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## Cultural medicine: NACCHO leading the way

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### Transcript:

Hi, my name is Dr Alana Gall and I'm a Truwulway woman from the northeast coast of Lutruwita. I lead a program of research at Southern Cross University called to Tunapri Nngini, Tunapri Rrala, meaning old knowledge, strong knowledge and it is focused on Aboriginal and Torres Strait Islander cultural medicines and healing practices.

I want to begin by acknowledging the unceded lands we are all on while listening today, and pay respect to Elders, past and present.

When I say cultural medicines, I'm talking about Aboriginal and Torres Strait Islander ways of keeping well, so our knowledge, practices and relationships that have looked after our peoples and Country for thousands of years.

For many people, health and healing is confined to medicine practiced in a clinic. However, for many Aboriginal and Torres Strait Islander people, health is holistic and collective. It reaches across the physical, mental, social, spiritual, cultural, relational and ecological dimensions of life.

Our wellbeing is tied to the wellbeing of our families, our communities and Country. When Country is harmed, our people feel it. When family and culture are strong, our people feel that too. That's why disconnect with Country or breakdowns in family, community and culture often show up as worse health outcomes for our mob.

It's not a side issue for us, it is part of who we are.

So what are cultural medicines? Well, people use many terms to describe these healing practices, like bush medicine, for example. My research team and I have decided to use the term cultural medicines, because it reflects the rich diversity of medicines practiced by different First Peoples groups across Australia, and the fact that these practices are living and evolving, grounded in tradition and adapting over time.

Cultural medicines vary from Country to Country in Australia, but to help with understanding, we think of them as belonging to six connected areas.

So number one, physical medicines. These are mostly plant medicines that are inhaled, applied to the skin or taken by mouth.

Number two native Australian foods. So specific foods that are used for their medicinal properties on top of their nutritional benefits.

Number three is ceremony. So for example, healing ceremonies, dances and songs that restore balance and connection.

Number four spiritual medicine. This includes all the spiritual and energetic forms of healing.

Number five our traditional healers. These are individuals who are recognized by each specific language, group, clan, or nation as a healer. They often use all of the different aspects of our cultural medicines.

And lastly, number six Country as medicine. This includes both the tangible and intangible parts of Country that actively support health and wellbeing.

Together, these six areas form a living medical system grounded in culture, responsive to place, and practiced in ways that on a community, Country and continuity across generations.

These aren't six separate services or practices they're woven together to support both individuals and the collective across all those dimensions I mentioned earlier. So physical, mental, social, spiritual, cultural, relational and ecological. When balance and connection are maintained across these dimensions, our health improves. Cultural medicines do this work because they're grounded in our ways of knowing, being and doing.

So why does this matter for the primary health care sector, especially the Aboriginal community-controlled health sector?

Well, ACCHOs is already deliver comprehensive, community led care. Cultural medicines fit naturally within that approach. But access is uneven. [In our policy analysis](#) and broader research, we've shown there are real gaps. Policy frameworks often don't recognize cultural medicines properly, and services can be left without clear, culturally safe pathways for practice, referral and partnership.

At the same time, our unpublished research shows something simple and powerful. Our people who do have access to cultural medicines are using them and among those who don't currently have access, on average more than 90% said they would use them if they did have access. In plain terms, that is an unmet need and an opportunity to strengthen care, something that the ACCHO sector are well placed to do as a start.

Another point that's often misunderstood is that cultural medicines aren't only about what is used. They're about the how and the who. Preparation, place, timing protocol and the right cultural authority all matter. If those elements are ignored, outcomes change. Sometimes efficacy is lost, sometimes risk increase. Respecting provenance and proper method isn't a nice extra. It's a core to safety and effectiveness.

We also have to be honest about ethics. Too often Indigenous knowledge has been taken without consent, credit or returns that harms trust and health. Doing better means recognizing Indigenous cultural and intellectual property, securing prior and informed consent from the right people at the right time, ensuring transparent benefit sharing and upholding community control over how materials and data are used.

So what's next? Well, on the back of that policy analysis and the clear community demand found in our research, I'm currently leading a [national project to develop the first cultural medicine guidelines for NACCHO](#). These guidelines are being created using the foundational research we have done in partnership with key stakeholders for the community controlled primary health sector. So services and partners have clear practical direction that reflects our world views and realities.

I won't go into the specific contents today, but the purpose is straightforward. Make it easier for ACCHO and their partners to enable safe, respectful, community led access to cultural medicines and to ensure that the systems around them set policy, practice and research line up with what our people have always known about getting well and staying well.

Cultural medicines are not the past they are living, present and ready to support stronger families, stronger communities and healthier futures, but on our terms, in our services and on our Country.

Wulika, Nayri nina-tu. Thank you and goodbye.