TR-10 Aboriginal Australian, Māori rongoā and Pacific healing

HEALING after the FALL, research library, TR-10

Researched 10 October 2026 by Claude Opus agent for THRIVING after the FALL, Book Four. Library document, unverified.

How to read this report

This report covers healers, systems and practices, not plants. The plants and their grades are in PH-09, kava and the other dangerous remedies in TR-15, mirimiri, romiromi and the massage trials in TR-12, and the rules for restricted knowledge and for receiving a remedy in SY-04 (THRIVING library, PH-09, TR-15, TR-12, SY-04). This report refers to them and does not repeat them.

Each tradition is first described in its own terms, from its holders' sources where possible, and the evidence follows plainly. The **claim** (what the tradition or its advocates say), the **record** (what was measured, by whom) and the **inference** (my reading, marked [VERIFY] where it goes beyond the sources) are kept apart.

Four limits apply. The key community books could not be read: the NPY Women's Council's *Traditional Healers of Central Australia: Ngangkari* (NPYWC 2013), the Macphersons' *Samoan Medical Belief and Practice* (1990), the 1988 Northern Territory pharmacopoeia and *Nānā i ke Kumu*. Te Ara and the New Zealand Ministry of Health refused automated fetches, so their figures come from search summaries. The revival literature is mostly written by the programmes or their allies and measures satisfaction, not outcomes. And much of this knowledge is tapu, kapu or secret-sacred: where the record says so, this report says the practice exists and stops (THRIVING library, SY-04, categories 4 and 5).

1. Aboriginal Australia

1.1 Who holds the knowledge

There was never one Aboriginal medicine. There were several hundred language groups, each with its own Country, law, plants and healers, and much knowledge is held by particular people according to gender, initiation and kin. The main public source for the Western Desert is the book the ngangkari wrote through the NPY Women's Council, which serves Anangu, Ngaanyatjarra and Yankunytjatjara communities where South Australia, Western Australia and the Northern Territory meet (NPYWC 2013). Its publisher describes the healers in it as senior people authorised to speak publicly. It won the 2013 Deadly Award for Published Book of the Year, and a new edition adds 10 stories (Magabala 2013, search summary). I could not read it.

For plants, the community-written source is *Traditional Bush Medicines: An Aboriginal Pharmacopoeia* (Aboriginal Communities of the Northern Territory 1988, Greenhouse Publications, 256 pages, project manager Andy Barr with the pharmacist Joan Chapman and the botanist Nick Smith, catalogue record only). Philip Clarke's 2008 survey of Aboriginal healing practices could only be found as a listing (Clarke 2008 [VERIFY journal]).

1.2 Ngangkari on their own terms

In the Western Desert a ngangkari is a healer who received the powers, usually in childhood and from an older relative who was a ngangkari [VERIFY]. The healer's work concerns the kurunpa, the spirit, which can be knocked out of place, frightened loose or stolen. Illness of body and illness of mind are not separated. A ngangkari touches the head and body, finds what is wrong, draws out the harmful thing, and puts the kurunpa back where it belongs (Odyssey Traveller n.d., secondary). The powers are called mapanpa. Their nature and handling belong to the ngangkari and are not described here. Harmful spirit beings, mamu, may be named in public material as a cause of illness. Nothing in this report goes further than the healers' own public descriptions.

The healers present their work as complementary to the clinic. In the Beyond Blue film made with the Council, ngangkari and Anangu mental-health workers describe their work on worry, grief and fear alongside the clinic. Uti Kulintjaku, "to think and understand clearly", set up in 2012, builds shared words for mental health between Anangu and Western workers and, with Smiling Mind, recorded meditations in Pitjantjatjara and Yankunytjatjara. Its voices include Rene Kulitja, Nyunmiti Burton and Alison Tjulapi Carroll (Beyond Blue n.d., transcript read).

1.3 The record: what the ngangkari programmes measured

Claim. Ngangkari heal spiritual and emotional illness, ease fear in hospital and help patients accept Western treatment.

Record. The NPYWC Ngangkari Program began in 1998 and works across 24 communities in three states. In 2009 the Royal Australian and New Zealand College of Psychiatrists gave its Mark Sheldon Prize to the ngangkari Andy Tjilari and Rupert Langkatjukur Peter (AIGI n.d., read). The Council's 2023 to 2024 annual report appears to give 1,111 hours of ngangkari healing and 41 ngangkari and health advocates employed (NPYWC 2024 [VERIFY], figures garbled in extraction).

In South Australia the Anangu Ngangkari Tjutaku Aboriginal Corporation (ANTAC) was founded in 2013 by Francesca Panzironi with the ngangkari Debbie Watson, Taylor Cooper, Witjiti George, Margaret Winton and Mukayi Baker. It calls itself the first organisation of Aboriginal healers credentialled by traditional law, and keeps a register, a pay scale and an Adelaide clinic. Since 2019 a partnership with the Northern Adelaide Local Health Network, with services vetted by clinicians, has taken healers into hospitals, prisons, palliative care and mental-health units. The South Australian Mental Health Act 2009 provides for working with traditional healers (ANZSOG n.d., read). In 2018 there were 18 registered healers using smoking, bush medicine and hands-on realignment of the spirit, and Riverland appointments were fully booked (ABC News 2018, read).

What was measured is demand, staff accounts and satisfaction. Panzironi reports that the two-way model reduced misdiagnosis, calmed patients and improved adherence (ANZSOG n.d.). **I found no outcome study** of ngangkari treatment against any comparison. Jon Wardle of the University of Technology Sydney, sympathetic to integration, warned against expecting miracles and pointed to herb-drug interactions (ABC News 2018).

Inference. The strongest argument for ngangkari in hospital is engagement. Aboriginal patients are more likely to leave emergency departments unseen or discharge themselves, and the life-expectancy gap is about 8 years (ANZSOG n.d.). A healer who keeps a frightened patient in the ward does something measurable that nobody has yet measured [VERIFY].

1.4 Smoke, steam, heat and clay

Graham Jones of the University of New England summarised the public record. Wet, steamy smoke from *Eremophila* leaves was inhaled or wafted over the body, including by women after birth. Heated leaves of gumby gumby (*Pittosporum angustifolium*) served as compresses for coughs and eczema. Plants were mixed with animal fat as poultices or chewed as a bolus. The Bundjalung used tea tree (*Melaleuca alternifolia*) as vapour and poultice. Ceremonial smoke

is not described here (Jones 2014, read). *Eremophila* chemistry and grade are in PH-09. Mothers also squatted over smoking embers after birth to promote healing and limit bleeding, and much birthing knowledge was lost (Australian Midwifery History n.d., secondary).

A 1923 newspaper account preserves a heat treatment for influenza. E. S. Sorenson, in the *Kalgoorlie Miner* of 13 January 1923, describes the healer he calls Bobby Budgeree heating a pit about 5 feet long and 18 inches deep with fire, clearing the embers, laying a foot of green leaves in it, wrapping the patient in a possum-skin rug and burying him in sand to the face, wiping his sweat as he lay. He "soon recovered" (Outback Family History 2022, quoting Sorenson). It is an outsider's report of one case, and the only quantified Aboriginal steam treatment I found.

Evidence. No trial exists. Warmth and rest comfort, but sweating in fever adds fluid loss, a risk in the very old, the very young and anyone who cannot drink (inference [VERIFY]). Grade D for comfort, with a harm watch.

1.5 What contact destroyed

The scale. A model in *Nature Human Behaviour* in September 2026 by Corey Bradshaw, Alan Williams, Lynette Russell, Sean Ulm and Alexander Ingrey puts the Indigenous population of Australia in 1788 at a median of 2.22 million (range about 1 to 4 million), against the old figure of about 300,000 from Radcliffe-Brown in 1930. The 1861 count found 177,000 to 193,000. The model attributes about 2.06 million excess deaths (0.7 to 4.2 million) to the 73 years after 1788, but cannot separate disease from violence and dispossession (Bradshaw and others 2026, newsroom summary read). The smallpox outbreak that began near Sydney in April 1789 killed between 40,000 and 220,000 people at about 60 per cent lethality, along the south-east coast and the Murray and Lachlan rivers (James Cook University 2026, search summary).

What was lost. When most of a people die in a generation, knowledge held by particular senior people and taught at particular stages of life does not survive well. Missions and the Protection Acts then controlled movement, marriage, language and ceremony. Yarrabah's council records that language, ceremony and belief were all suppressed in the mission years (Yarrabah n.d., search summary). I found no Australian statute that named healers as the New Zealand Act of 1907 did [VERIFY]. One mission is a counter-example: Ernabella, founded in 1937 by Charles Duguid, adopted a policy of no deliberate interference with tribal custom and used Pitjantjatjara (Wikipedia, Pukatja, search summary). Today's ngangkari programmes come from that region [VERIFY: inference on cause].

The pre-contact record. Do not romanticise it. There was trauma, infant death, hunger in drought and, in the north, yaws. The record supports a narrower claim: no crowd epidemics, a lean diet, and rarity of today's main killers, type 2 diabetes, heart disease and kidney failure.

1.6 The social cure: Country, culture and diet

This is the strongest evidence in the report, and it is about a way of living rather than a remedy.

Homeland living at Utopia. Rowley and colleagues followed 296 Aboriginal adults screened in 1995 at Utopia, about 16 outstations over 10,000 square kilometres north-east of Alice Springs, for 2,800 person-years to December 2004. All-cause mortality was 964 per 100,000 person-years, a standardised mortality ratio of 0.62 (95 per cent confidence interval 0.42 to 0.89) against the Northern Territory Indigenous population. Cardiovascular hospitalisation was 13 per 1,000 person-years against 33. The authors credit outreach primary care, outstation living and connection to culture, family and land (Rowley and others 2008, abstract read). It is observational, and those who stayed may have been healthier to begin with.

Returning to the bush. Kerin O'Dea took 10 diabetic Aboriginal adults from Mowanjum near Derby, Western Australia (mean age 53.9, weight 81.9 kg), to live as hunter-gatherers on their Country for 7 weeks. They lost 8 kg on average. Fasting glucose fell from 11.6 to 6.6 mmol/L, insulin from 23 to 12 mU/L and triglycerides from 4.0 to 1.2

mmol/L, on about 1,200 kcal a day with 13 per cent fat (O'Dea 1984, abstract via search summary). There was no control group, and weight, activity and food all changed together.

Rangers and culture. In the Mayi Kuwayu study (baseline 9,691 people), current or past Indigenous rangers in Central Australia more often reported high life satisfaction (prevalence ratio 1.31, 95 per cent confidence interval 1.09 to 1.57) and family wellbeing (1.17, 1.01 to 1.36), partly carried by speaking an Indigenous first language and living on Country (Wright and others 2021, abstract via search summary [VERIFY authors]). It is cross-sectional and self-reported. From Canada, Chandler and Lalonde found that among 196 British Columbia First Nations bands in 1987 to 1992, those with all six markers of cultural continuity had no youth suicides (Chandler and Lalonde 1998, search summary).

Grade. C. The effects are large, but none had a randomised comparison.

1.7 Kava in Arnhem Land

Kava is not an Aboriginal medicine. It reached Yirrkala in north-east Arnhem Land in 1981 or 1982 after a visit to Fiji, and was taken up as a substitute for alcohol (NT Parliament n.d., HealthBulletin 2019, via search summary), which settles the date PH-09 left open. Heavy users drank about 440 g of powder a week (THRIVING library, PH-09). Licensing under the Kava Management Act 1998 followed, and a 2006 letter argued the licensed amounts were more than double harmful levels (MJA 2006, search summary). Imports were banned in 2007 with the Northern Territory Intervention (Crikey n.d. [VERIFY]). The 2019 HealthBulletin review found no published outcome evidence on the ban and said its imposition undermined communities. The liver changes reversed after stopping (Clough and others, JCU listing). No preparation is given here.

1.8 Pituri

Pituri, from *Duboisia hopwoodii*, was the most valuable traded plant of inland Australia. Its preparation was restricted, sacred knowledge held by particular clans, and this book does not describe it. History, trade, nicotine content (up to 8 per cent) and grade X are in PH-09. For a healer the feasibility answer is no: a leaf of unknown strength cannot be dosed, and nicotine poisoning runs from nausea, vomiting, drooling and tremor to convulsions and failure of breathing (inference from general toxicology [VERIFY]). It is a plant to recognise and keep from children.

2. Aotearoa: rongoā Māori and the tohunga

2.1 Rongoā on its own terms

Rongoā Māori is the Māori system of healing, not a herbal pharmacy with prayers added. Health is understood through relationships: to atua, whakapapa (descent), whenua (land) and whānau (family). Mason Durie's Te Whare Tapa Whā, the four-walled house, gives taha wairua (spiritual), taha hinengaro (mind and feelings), taha tinana (body) and taha whānau (family). If one wall fails the house leans (Te Ara n.d., search summary, dated 1982 there and 1984 elsewhere).

Illness can follow a breach of tapu, the state of being set apart or under restriction. Healing restores balance through karakia (ritual chants and prayer), rongoā rākau (plant medicines), mirimiri (lighter bodywork), romiromi (deeper bodywork) and whitiwhiti kōrero (healing conversation). Glenis Mark, Kerry Chamberlain and Amohia Boulton interviewed 17 healers in 2009 and 2010, who described themselves as mediators between patient and atua, not the source of the healing (Mark and others 2017, abstract read). Mark's thesis title sets the rule for outsiders: "sharing the healing while keeping the tapu" (Whakauae n.d., search summary).

Not reproduced. No karakia are given. They are tapu, they belong to iwi and hapū, and the 1907 Act drove many into hiding or extinction. The rongoā rākau table (mānuka *Leptospermum scoparium*, kawakawa *Piper excelsum*, koromiko *Veronica stricta*, kūmarahou *Pomaderris kumeraho*) is in PH-09. The national standard Tikanga ā-Rongoā

is summarised in SY-04 (Ministry of Health 2014, via THRIVING library, SY-04). TR-12 grades mirimiri and romiromi D for want of outcome studies, and I agree.

2.2 The tohunga and the Tohunga Suppression Act 1907

A tohunga is an expert, in carving, navigation, building or ritual as well as healing. The healing tohunga held knowledge of karakia, plants and tapu.

The Act. The Tohunga Suppression Act 1907 received assent on 24 September 1907. Section 2 made it an offence to gather Māori by practising on their superstition, or to claim supernatural powers to treat disease or foretell events. A first offence carried a fine of up to £25 or up to six months in prison, a second up to a year, and prosecution needed the Native Minister's consent. Section 4 repealed the clause of the Maori Councils Act 1900 that had let councils license tohunga (Wikipedia, Tohunga Suppression Act 1907, read, and legislation.govt.nz listing).

Who wanted it. It was introduced by the Native Minister James Carroll, himself of Māori descent, praised by Māui Pōmare, the first Māori doctor, and supported by all four Māori MPs: Āpirana Ngata, Hōne Heke Ngāpua, Tame Parata and Henare Kaihau. Ngata argued the state could not suppress tohunga without putting something in their place. Heke wanted European quacks covered too, which led to the Quackery Prevention Act 1908. It was aimed partly at the prophet Rua Kēnana but never used against him (Wikipedia).

Why they wanted it. Disease after contact cut the Māori population from perhaps 100,000 in 1769 (Cook's estimate, treated as the most realistic) to 70,000 to 90,000 in 1840 and a low of about 42,000 in 1896. From 1810 to 1840 illness killed about 4,000 a year against about 700 a year in the musket wars (Te Ara, Pool and Kukutai, search summary). In 1891 Māori life expectancy at birth was about 25 for men and 23 for women (DigitalNZ n.d., search summary). The reformers held that some tohunga made it worse, above all by keeping the sick from doctors [VERIFY: not read in a primary source]. The book should give that case its full force.

What it did. Few prosecutions and very few convictions followed, and at least three Europeans were prosecuted (Wikipedia). Its main effect was to drive healing underground, where knowledge was hidden or lost. Healing karakia survived openly mainly among Tainui (Te Ara n.d., search summary). It was repealed by the Maori Welfare Act 1962, in force from 1 January 1963 and renamed the Maori Community Development Act in 1979, so both names refer to one statute (legislation.govt.nz listing [VERIFY repeal schedule]). Voyce (1989), Dow (2001) and Stephens (2001) are the scholarly accounts, named in the Wikipedia article and not read.

In the 1918 influenza, between the Act and its repeal, the Māori death rate was more than eight times the Pākehā rate (Te Ara, search summary), with few doctors and the remaining tohunga working in secret.

2.3 The pre-contact record in Aotearoa

The early burials at Wairau Bar, re-examined by Hallie Buckley and colleagues, include no elderly people: the oldest adult was about 39. The skeletons show childhood stress, some specific infection, heavy tooth wear and almost no decay (Buckley and others 2010, abstract and search summary). The sample is small and early. The honest summary is a hard life without crowd epidemics, diabetes or heart disease.

2.4 The revival and what it measured

Ministry of Health contracts. The Ministry has funded rongoā providers since 1991. Its review, published 8 February 2022, drew on all 20 contract holders and 46 workshop participants (Ministry of Health 2022, search summary). In 2022 Te Aka Whai Ora committed $8.799 million to mātauranga Māori and rongoā, expanding 31 providers and adding 4 (Beehive 2022, search summary). I found no published outcome data from these contracts.

ACC. New Zealand's no-fault injury insurer has funded rongoā for injured clients since June 2020, covering mirimiri, romiromi, whitiwhiti kōrero and karakia. In two years about 2,400 clients had more than 16,000 sessions, 70 per cent

of them women and one in five new to ACC (Te Ao News 2022, read). By May 2023 there were 152 practitioners, 5,157 clients and more than 37,800 sessions. Sprains and strains were the commonest injuries, about a third of clients were survivors of sexual violence, and 40 per cent were not Māori. Māori were 25 per cent less likely than others to claim in 2015 and 18 per cent less likely in 2023 (SunLive 2023, read). ACC reports more than 15,000 clients from June 2020 to June 2025, 43 per cent not Māori, and in its own survey 83 per cent said it helped their recovery goals and 85 per cent were satisfied (ACC n.d., search summary). The Waitangi Tribunal's Hauwhaikaha report (Wai 2575) recorded complaints about access (Waitangi Tribunal n.d., search summary).

What that measures. Uptake, reach into a group that avoided the system, and satisfaction. Not return to work, pain, function, re-injury or cost against usual care. A narrowing claims gap measures access, not healing. No independent outcome evaluation was found, though the service is now large enough for one.

Whānau Ora funds family-centred navigation. Its 2016 formative evaluation examined the commissioning model, not outcomes (Social Investment Agency 2016, search summary). Agencies reported more than 11,500 whānau in 2015 to 2016 (Te Puni Kōkiri 2017, search summary), and the 2018 review panel asked for better outcome measurement (Te Puni Kōkiri 2018, search summary). Grade D for health outcomes. The earlier counts of 333 whānau in one quarter of 2012 are in Te Puni Kōkiri (n.d.).

Collaboration. Most Māori participants in Mark's studies wanted access to both rongoā and medicine, and the doctor-healer relationship was the main barrier (Mark and others 2025, search summary).

2.5 Harms in Aotearoa

Tutu. *Coriaria arborea* is the most dangerous common plant in New Zealand. Its seeds and most parts contain tutin, a convulsant. Māori took the juice of the berries, straining it through toetoe flower-heads so that no seed passed, and treated poisoning by emptying the stomach and burying the person in sand up to the head (Te Ara 1966, search summary [VERIFY]). That is a food-safety method, but one seed is the hazard and the straining cannot be checked by eye, so nothing more is given. Grade X.

Tutin also reaches honey. Passion vine hoppers feed on tutu sap in hot, dry late summer, and bees collect their honeydew. In 2008 honey from a Coromandel hobby hive poisoned 22 people, 12 of whom went to hospital. Symptoms began 0.5 to 17 hours after eating (median 7.5), with vomiting, confusion and seizures, and blood levels peaked twice, at 0.5 to 1.5 hours and at 8 to 16 hours (NZPCN n.d., search summary). The food standard limit is 2 mg/kg of tutin in honey and 0.1 mg/kg in comb honey (FSANZ n.d., search summary). A person well at four hours can still convulse at twelve.

Karaka. The kernels of *Corynocarpus laevigatus* contain karakin, which causes convulsions and has killed. Long steaming and soaking in running water made them food, and the toxin is reported destroyed by about an hour at 100 °C (Marlborough Online n.d., search summary [VERIFY]). Without an expert it is not food.

The death of Janet Moses. On 12 October 2007 in Wainuiomata, Janet Moses, 22, died while her family tried to lift a mākutu (curse) by forcing water into her eyes and throat. A 14-year-old girl was also hurt. Five relatives were convicted of manslaughter in June 2009 and given community sentences, and the Crown did not appeal (Wikipedia, Killing of Janet Moses, and ODT 2009, via search summary). This was a family's improvised ritual, not the work of a recognised practitioner. It belongs here because it is the harm the 1907 Act was aimed at, and because without trained, accountable healers families fill the gap themselves.

3. The Pacific

3.1 Samoan taulasea and fofo, in their own words

The best recent source is a study by Ridvan Firestone and colleagues at Massey University and the University of Montana. They held talanoa (open conversation) interviews with 14 taulasea aged 44 to 94, three in Aotearoa and

the rest in Samoa, between June 2022 and October 2023 (Firestone and others 2025, full text read). Taulasea are healers, fofo is massage, vai are plant medicines, and to'ala is a vital centre in the upper body that can be displaced and must be felt for and put back.

The healers said healing belongs to God and the healer is a channel, so many refused payment: "I don't ask for pay but accept what they give." They specialised, some in women and children, some in men, babies or the numbness after stroke, and learned in childhood from relatives through chores and watching. Their methods were long listening, food advice, massage with plant preparations, vai, prayer and insistence on compliance. One kept a list of over 1,000 patients. Beyond their skill they referred to another healer or the hospital. They blamed modern disease on processed food and lost physical work: "In those days hardly any diabetics." The authors note that the spiritual dimension cannot be validated by their methods.

The classic ethnography, Cluny and La'avasa Macpherson's *Samoan Medical Belief and Practice* (1990), describes fofo healers in Western Samoa, their recruitment and specialisation, and how Samoan medicine absorbed foreign ideas (catalogue and descriptions only). W. Arthur Whistler's *Samoan Herbal Medicine* draws on more than 30 healers and finds herbal use widespread, above all in infancy (Whistler 1992, listing only). Plants are in PH-09, and mamala (*Homalanthus nutans*), prostratin and the benefit-sharing agreements of 2001 and 2004 are in the history reports (THRIVING library, FO-03, TR-01).

3.2 Tonga and Fiji

In Tonga the healer, the faito'o, prescribes herbal medicines, sets bones and uses massage. Patients move freely between the healer and the hospital, and plural use is the rule (McGrath 1999, abstract read). Mike Poltorak [VERIFY first name] worked with five spirit healers in Vava'u and argued that they and doctors are less opposed than health policy assumes (Poltorak 2010, listing only). The documentary *Kau Faito'o: Traditional Healers of Tonga* (2001) exists in library catalogues. I could not find a published Tongan taxonomy of illness.

In Fiji, the Women's Association for Natural Medicinal Therapy, founded in 1993, counted more than 2,000 practising traditional healers across 13 of the 14 provinces. Many patients do not tell their doctors (Think Pacific n.d., citing the survey, search summary). The village healer and the massage healer are often the first port of call [VERIFY: the source for this was not readable].

3.3 Hawaiian lāʻau lapaʻau and lomilomi, and their legal history

On their own terms. In Hawaiian thought health follows from pono, right relation, and from mana, and illness may follow broken kapu or broken relationships. The kahuna lāʻau lapaʻau, the plant-medicine expert, trained through long apprenticeship, diagnosed by haha (reading the body by touch) and treated with plants, prayer and the correction of relationships. Lomilomi is the massage tradition (Wikipedia, Lāʻau lapaʻau, read). Some kahuna practices were sacred and some, such as ʻanāʻanā (sorcery), feared. They are named and not described.

The law. Hawai'i is the clearest case of a state first licensing traditional healers and then banning them.

Date	Event	Source
1820	American missionaries arrive	Smith and Ma 2016
24 June 1868	Act 139 under Kamehameha V creates a Hawaiian Board of Health to license kahuna lāʻau lapaʻau. Licensed healers must report each year their patients, the illnesses and what they gave	Nupepa Hawaii 2019, read
1873 to 1878	14 healers licensed	Nupepa Hawaii 2017

Date	Event	Source
1886	King Kalākaua appoints a board of five Native Hawaiians. Licences are cancelled for hoʻomanamana or ʻanāʻanā	Smith and Ma 2016, Nupepa Hawaii
1887 onwards	Licensing ends and unlicensed practice is prosecuted under the territorial laws	Smith and Ma 2016 [VERIFY dates]
1919	During influenza the ban is relaxed and a Territorial board created. It requires Western names for plants, so few are licensed. Abolished 1959	Wikipedia, Lāʻau lapaʻau
1972 or 1973	Sorcery statute removed from the penal code (sources differ)	Wikipedia
1988	Native Hawaiian Health Care Act	Smith and Ma 2016
1998 to 2005	Hawai'i Revised Statutes 453-2(c) exempts traditional healers recognised by kupuna councils convened by Papa Ola Lōkahi	HRS 453-2, Justia

The population fell as in Aotearoa: estimates for 1778 run from 200,000 to over a million (OHA uses about 300,000), and by 1853 there were 71,019 Native Hawaiians and by 1878 47,508 (OHA n.d., search summary). Epidemics in 1848 and 1849 killed about 10,000, more than a tenth (US Deadly Events n.d., search summary).

The revival. Papa Ola Lōkahi's island kupuna councils can recognise practitioners, so the law protects healers without licensing them. A 2019 bill (SB43) records that only one of six councils, Waiʻanae, had set up certification (Hawai'i Legislature 2020, search summary), and Papa Ola Lōkahi has opposed state certification (Papa Ola Lōkahi n.d., search summary). The Waimānalo Health Center combines lāʻau lapaʻau and lomilomi with primary care, and AlohaCare began covering lomilomi in 2023 [VERIFY, search summaries only].

Inference. The 1868 duty to report patients, illnesses and treatments each year is the oldest structured record for a Pacific healing system I found, and the model for the healer's record in Protocol 1. Whether the reports survive is open.

3.4 Hoʻoponopono and its commercial copies

On its own terms. Mary Kawena Pukui translated hoʻoponopono as "setting to right". In the family form a respected elder led the family through prayer, an honest account of the trouble, mutual confession and forgiveness, and release, so that discord could not keep the sick person ill (Wikipedia, Hoʻoponopono, read [VERIFY the sequence against Nānā i ke Kumu]). The authoritative account is *Nānā i ke Kumu* (Pukui, Haertig and Lee, 1972 and 1979, with a third volume in 2020), published by the Queen Liliʻuokalani Children's Center (Onipaʻa n.d., search summary). The holders published it, so under SY-04 category 2 the book can point there but should not go beyond this outline.

The evidence. Kikikipa Kretzer and colleagues taught 23 Asian, Native Hawaiian and other Pacific Islander adults with hypertension a half-day class in Self Identity through Hoʻoponopono. Systolic pressure fell by 11.86 mmHg and diastolic by 5.44 mmHg, with no control group (Kretzer and others 2007, read). A 2008 Walden dissertation randomised 79 people and found reduced unforgiveness (Walden 2008, listing only). Both used the self-help version, not the family form.

The copies. In 1976 Morrnah Simeona turned the family practice into an individual self-help method drawing on karma and Edgar Cayce. Ihaleakala Hew Len and Joe Vitale sold a further version in *Zero Limits* (2007). The family, the elder and the shared setting are absent from both (Wikipedia, Hoʻoponopono, and my reading [VERIFY]). The family form is a model for a conflict meeting. The commercial versions are not Hawaiian medicine.

3.5 Diet, diabetes and the Waiʻanae Diet

The Pacific now has some of the highest diabetes rates on earth: the 2024 IDF atlas places the Marshall Islands second, Samoa fourth, Kiribati sixth and French Polynesia eighth (Devpolicy 2025, search summary), and the 2015 edition put Tokelau at 30 per cent of adults (FoodNavigator 2015, search summary).

Terry Shintani's Waiʻanae Diet fed 20 Native Hawaiians as much as they wanted for 21 days of a diet modelled on pre-contact Hawaiian food, 7 per cent fat, 78 per cent carbohydrate and 15 per cent protein. Intake fell from 2,594 to 1,569 kcal a day without restriction, weight by 7.8 kg, cholesterol from 5.76 to 4.95 mmol/L and blood pressure by 11.5 over 8.9 mmHg (Shintani and others 1991, abstract read). There was no control group and three weeks is short. With O'Dea, it shows the traditional food system is part of the answer, as the taulasea said. Grade C.

Firestone and colleagues quote early European reports of a "complete absence of malnutrition or obesity" in the Pacific. That is an outsider's impression, not a measurement. No diabetes is plausible. No malnutrition after cyclones, droughts and wars is not.

3.6 The epidemics

Fiji 1875. Ratu Seru Cakobau returned from Sydney on HMS *Dido*, and measles came with the ship. A gathering of chiefs at Levuka in January 1875 spread it, and between February and June between 30,000 and 40,000 died, a quarter or a fifth of the population by different accounts, including many high chiefs and the knowledge they held (Fiji Times n.d., JMVH n.d., search summaries).

Western Samoa 1918. Influenza arrived on the *Talune* on 7 November 1918 and killed 19 to 22 per cent of the population. American Samoa quarantined itself and recorded no deaths (THRIVING library, FO-01, HY-07).

Samoa 2019. In July 2018 two infants died when MMR vaccine was mixed with an expired muscle relaxant. Infant coverage fell from 74 per cent to between 31 and 34 per cent. From 30 September to 22 December 2019 there were 5,707 cases and 83 deaths, mostly young children, until emergency vaccination reached about 90 per cent (Wikipedia, 2019 Samoa measles outbreak, search summary). An activist, Edwin Tamasese, was arrested after promoting vitamin C in place of vaccination (NPR 2019, search summary). He was not a taulasea. One fatal clinic error destroyed trust in a year, and a remedy-seller filled the space.

4. Harms across the region

4.1 Delay to care

This is the main harm of every healing tradition, and the record from the Pacific is stark.

In American Samoa, Sara Krosch surveyed 47 health-care providers. 19 per cent had used traditional healing and 17 per cent had recommended it. 72 per cent had advised a patient to stop a traditional treatment, and 55 per cent knew a patient with breast or cervical cancer who used traditional healing in place of hospital treatment (Krosch 2010, abstract read).

In Fiji the diabetic foot is the clearest case. The surgeon Josese Turagava blames late presentation and a preference for traditional medicine for amputations reported as often as every 8.5 to 12 hours (Fiji Times n.d., search summary), and about 70 per cent of surgeries at the Colonial War Memorial Hospital have been linked to the diabetic foot (Fiji Sun n.d., search summary). In July 2026 the Assistant Health Minister, Penioni Ravunawa, tied late presentation to

herbal and faith healing (FBC News 2026), and Diabetes Fiji calls reliance on traditional remedies a major obstacle (Fiji Village n.d.), both via search summary. No study gives the share of amputations that follow traditional treatment.

The best healers refer. The harm comes when the healer is untrained, commercial or a relative, and when the hospital is far, costly or humiliating.

4.2 Commercial copies

The paradigm case is North American but belongs here as a warning. In October 2009 James Arthur Ray ran a paid sweat lodge near Sedona, Arizona, for more than 50 people. Kirby Brown, 38, James Shore, 40, and Liz Neuman, 49, died, and 18 were hospitalised. He was convicted of three counts of negligent homicide in June 2011 (NBC News 2011, search summary). He was not Indigenous and answered to no community. SITH and *Zero Limits* are milder versions of the same pattern.

4.3 Kava, noni and essential oils

The kava liver question is in TR-15. Two Pacific data points can be added. Among 31 kava drinkers in a mainly Tongan community on O'ahu against 31 non-drinkers, GGT was raised in 65 against 26 per cent (P = 0.005) and alkaline phosphatase in 23 against 3 per cent (P = 0.053) (Brown and others 2007, abstract via search summary). Teschke's 2012 review of the "Pacific kava paradox" found liver injury after water extracts in New Caledonia, Australia, the United States and Germany, and suspected mould toxins in poorly stored root (Teschke and others 2012, abstract via search summary). A 2023 clinical review of 14 patients found the injury did not depend on the solvent (Kava hepatotoxicity: a clinical review 2023, listing only [VERIFY]). I therefore disagree with TR-15's harm grade D for the water drink. C seems closer, with the enzyme changes of heavy use as the signal, and I leave that to the owner.

Noni (*Morinda citrifolia*) juice can raise potassium dangerously in kidney disease, and 5 ml of eucalyptus oil can kill a child (THRIVING library, PH-09).

Evidence grades

A grade belongs to a use, a preparation and a dose, not to a tradition (THRIVING library, TR-15).

Practice or use	Grade	Basis	Where
Island quarantine against an incoming epidemic	A, natural experiment	0 deaths against 19 to 22 per cent, 1918	FO-01, HY-07
Mānuka honey on burns	A	Cochrane review	PH-09
Massage in general for low back pain	B	Cochrane review, against inactive controls	TR-12
Return to traditional diet for type 2 diabetes and blood fats	C	O'Dea 1984, Shintani 1991, large effects, no controls	1.6, 3.5
Homeland living, Country, language and ranger work for health and wellbeing	C	Utopia SMR 0.62, Mayi Kuwayu, Chandler and Lalonde, all observational	1.6
Hoʻoponopono (self-help form) for forgiveness	C	One small randomised dissertation	3.4
Hoʻoponopono for blood pressure	D	23 people, pre and post	3.4

Practice or use	Grade	Basis	Where
Ngangkari treatment in hospital and community	D	Demand, satisfaction, no outcome study	1.3
Rongoā Māori through ACC for injury recovery	D	83 to 85 per cent satisfied in ACC's own survey, no outcome study	2.4
Mirimiri, romiromi, lomilomi, fofo as named traditions	D	No outcome studies	TR-12, 3.1
Steam pit or heat for influenza	D for comfort	One 1923 report	1.4
Eremophila smoke	C laboratory, D clinical		PH-09
Kava water drink for anxiety	C	Extract trials positive, best recent trial null	PH-09, TR-15
Heavy kava use (about 440 g a week)	X	Arnhem Land, liver and skin changes	1.7, TR-15
Pituri	X	Restricted, unknown dose of nicotine	1.8, PH-09
Tutu as food or medicine, tutin honey	X	Convulsions, 2008 outbreak	2.5
Raw karaka kernel	X	Convulsions, deaths	2.5
Forced ritual for mākutu, water forced into the body	X	One death, five convictions	2.5
Traditional treatment in place of hospital for cancer or the diabetic foot	X	American Samoa survey, Fiji surgeons	4.1
Paid commercial heat ceremonies	X	Three deaths, Sedona 2009	4.2

Means ledger

Rung	What it can do from this report
Hands	Listening, touch and massage within TR-12's limits. The family conflict meeting in the outline of hoʻoponopono. Recognising tutu, karaka and *Duboisia* and keeping children away. Knowing when to send someone on.
Hearth	Warmth and warm compresses. Steam inhalation over a bowl. Mānuka honey dressings (PH-09). Traditional food. Water given to anyone sweating.
Garden and still	Grow the traditional staples: taro, sweet potato, breadfruit, greens. Grow the PH-09 plants. Keep hives away from tutu, and do not take comb honey in hot dry late summer from hives near it.

Rung	What it can do from this report
Village dispensary of 300	A recognised healer working with the village medic, with a shared record (Protocol 1). One person trained to spot the diabetic foot and the dangerous fever. A food plan built on local staples. Honey from managed hives only.
District infirmary of 3,000	A register of healers, as ANTAC and the kupuna councils keep. A two-way referral path. Blood glucose measurement where possible. Debridement and antibiotics for the foot. Quarantine powers for incoming epidemics.
Hospital before the Fall	Liver tests for kava drinkers. Monitoring for tutin poisoning. Amputation and the means to avoid it. Outcome trials of the healing services that were never run.

Harm test

For any practice from this report, ask: 1. Is it the holders' own practice, offered by someone their community recognises, or is it a copy? 2. Does the healer refer what is beyond them, and to where? 3. Does it delay a treatment that works for a condition that kills or maims? The diabetic foot, cancer, a child's fever and pneumonia are the test cases. 4. Is anything taken by mouth? If so, is it a known plant, the right part, from a safe source, at a known dose? 5. Does it use heat, water or restraint on a person who cannot leave or cannot speak for themselves? 6. Is money or obedience demanded? 7. Is it restricted knowledge that has been taken without consent?

A "yes" to 3, 5 or 6, or "no" to 1 or 2, stops the practice until it is fixed.

Red flags

- A diabetic foot wound kept at home on traditional treatment for more than a few days without improvement [VERIFY interval].
- A breast lump or abnormal bleeding treated only by a healer.
- A child with fever and fast breathing, drowsiness or a rash during a measles season.
- Anyone held in heat, under water or in sand against their will, or after they have become confused.
- Vomiting, confusion or a seizure up to a day after eating honey of unknown source or a wild seed.
- Yellow skin or eyes, dark urine or scaly skin in a regular kava drinker.
- A healer who charges large sums, forbids the clinic, or claims powers over a named illness such as cancer.
- A family treating possession or a curse in someone who may be ill, psychotic or intoxicated.
- Anyone teaching outsiders a karakia, a pituri preparation or a ceremony.

The case against

The reformers of 1907. Ngata, Pōmare and the other Māori members who backed the Tohunga Suppression Act were not outsiders. They watched disease more than halve their people and believed some tohunga made it worse. Ngata's condition, something better in place of the tohunga, was not met.

The noble-healer critique. Shepard Krech, Ter Ellingson and Kent Redford argued that the wise, healthy Indigenous person is largely a European image (THRIVING library, SY-04). Wairau Bar, with nobody past forty, supports them.

The sceptics of the evidence. Edzard Ernst's position (THRIVING library, TR-12) applies: satisfaction is not efficacy, and the ACC figures, NPYWC hours and ngangkari bookings measure demand. Jon Wardle, a supporter, warned against expecting miracles (ABC News 2018).

The counter-case. Rolf Teschke's kava work cuts both ways: it cleared the traditional drink of most European cases, then found water-extract cases too (Teschke and others 2012). Mike Poltorak argues that healers and doctors in Tonga are less opposed than health policy assumes (Poltorak 2010). The obvious reply for rongoā is that the medical system on its own did not close the gaps in Māori health either (my inference, not a quoted critic [VERIFY]).

Against this report. Many figures rest on search summaries, the community books were not read, and Anangu, Māori, Samoan or Hawaiian readers may find my account of their concepts wrong in ways I cannot see.

10-line summary

1. Aboriginal, Māori, Samoan, Tongan, Fijian and Hawaiian healing are separate systems, owned by their peoples and partly restricted.
2. Contact brought epidemics that killed between a fifth and most of each population, and the old and the knowledge-holders were among the first to die.
3. New Zealand's Tohunga Suppression Act 1907, backed by the Māori MPs, drove healing underground until its repeal in 1962.
4. Hawai'i licensed healers in 1868 with annual written records, then banned them, and now protects them through kupuna councils.
5. The revivals are large: over 15,000 ACC rongoā clients since 2020, and ngangkari in South Australian hospitals.
6. None of the revivals has published an outcome evaluation. They measure uptake and satisfaction.
7. The strongest evidence is for the social cure: homeland living, Country, language and traditional diet, with large but uncontrolled effects.
8. Grade X: pituri, tutu, raw karaka, heavy kava, forced curse-lifting, paid heat ceremonies, and healing in place of care for cancer or the diabetic foot.
9. The best healers refer, and the worst harm is delay.
10. The book keeps the relational frame, the referral habit, the food and the record, and takes no karakia, ceremony or restricted preparation.

Open questions

- Has any outcome study of ngangkari, rongoā or ACC rongoā been registered or started since 2023?
- Do the Hawaiian Board of Health annual reports from 1868 to 1886 survive, and what do they record?
- What do the NPYWC book and the Macphersons' ethnography say about referral and when healers refuse a case?
- What share of diabetic amputations in Fiji follow traditional treatment? No figure was found.
- Is the Pacific water drink of kava safe for the liver at moderate intake, or simply unstudied?
- Was the 2007 kava ban in Arnhem Land followed by more alcohol harm? HealthBulletin found no evidence either way.
- What is the exact date and wording of the 1962 repeal schedule?
- Which Tongan and Fijian illness categories are public, and which are restricted?

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At the bedside after the Fall

In the household. - Ask what the person and their family believe is wrong. Illness here is about relationships as well as the body. Listen first, as the taulasea do. - Offer warmth, rest, water and familiar food. Steam is comfort, not cure. Anyone who sweats must drink. - Mānuka honey goes on burns and wounds (PH-09). Honey of unknown source and wild seeds do not go in a child's mouth. - Keep eucalyptus and tea tree oils locked away. 5 ml of eucalyptus oil can kill a child. - If a relative proposes lifting a curse by force, stop it. Fetch the healer the community recognises and the medic.

In the village of 300. - Find the person the community recognises as healer, ask what they do and do not treat, and agree on referral both ways (Protocol 1). - Keep a record of every person seen, as Hawaiian healers had to from 1868. - Train one person to check feet in anyone with diabetes, and to spot the child with fever who is getting worse. - Grow and eat the traditional staples. The Waiʻanae and Mowanjum results came from food and work, not from medicine. - Set the rules on kava (Protocol 4) and on honey (Protocol 3).

In the district of 3,000. - Keep a register of healers, recognised by elders and not by the state, as the kupuna councils and ANTAC do. - Hold quarantine powers and the will to use them. American Samoa in 1918 is the model. - Run the outcome study nobody ran before the Fall: healer and medic against medic alone, on pain, return to work and death.

Protocols

Protocol 1. Receiving a healer into the village or infirmary

Based on the ANTAC and NALHN partnership, the Hawaiian kupuna councils and SY-04 Protocol A.

1. **Recognition.** The healer is recognised by at least two elders of their own people, not by the council of the village. Record who recognised them and when.
2. **Scope.** Write down, in the healer's words, what they treat and what they refer. Read it back within 7 days (SY-04).
3. **Exclusions before any remedy by mouth.** Pregnancy, children under 2, known liver or kidney disease, and anyone on the infirmary's medicines, unless the medic agrees (SY-04).
4. **Red-flag screen.** Before any healing session, the medic or a trained helper checks for the red flags above. Any red flag means both the healer and the medic, not either.
5. **Record.** Name, date, complaint, what was done, and any plant given, by name and amount. Follow up the first 10 people treated with a new remedy at 1, 3 and 7 days (SY-04).
6. **Payment.** Gifts in return are customary in Samoa and accepted. A fixed price beyond the healer's needs is a warning.

7. **Restricted knowledge.** The healer's karakia, prayers and powers are not written in the record. Write "karakia given" or "spiritual treatment given", nothing more.
8. **Review.** Once a year, healer and medic go through the record together.

Protocol 2. Heat and steam treatments

There are no measured safe limits from these traditions. These limits are my own inference from general heat-illness principles and must be checked [VERIFY all figures].

1. Never for: children under 5, pregnant women, the very old, anyone with heart disease, anyone drunk or on kava, anyone who cannot get out unaided.
2. One attendant outside the heat for every person inside, watching the face.
3. Sessions of no more than 15 minutes, with the person able to leave at any time.
4. At least 500 ml of water before and after.
5. Stop at once for: confusion, headache, vomiting, fainting, hot dry skin, or a person who stops answering clearly. Cool them, lay them flat, give water if they can swallow.
6. For influenza, warmth and rest, not a sweat. A sweat pit as in the 1923 account is a comfort measure for a strong adult who can drink, not for anyone breathless.

Protocol 3. Honey and the tutu rule

Two sources for the safety figures: NZPCN on the 2008 outbreak and FSANZ on the limits.

1. Know where the hives are. Map tutu (*Coriaria arborea*) within the bees' range, about 3 km [VERIFY range].
2. Do not take comb honey from those hives in hot, dry late summer, when the passion vine hopper honeydew is produced.
3. Extracted honey blended from several hives is safer than comb honey from one. The legal limits are 2 mg/kg in honey and 0.1 mg/kg in comb honey, which cannot be tested in a village, so the rule is source and season.
4. Anyone with vomiting, confusion or a seizure within 24 hours of eating honey or wild seed goes to the infirmary. Watch for 24 hours, because a second rise in blood level can come at 8 to 16 hours.
5. Give no more food or honey. Lay a person who is convulsing on their side and clear the space around them.

Protocol 4. Kava in the village

No preparation is given here. The rules apply to the traditional water drink only. Extracts are banned (TR-15).

1. Not for: pregnancy, breastfeeding, liver disease, anyone drinking alcohol the same day, anyone under 18 [VERIFY age], or anyone on medicines that act on the liver or the brain.
2. Not as a medicine for anxiety in crisis. The best trial was null (PH-09).
3. Heavy-use threshold: about 440 g of powder a week in Arnhem Land produced weight loss, scaly skin and raised liver enzymes. Treat any intake approaching that as harmful.
4. Stop for: yellow eyes or skin, dark urine, scaly skin, weight loss.
5. Recovery: liver enzymes return toward normal within weeks to months of stopping (Clough and others, JCU, and TR-15).
6. Only peeled root of the right variety and from dry, clean storage. Mouldy root, peelings and stem are excluded (TR-15).

Protocol 5. Delay-to-care rules

These rules combine the Samoan healers' own habit of referral with the American Samoan and Fijian harm record. The intervals are inference [VERIFY].

Condition	Rule
Any wound on the foot of a person with diabetes	Medic sees it within 24 hours. Healer may also treat. Back to the medic at once for spreading redness, smell, black skin or fever
Breast lump, bleeding after menopause, a sore that does not heal in 3 weeks	Medic before any other treatment
Child under 5 with fever and fast breathing, drowsiness, rash or refusal to drink	Medic the same day
A person who has become suddenly confused, violent or withdrawn	Medic and recognised healer together. No family ritual by force
Measles or another epidemic disease in the district	Quarantine and vaccination where possible come first. The healer helps with fear and care

Protocol 6. What the book keeps and what it must not take

Keep, with credit. - Te Whare Tapa Whā and the relational view of illness (Durie). - The ngangkari model of a healer who works with the hospital (NPYWC, ANTAC). - The taulasea habit of long listening, diet advice and referral (Firestone and others 2025). - The Hawaiian requirement of a written yearly record (1868 Act). - The family conflict meeting in outline, with credit to Pukui and *Nānā i ke Kumu*. - Traditional food systems against diabetes. - Quarantine.

Do not take. - Karakia, pule (prayers) or any chant. - Any ceremony, including smoking ceremonies and ceremonial kava. - The preparation of pituri or kava. - The mapanpa, the training of ngangkari, or anything about ʻanāʻanā. - Any gendered or initiated knowledge. - Any commercial copy, such as SITH or *Zero Limits*, presented as the tradition.

Name, without reproducing. The 1907 Act, the 1886 to 1919 Hawaiian bans and the mission years, plainly, as history.

Numbers to carry

- 2.22 million: median Indigenous population of Australia in 1788 in the 2026 model, against an old figure of about 300,000.
- 40,000 to 220,000: deaths in the 1789 smallpox outbreak.
- 0.62: Utopia standardised mortality ratio against the Northern Territory Indigenous population.
- 11.6 to 6.6 mmol/L: fasting glucose in 7 weeks on Country (O'Dea 1984).
- 7.8 kg and 11.5/8.9 mmHg: weight and blood-pressure falls in 21 days on the Waiʻanae Diet.
- £25 or six months: first-offence penalty, Tohunga Suppression Act 1907. Repealed 1962.
- 42,000: Māori population low point, 1896.
- 15,000 and more: ACC rongoā clients from June 2020 to June 2025, 43 per cent not Māori.
- 0: published outcome evaluations of ngangkari, rongoā or ACC rongoā found.
- 1868: Hawai'i licenses healers with yearly records. 14 licensed by 1878.
- 1 of 6: Hawaiian kupuna councils with a certification process by 2019.
- 19 to 22 per cent against 0: influenza deaths in Western and American Samoa, 1918.
- 83: measles deaths in Samoa, 2019, after coverage fell to about a third.
- 55 per cent: American Samoan providers who knew a cancer patient using traditional healing in place of treatment.
- 8.5 to 12 hours: interval between diabetic amputations reported in Fiji.
- 2 mg/kg and 0.1 mg/kg: tutin limits in honey and comb honey. Watch 24 hours.
- 440 g a week: heavy kava use in Arnhem Land.

- 5 ml: eucalyptus oil that can kill a child.

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