



Historical Trends in the Ethnomedicinal and Ritual Uses of Mushrooms in the Buganda Kingdom, Uganda

Fred Musisi¹, Peter Sekiswa²

¹Faculty of Social Sciences Arts and Humanities, Muteesa I Royal University, Kampala, Uganda

²Faculty of Education and Humanities, Gulu University, Gulu, Uganda

Email: musisifred16@gmail.com

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Abstract

This study examines the historical and cultural significance of mushrooms within the ethnomedicinal practices of the Baganda of central Uganda, situating these practices within broader frameworks of Indigenous Knowledge Systems (IKS), heritage studies, and the history of medicine in Africa. While mushrooms have long been valued in Buganda as sources of food, medicine, and spiritual meaning, their ethnomedicinal applications and historical evolution remain under-documented in formal scholarship. Drawing on qualitative methods—including interviews with traditional healers, elders, and market vendors; focus group discussions; participant observation; and a review of ethnobotanical and historical literature—the study identifies mushroom species traditionally used in Buganda and analyzes their medicinal, ritual, and symbolic functions. Historically, mushroom-based healing practices are shown to be embedded in oral traditions, spiritual cosmologies, and communal health systems that predate colonial biomedical interventions. The study further explores how knowledge about mushrooms has been transmitted intergenerationally and how socio-cultural, environmental, and economic factors have shaped their continued use in the contemporary period. By framing ethnomedicinal mushroom use as both a form of intangible cultural heritage and a component of indigenous medical systems, the findings contribute to debates on heritage preservation, decolonizing medical history, and the integration of indigenous therapeutic knowledge into modern healthcare and conservation strategies.

Subject Areas

History

Keywords

Ethnomedicinal Heritage, Indigenous Knowledge Systems, Ethnobotanical Tradition, History of Medicine

1. Introduction and Background of the Study

The Buganda Kingdom, one of the oldest and most influential political and cultural institutions in Uganda, possesses a rich heritage of indigenous knowledge systems deeply embedded in its interaction with the natural environment. For centuries, the Baganda have relied on their surrounding ecosystems for sustenance, healing, and spiritual well-being, drawing extensively on plants, animals, and fungi to address physical, social, and metaphysical concerns. Within this worldview, nature functioned as a living pharmacy, and health was understood holistically, encompassing the body, the spirit, and the community. Such knowledge systems, developed long before the advent of colonial biomedical frameworks, form an essential part of Buganda's intangible cultural heritage and historical medical practices.

Among the diverse elements of Buganda's ethnobotanical tradition, mushrooms occupy a distinctive and multifaceted position. Beyond their role as a valued food source, mushrooms have historically been used for medicinal, ritual, and symbolic purposes. Across many cultures globally, mushrooms are recognized for their therapeutic properties, including antimicrobial, immunomodulatory, and antioxidant effects [1] [2]. In Buganda, mushrooms have been used to treat a wide range of ailments, support reproductive and child health, resolve spiritual afflictions, and mark key life-cycle rituals. Their use reflects a sophisticated indigenous medical system in which empirical observation, spiritual belief, and ecological knowledge intersect.

From a historical perspective, mushroom-based medicine in Buganda predates colonial rule and Western biomedical interventions. Healing practices were embedded within oral traditions, clan structures, and spiritual cosmologies, with elders and traditional healers serving as custodians of medical knowledge. The transmission of this knowledge occurred largely through oral instruction, apprenticeship, and ritual practice, rather than written documentation. While this mode of transmission allowed flexibility and adaptation over time, it also rendered such knowledge vulnerable to loss, particularly in the face of social transformation, urbanization, and the expansion of formal education and biomedical healthcare systems. Consequently, despite the longstanding importance of mushrooms in Buganda's medical and cultural history, there remains limited systematic documentation of their specific uses, historical evolution, and cultural meanings.

The marginalization of indigenous medical knowledge during the colonial and postcolonial periods further exacerbated this gap. Colonial administrations often dismissed African healing systems as unscientific, leading to their exclusion from

formal medical discourse and historical records. Contemporary scholarship in heritage studies and the history of medicine has increasingly challenged this narrative, emphasizing the need to decolonize knowledge production and recognize indigenous healing practices as legitimate and historically grounded systems of healthcare. Within this framework, ethnomedicine is understood not merely as a collection of remedies but as a culturally embedded system of knowledge that reflects social values, ecological relationships, and historical experience.

Ethnomedicine and ethnopharmacology provide critical theoretical lenses for examining the medicinal use of mushrooms in Buganda. Ethnomedicine focuses on how indigenous communities conceptualize illness, healing, and wellness, incorporating both material remedies and spiritual practices. Ethnopharmacology, in turn, bridges traditional knowledge and modern science by investigating the biochemical and therapeutic properties of medicinal plants and fungi [3]. Studies across Africa and beyond have demonstrated that traditional remedies often contain bioactive compounds with significant pharmacological potential [4]. Medicinal mushrooms such as *Ganoderma*, *Termitomyces*, and *Auricularia*—genera also found in Buganda—have been documented for their antimicrobial, anti-cancer, and immune-enhancing properties [1] [5].

Despite growing global interest in medicinal mushrooms, African ethnomycological knowledge remains comparatively under-researched. Existing studies have documented the use of mushrooms in various African contexts, highlighting their therapeutic potential and cultural significance [6] [7]. However, region-specific historical analyses—particularly those grounded in oral history and cultural heritage—are still limited. In the case of Buganda, most available knowledge remains fragmented, localized, and largely undocumented, residing primarily in the memories and practices of elders, traditional healers, and specific families.

This situation presents a critical problem for both cultural preservation and medical history. As custodians of indigenous knowledge age and pass away, there is an increasing risk that valuable ethnomedicinal knowledge, including the historical significance and evolving uses of mushrooms, will be irretrievably lost. Modernization, changing lifestyles, environmental degradation, and a growing reliance on Western biomedical systems further threaten the continuity of these traditions. The loss of such knowledge not only undermines cultural identity and heritage but also forecloses opportunities for future ethnopharmacological research and sustainable healthcare innovation.

Against this background, the present study seeks to document and analyze the historical trends of ethnomedicinal mushroom use in the Buganda Kingdom. By identifying mushroom species traditionally used, examining their medicinal, ritual, and symbolic functions, and tracing the historical evolution of these practices, the study contributes to the preservation of indigenous medical heritage. Furthermore, by situating mushroom use within broader socio-cultural, environmental, and historical contexts, the research highlights the resilience and adaptability of Buganda's indigenous knowledge systems.

The study is justified on both cultural and scientific grounds. From a heritage studies perspective, documenting ethnomedicinal mushroom practices safeguards an important aspect of Buganda's intangible cultural heritage, reinforcing cultural identity and intergenerational knowledge transmission. From an ethnopharmacological standpoint, the research provides a foundation for future scientific investigations into the bioactive properties of traditionally used mushroom species, with potential implications for drug discovery and public health. Ultimately, by bridging history, heritage, and medical science, this study underscores the continued relevance of indigenous knowledge systems and their potential contribution to contemporary healthcare and biodiversity conservation.

2. Methodology

2.1. Research Design

This study adopted a qualitative research design informed by historical and ethnographic approaches to examine ethnomedicinal mushroom use in the Buganda Kingdom, Uganda. The design was appropriate for documenting Indigenous Knowledge Systems (IKS) that are largely transmitted orally and embedded within cultural practice. The study treated ethnomedicinal mushroom use as both a historical medical practice and an element of intangible cultural heritage.

2.2. Study Area and Participants

The research was conducted in selected rural and peri-urban communities within the Buganda Kingdom in central Uganda. Participants included traditional healers, herbalists, elders, and market vendors with knowledge of mushroom identification, preparation, and medicinal use. Purposive sampling was used to identify key knowledge holders, followed by snowball sampling to reach additional participants recommended by initial informants.

2.3. Data Sources and Data Collection

This study draws on a triangulated set of data sources combining primary historical materials, oral history, and ethnographic field data to examine the ethnomedicinal and ritual uses of mushrooms in the Buganda Kingdom. Primary written sources comprised early ethnographic accounts, indigenous historical texts, and selected colonial-era archival materials, notably Roscoe's *The Baganda* [8] [9], and relevant Uganda Protectorate Annual Reports consulted at the Uganda National Archives at Wandengeya. These documentary sources were analysed to trace historical references to healing practices, ritual knowledge, and the cultural valuation of natural resources within Buganda society. To complement the archival record and address documented silences, oral history data were generated through semi-structured interviews and focus group discussions with 38 participants (21 male, 17 females; aged 34 - 81 years, median age 57) drawn from Wakiso (n = 20) and Mpigi (n = 18). The study purposefully engaged traditional healers (n = 12), clan elders (n = 8), mushroom foragers (n = 7), and market vendors (n = 11) as key

custodians of ethnomedicinal knowledge. Data were produced through 5 in-depth interviews and four focus group discussions comprising 5 - 7 participants each. These engagements focused on indigenous mushroom nomenclature, therapeutic applications, modes of preparation, ritual meanings, and perceived historical transformations in practice. Participant observation was also undertaken during mushroom foraging and preparation, where culturally appropriate, with observations systematically recorded in field notes.

Oral testimonies were treated as valid historical evidence, particularly in contexts where written documentation was limited or absent, in line with Africanist historiographical approaches that recognise Indigenous Knowledge Systems as repositories of lived historical experience. Collectively, these data sources enabled a historically grounded and culturally nuanced analysis of ethnomedicinal mushroom use in Buganda.

2.4. Data Analysis

Data were analyzed using thematic analysis. Interview transcripts, discussion notes, and field observations were coded to identify recurring themes related to medicinal use, symbolic significance, knowledge transmission, and historical continuity and change. Findings were interpreted within their socio-cultural and historical contexts.

2.5. Ethical Considerations

Ethical clearance was obtained in line with Muteesa I Royal University research guidelines. Informed consent was obtained from all participants, and confidentiality was maintained. Cultural norms governing indigenous medical knowledge were respected, and sensitive information was excluded from publication.

2.6. Literature Review

Ethnomedicine and ethnopharmacology provide the principal conceptual frameworks through which this study examines the historical use of mushrooms in Buganda. Ethnomedicine focuses on indigenous conceptions of illness, healing, and well-being as culturally embedded systems, while ethnopharmacology investigates the therapeutic properties of natural substances used within those systems and their relevance to modern biomedical knowledge [3]. African ethnomedical scholarship demonstrates that healing practices are rarely limited to material remedies alone but are interwoven with spiritual beliefs, ritual authority, and communal health structures [4]. This literature directly informs the study's objective of situating mushroom use in Buganda within Indigenous Knowledge Systems and historical medical practice, rather than treating it as isolated folk medicine detached from its socio-cultural context.

A growing body of interdisciplinary research has documented the medicinal significance of mushrooms across diverse traditional medical systems, highlighting their antimicrobial, antioxidant, immunomodulatory, and anticancer proper-

ties [1] [2]. While much of this work is global in scope, African-centered studies increasingly recognize mushrooms as integral components of indigenous healthcare, particularly genera such as *Termitomyces*, *Ganoderma*, and *Auricularia*, which are used to manage infections, chronic illnesses, and immune-related conditions [5]. This literature supports the study's objective of identifying and contextualizing mushroom species traditionally used in Buganda, while also providing a comparative framework through which indigenous therapeutic claims can be historically interpreted rather than narrowly validated through laboratory science alone.

However, existing scholarship reveals significant gaps that this study seeks to address. Much of the literature on African medicinal mushrooms prioritizes ethnopharmacological potential or regional inventories, with limited attention to historical change, oral transmission, and cultural meaning [6] [7]. Moreover, colonial and postcolonial medical discourses often marginalized indigenous healing systems, contributing to their underrepresentation in formal historical records. As a result, region-specific studies grounded in oral history and heritage studies—particularly within kingdoms such as Buganda—remain scarce. This study thus, responds directly to these lacunae, advancing its objective of documenting mushroom-based healing practices as both intangible cultural heritage and a historically situated medical system.

3. Findings

3.1. Tracing the Origins of Mushrooms in Buganda

The Buganda Kingdom, one of Uganda's oldest and most influential precolonial polities, possesses a rich heritage of ethnobotanical knowledge deeply embedded in long-standing interactions between its people and the natural environment. For centuries, the Baganda relied on their surroundings as a source of food, medicine, and spiritual resources, with plants and fungi functioning as an indigenous “pharmacy.” This environmental knowledge formed an integral part of Buganda's cultural heritage, shaping health practices, subsistence strategies, and belief systems through historically transmitted Indigenous Knowledge Systems.

Oral traditions and totemic histories in Buganda reveal that mushrooms have long occupied a significant cultural, spiritual, and medicinal place within Kiganda society, even though their precise historical origins cannot be conclusively dated. A central narrative concerns Mugambwa Bbirikkadde, the revered head of the *Nvuma* clan, whose advanced age and devoted care by his grandchildren culminated in a symbolic promise of reward after his death. Four days following his burial, mushrooms—identified in oral accounts as *Termitomyces microcarpus*—sprouted from his grave and were interpreted by some descendants as the fulfillment of his promise. While certain family members accepted and consumed the mushrooms as a gift, others rejected them on the grounds that Kiganda cultural norms prohibit consuming anything that grows on a grave, as this is equated with desecration of the dead. This moral and ritual disagreement led to a schism within

the *Nvuma* clan, with those who embraced the mushrooms breaking away and eventually forming the *Obutiiko* (Mushroom) clan, adopting the mushroom as their totem. Traditions as per oral sources associate the origins of the *Obutiiko* clan with the Ssesse Islands, from where Mugambwa is said to have migrated to Kyadondo, and later dispersals saw figures such as Wagaba relocate to Busiro, where clan leadership was established. Although one school of thought links the clan's arrival in Buganda to the reign of Kabaka Kimera, historical narratives—particularly the role of Najjuka of Kireka, a member of the *Obutiiko* clan, in facilitating Kimera's accession—suggest that the clan predated his rule. Collectively, these traditions demonstrate that mushrooms were not merely dietary items but were embedded within Buganda's ethical, spiritual, and social frameworks, shaping clan identity, totemism, and early ethnomedicinal thought through narratives that negotiated belief, taboo, and ancestral authority.

3.2. Luganda Nomenclature and the Evolution of Ethnomedicinal Knowledge

Within the ethnobotanical tradition of the Baganda, mushrooms occupied a distinctive and enduring role as both nutritional and ethnomedicinal resources. Historically Mushrooms were valued for their therapeutic properties, contributing to the treatment of various ailments, the promotion of general well-being, and, in some cases, ritual and spiritual practices. Although much of this ethnomycological knowledge was transmitted orally across generations, it resonates with broader African and global traditions that recognize mushrooms as important agents in traditional medicine. The known existence of over sixty known mushroom species in Buganda as documented [10] further underscores their historical significance within local ethnomedicinal practices and highlights the urgency of systematic documentation and scholarly analysis. Consequently, the observed alignment between Luganda mushroom nomenclature and scientifically recognized taxa demonstrates the value of indigenous ethnobotanical knowledge in enhancing biodiversity documentation and advancing ethnomedicinal research.

The documented Luganda mushroom nomenclature reflects a well-developed system of indigenous classification embedded within the ethnobotanical and ethnomedicinal knowledge of the Baganda. Local names correspond to a diverse range of fungal taxa that are primarily associated with food, health, and ecological management. Several Luganda names as identified [10] were successfully matched with scientifically identified species, demonstrating continuity between indigenous knowledge systems and formal mycological taxonomy. Notably, multiple Luganda names—including *Bubaala*, *Nakyebowa*, *Kkangango*, *Akatundatunda*, *Busejjere*, *Akabaala*, and *Mboby*a—correspond to different species within the genus *Termitomyces* (e.g., *T. robustus*, *T. microcarpus*), a group widely recognized in African ethnobotanical literature for its nutritional and medicinal value. The prominence of *Termitomyces* species underscores their centrality in local diets and traditional health practices, as well as their ecological association with termite

mounds, which are culturally significant landscape features.

Other ethnomycologically important species identified include *Ggudu* (*Leucoagaricus rubrotinctus*), *Amaleere* (*Auricularia auricula-judae*), *Akasukusuku* (*Volvariella volvacea*), and *Kwaanya* (*Lentinus tigrinus*), all of which are documented in ethnobotanical studies as edible fungi, with some also attributed therapeutic properties in traditional medicine. Wood-decaying and saprotrophic fungi such as *Kajjanankuba* (*Gymnopus ocior*), *Mutunduggo* (*Gymnopus luxurians*), *Mussukundu* (*Coprinopsis domesticus*), *Konkomoza* (*Ganoderma applanatum*), and *Munyeebwa* (*Amauroderma rude*) were also identified. [11] Species within the genera *Ganoderma* and *Amauroderma* are particularly noteworthy due to their established roles in traditional medicinal systems across Africa and Asia, often associated with immune modulation and general health maintenance.

In addition, several polypore fungi—*Bukokwe* (*Polyporus grammacephalus*), *Matawaala* (*Polyporus tenuiculus*), and *Muvawala* (*Polyporus varius*)—were recorded, reflecting local knowledge of fungi associated with decaying wood and forest ecosystems. Such species are frequently referenced in ethnobotanical literature for non-dietary uses, including medicinal preparations and environmental indicators. However, a number of Luganda mushroom names, including *Ngomaya-kikere*, *Namulondo*, *Empeefu*, *Muggundu*, *Kinyolwa*, *Akatonsa*, and *Matu*, could not be conclusively identified using available taxonomic references. Their inclusion nevertheless demonstrates the depth of indigenous classification and points to areas where ethnomycological knowledge remains under-documented in scientific literature.

3.3. Ethnomedicinal Uses of Mushrooms

Mushrooms occupied a central position within Buganda's indigenous medical system, where they functioned as both therapeutic and nutritive resources. Findings indicate that ethnomedicinal knowledge concerning mushrooms was deeply embedded in everyday health practices and transmitted orally across generations through elders, healers, and family networks. Within Kiganda epistemologies, health was understood holistically, encompassing physical well-being, moral conduct, social harmony, and spiritual balance. Consequently, mushrooms were not perceived solely as curative agents but as substances capable of restoring equilibrium across multiple dimensions of human life.

Food-medicine distinctions were also reflected in the careful matching of particular mushroom species to specific categories of patients, conditions, and stages of the life cycle. Light, easily digestible termite mushrooms—especially *Termitomyces microcarpus*, already associated with the treatment of childhood neurological conditions, and in some contexts *Termitomyces tylerianus*—were administered to children and adolescents for ailments such as *akasonyi*, a condition characterised by genital itching and interpreted within Kiganda moral discourse as a sign of potential future sexual weakness, as well as during recovery from diarrhoeal disease and other forms of gastrointestinal depletion. Their classification

as *ebyana* (foods appropriate for the young) reflected not only their physical softness and ease of digestion but also their perceived cooling, non-irritating, and morally regulating qualities, which made them suitable for bodies understood to be in formative and vulnerable stages of growth. In therapeutic terms, these species were therefore expected to calm internal heat, restore bodily balance, and regulate behaviour without introducing excessive strength into the body.

In contrast, large and fleshy termite mushrooms—most notably *Termitomyces clypeatus*, *Termitomyces letestui*, *Termitomyces robustus*, and *Termitomyces titanicus*—were associated with post-partum recovery, particularly in the management of *enjokka eza Kawamansi*, the deep-seated pains and bodily weakness experienced by women after first childbirth. These species were prepared as highly nourishing foods intended to rebuild blood, restore physical strength, and increase *amazzi*, a Kiganda concept that encompasses fertility, lactation, semen, and the vital reproductive force that ensures lineage continuity. Their origin in termite mounds—landscape features symbolically linked to productivity, accumulation, and regeneration—further reinforced their suitability for maternal therapy and for the broader processes of social and biological reproduction. In this context, the consumption of these mushrooms functioned simultaneously as nutritional rehabilitation, reproductive medicine, and a symbolic reaffirmation of continuity within the clan.

A comparable degree of specificity characterised the treatment of chronic and persistent disease. Woody and non-culinary fungi such as *Schizophyllum commune* and *Ganoderma lucidum* were rarely eaten as food but were instead prepared as medicinal decoctions, frequently in combination with other therapeutic plants [12]. These species were classified as *ebikoola eby'obuwangaazi*—substances associated with the prolongation of life and the resistance of disease—and were administered for conditions understood to weaken the body gradually over time, including sexually transmitted infections, tuberculosis, asthma, and pneumonia. Their dense and fibrous structure necessitated prolonged boiling to produce concentrated medicinal broths, while the resulting steam was used for therapeutic inhalation in the treatment of respiratory illness. Within indigenous medical reasoning, their efficacy lay not in immediate nutritional value but in their capacity to strengthen the lungs, sustain life, and counteract chronic bodily depletion.

For dermatological conditions and ear infections, mushrooms were selected that could function as external rather than internal medicines. Mature puffball species—particularly *Calvatia cyathiformis* and *Lycoperdon perlatum*—were dried, ground into fine powder, and applied directly to affected areas, sometimes mixed with oil. The therapeutic logic of this practice derived from the production of abundant spores, widely recognised in African ethnomedical systems as drying, protective, and antiseptic. In these instances, mushrooms operated as topical pharmacological agents rather than as foods, demonstrating an advanced and differentiated understanding of modes of drug administration in which ingestion, inhalation, bathing, and external application were all calibrated to the nature of

the illness.

These patterns indicate that mushroom therapy in Buganda followed a coherent classificatory system in which treatment was determined not solely by the disease but also by the age, reproductive status, and overall strength of the patient. Children and adolescents received soft, cooling species that regulated growth and behaviour; post-partum women were given fleshy, rebuilding varieties that restored blood and reproductive vitality; and sufferers of chronic illness were treated with strong, woody fungi associated with endurance and life prolongation. Such distinctions confirm that within Kiganda medical epistemology mushrooms were understood as substances whose therapeutic potency varied according to both their material properties and their social meaning. The prominence of large termite mushrooms in post-partum care further underscores their dual role as medicines and as symbols of fertility, sexual vitality, and clan continuity, linking bodily regeneration to the wider cosmology of lineage survival and communal well-being.

3.4. Spiritual and Ritual Significance

Beyond their therapeutic applications, mushrooms held profound spiritual and ritual significance within Buganda's cosmological framework. They were perceived as potent substances capable of mediating between the physical and spiritual realms, endowed with protective, cleansing, and restorative properties [10]. Their emergence from the earth without visible seeding contributed to their symbolic association with ancestral forces and unseen powers, reinforcing their role as intermediaries between humans, ancestors, and the spiritual world.

The sacred status of mushrooms is particularly evident in their association with the *Obutiiko* (Mushroom) clan, where mushrooms function as a clan totem symbolising unity, continuity, fertility, and ancestral identity. In this context, mushrooms were not merely dietary items but markers of lineage and collective belonging. Their ritual use reaffirmed historical memory, reinforced moral responsibility, and strengthened social cohesion within the clan and the wider community.

Mushrooms featured prominently in rites of passage and lifecycle ceremonies, including birth celebrations, clan introduction rituals (*okwanjula omwana*), twin introduction ceremonies, menstruation rites, marriage preparations, and post-marital integration into the husband's household [9] [10]). In many of these rituals, mushrooms were prepared as special ceremonial meals, often combined with *matooke* (cooking bananas) and fish, or used in ritual bathing and anointing with ghee (*amasavu*). "Such practices were intended to confer spiritual protection, legitimise social transitions, and ensure the individual's harmonious incorporation into the community" (focus Group, March 2025).

Mushrooms were also central to rituals addressing misfortune, omens, and spiritual imbalance. According to a traditional healer interviewed in Mpigi District (Ssebulime, 2024), they are used in cleansing baths, ritual drinks, and communal meals aimed at neutralising bad omens, expelling harmful spirits, and restoring harmony within individuals, families, and the broader social order. Pla-

centa disposal rituals, accompanied by communal mushroom consumption, symbolised the safeguarding of a child's destiny and the reinforcement of ancestral bonds. Similarly, the ritual consumption of mushroom soup by newly married women upon arrival at their husband's home served as a protective measure against malevolent forces and as a symbolic act of social and spiritual incorporation. These practices demonstrate that in Buganda, mushrooms were not merely therapeutic substances but sacred cultural resources deeply embedded in ritual life, spiritual cosmology, and the moral governance of society.

In all, this functional taxonomy demonstrates that Kiganda ethnomedicine operated through a coherent epistemology in which nutrition, pharmacology, morality, and social reproduction formed an indivisible therapeutic system.

3.5. Market Vendors and the Commercial Circulation of Ethnomedicinal Knowledge

Market vendors provided critical insight into the commodification, circulation, and contemporary valuation of ethnomedicinal mushrooms within Buganda's plural medical economy. Unlike healers and clan elders, whose knowledge was primarily framed in terms of lineage, ritual authority, and therapeutic practice, vendors articulated mushrooms as both medicinal substances and seasonal economic resources embedded in urban and peri-urban exchange networks. They identified specific species—particularly *Termitomyces*—as commanding higher market value due to their perceived nutritional and healing potency, with prices fluctuating according to rainfall patterns, scarcity, and consumer demand.

Vendors also demonstrated detailed ecological and ethnomycological knowledge, including the ability to distinguish medicinal from toxic varieties, preferred harvesting sites, and preservation techniques such as sun-drying to extend shelf life beyond the rainy season. Importantly, they described their role as intermediaries between rural foragers and urban consumers, thereby facilitating the continued transmission of indigenous dietary and therapeutic practices to populations increasingly distant from foraging landscapes. In several cases, mushrooms were purchased specifically for convalescents, postpartum mothers, and individuals seeking to “strengthen the body,” indicating that their medicinal reputation persists within monetised food systems. However, vendors also noted a gradual decline in supply due to wetland drainage, deforestation, and land fragmentation, alongside changing food preferences among younger consumers. Thus, the marketplace acting as a contemporary archive of ethnomedicinal continuity and change, where indigenous knowledge is simultaneously preserved, transformed, and subjected to the pressures of environmental and socio-economic transition.

4. Conclusions

This study examined the historical trends in the ethnomedicinal and ritual uses of mushrooms in the Buganda Kingdom, Uganda, with the aim of documenting their significance within Indigenous Knowledge Systems and the history of medicine in

Africa. Using qualitative methods grounded in oral history, ethnographic inquiry, and ethnobotanical review, the study established that mushrooms played a central role in Buganda's indigenous healthcare and spiritual practices prior to and beyond the colonial period.

The findings demonstrate that ethnomedicinal mushroom use in Buganda was historically embedded within clan-based knowledge systems, ritual authority, and cosmological beliefs. Oral traditions and totemic narratives, particularly those associated with the *Obutiiko* clan, reveal that mushrooms were not only therapeutic resources but also culturally significant symbols linked to ancestry, morality, and social identity. The existence of a structured Luganda mushroom nomenclature further indicates a well-developed indigenous system of classification and application that aligns with scientifically recognized fungal taxa.

The study also shows that medicinal and ritual uses of mushrooms were closely interconnected within Kiganda epistemologies. Participants noted that "mushrooms were employed in the treatment of childhood illnesses, neurological and respiratory conditions, reproductive health concerns, and gastrointestinal disorders, while simultaneously serving ritual functions in rites of passage, cleansing ceremonies, and spiritual protection" (Focus Group, March 2025). This integration reflects a holistic understanding of health that encompassed physical, social, and spiritual well-being, rather than a separation of medical and religious domains.

Despite their historical importance, the study highlights the vulnerability of ethnomedicinal mushroom knowledge in Buganda. Colonial and postcolonial marginalization of indigenous medical systems, combined with socio-economic change and environmental pressures, has contributed to the gradual erosion of orally transmitted knowledge. Much of this heritage now persists in fragmented and localized forms, increasing the risk of irreversible loss.

Thus, in documenting and historically contextualizing ethnomedicinal and ritual mushroom use, this study contributes to the preservation of Buganda's intangible cultural heritage and supports ongoing scholarly efforts to decolonize African medical history. The findings underscore the need for systematic documentation of indigenous medical practices and provide a foundation for future interdisciplinary research in ethnopharmacology, heritage studies, and biodiversity conservation.

Conflicts of Interest

The authors declare no conflicts of interest.

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