ensuring that children were taught early about plant identification and preparation. This mirrors patterns observed in other indigenous contexts, where women's domestic stewardship is critical for knowledge continuity.[49]

"Even when our homes were far from the lake, mothers and grandmothers kept the remedies alive. They taught the children in whispers, in kitchens, and in hidden gardens."

(Elderly woman, oral interview, Marigat area, 2023)
The study also identified ritual adaptation as a survival mechanism. Traditional healing ceremonies, once tied to specific sacred sites, were modified to accommodate relocation. Healers conducted rituals in provisional spaces, adapting ceremonial timing and

[47]Richard Werbner, *Memory and the Postcolony: African Anthropology and History* (London: Zed Books, 2004), 47–53.
[48]David Henige, *Oral Historiography* (London: Longman, 1982), 19–21.
[49]Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991), 76–79.

invocation formulas while maintaining the integrity of knowledge. This finding resonates with Catherine Bell's theory that ritual is both symbolic and performative, capable of sustaining meaning across altered contexts.[50] Catherine Bell, Ritual Theory, Ritual Practice (Oxford: Oxford University Press, 1992), 95–100, critically interrogates how ritual is conceptualized not as a fixed or isolated act, but as a dynamic and strategic form of social practice embedded in power relations and everyday life. In these pages, Bell advances the idea of "ritualization," emphasizing that what makes an activity ritual is not its inherent qualities, but the way it is socially framed, performed, and interpreted within specific cultural contexts. This shifts analytical focus from static definitions of ritual to the processes through which meaning, authority, and tradition are actively constructed.

Bell further demonstrates that ritual practices are deeply implicated in the negotiation of social order, identity, and power, rather than being merely symbolic or religious expressions. Through repetition and embodied performance, communities reproduce cultural norms while simultaneously allowing for adaptation and resistance. This perspective is particularly useful for understanding indigenous healing and oral traditions, where practices are not only therapeutic or spiritual but also serve as mechanisms for sustaining cultural continuity and asserting communal knowledge systems in the face of external epistemic pressures.

These adaptive practices illustrated the agency of indigenous actors in preserving cultural and medical knowledge despite systemic oppression. They also reinforced the study's broader theoretical argument: that oral narratives function as living archives capable of supporting both epistemic justice and decolonial historiography.Secondary sources confirmed that the Endorois' experiences were not unique. Studies of the San in Southern Africa and the Māori in New Zealand show similar patterns: displacement threatens both medicinal knowledge and cultural memory, while oral narratives, apprenticeship, and community networks facilitate resilience.[51] This global comparison strengthens the argument that indigenous medical knowledge is both culturally and historically embedded, requiring holistic approaches to preservation.

Finally, the findings demonstrated that cultural survival through medicine was inseparable from political activism. The Endorois' legal campaigns to reclaim land, alongside community education about indigenous healing, exemplify how knowledge preservation and rights advocacy intersect. This supports the notion, advanced by Linda Tuhiwai Smith, that decolonizing methodologies are inherently tied to the survival of cultural and epistemic practices.[52] Linda Tuhiwai Smith, Decolonizing Methodologies: Research and Indigenous Peoples (London: Zed Books, 1999), 50–55, critically examines the relationship between Western research traditions and Indigenous knowledge systems. In these pages, Smith exposes how colonial research practices historically positioned Indigenous peoples as objects of study rather than as producers of knowledge,

[50] Catherine Bell, *Ritual Theory*, *Ritual Practice* (Oxford: Oxford University Press, 1992), 95–100, critically interrogates how ritual is conceptualized not as a fixed or isolated act, but as a dynamic and strategic form of social practice embedded in power relations and everyday life.
[51]Michael Brown, *San Healing and Cultural Memory in Southern Africa* (Johannesburg: Witwatersrand University Press, 2003), 12–15; R. Salmond, *The Māori and Their Medicine* (Auckland: Auckland University Press, 2002), 88–92.
[52] Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples* (London: Zed Books, 1999), 50–55, critically examines the relationship between Western research traditions and Indigenous knowledge systems.

thereby legitimizing epistemic domination and cultural misrepresentation. She argues that research itself became a tool of imperial power, used to classify, control, and marginalize Indigenous ways of knowing.

Smith further calls for a methodological and epistemological shift that centers Indigenous voices, experiences, and intellectual traditions in the production of knowledge. She emphasizes the importance of reclaiming research as a decolonizing practice, where Indigenous communities actively define the questions, methods, and interpretations that concern them. This framework is particularly significant for studies of oral traditions and indigenous medicine, as it validates storytelling, memory, and lived experience as legitimate sources of knowledge rather than subordinate forms of evidence.The cumulative evidence in this section confirmed that indigenous medicine among the Endorois survived displacement through social, pedagogical, ritual, and political strategies. It reinforced the importance of oral narratives as both repositories of medical knowledge and mechanisms for cultural survival in the face of historical disruption.

8. Conclusion

The study demonstrated that the Endorois community has preserved indigenous medical knowledge through interconnected systems of memory mediated by elders, healers, and women. Oral narratives emerged as central repositories of historical, ecological, and spiritual knowledge, functioning as living archives that withstand social, environmental, and political disruption. Displacement, colonial marginalization, and the dominance of Western medical epistemologies posed significant threats, yet adaptive strategies ,including ritual modification, domestic apprenticeship, and storytelling , ensured the survival of medicine and cultural memory.

The research underscored that indigenous medicine is inseparable from land, community, and cosmology, emphasizing the relational epistemology at the heart of African knowledge systems. Primary testimonies demonstrated the ethical, ecological, and therapeutic dimensions of healing practices, while secondary literature situated these findings within broader debates on epistemic justice, oral historiography, and decolonization.

By foregrounding Endorois custodians of memory and their narratives, the study affirmed the legitimacy of oral sources in reconstructing history and advocated for the integration of indigenous medicine into heritage preservation and policy frameworks. Ultimately, this research contributes to both African historiography and global discussions on the resilience of indigenous knowledge systems, demonstrating that medicine, memory, and culture are inseparable pillars of decolonial scholarship.

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