

AN OVERVIEW OF THE ROLE OF TRADITIONAL MEDICINE IN ETHIOPIA

Dejene Teshome Kibret

Research scholar, Andhra University, India

Email: dejenetk@gmail.com

ABSTRACT

This article is about the role of traditional medicine in Ethiopia. Traditional medicine is part and parcel of the mechanisms to deal with illness for most of the people in Ethiopia. The people utilized traditional medicine for generations and it remains popular even in the presence of biomedicine. It continues to play a significant role in the health care service in Ethiopia. Traditional medicine is known for its holistic approach to health problems unlike biomedicine. However, the absence of technical and financial support to healers remains a challenge that needs prudent decision to tap the positive aspects of the practice.

Keywords: Traditional Medicine, Biomedicine, Health Care, Hierarchy of Resort

Background

Illness and the need to treat the sick are common to human societies. However, many factors influence the experiences of health and illness. The natural environment, genetic inheritance, and above all socio-cultural and economic circumstances interact with one another, in complex ways, to influence the health of any human population (Brown, 1998: 1). Therefore, how societies view health and the therapeutic techniques to treat illness vary considerably from one society to another (Howard, 1986:388).

Traditional medicine refers to “the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses” (WHO, 2000:1). Clearly, variations exist from culture to culture on the ideas of health, illness and healing. However, every medical system has three basic components. These are theory of etiology, a system of diagnosis and techniques of appropriate therapy. Levinson (1997:137) elaborated the three components of medical systems common to every culture in such a way that every health care system is assumed to share common elements such as the definitions of health and illness, the beliefs (theories) about the causes of illness, treatment strategies, the healers, specific methods and techniques of treatment, and a decision-making process for using the health care system. This article is an attempt to highlight the role of traditional medicine in Ethiopia.

Traditional Medicine before the Introduction of Biomedicine

Medical historians documented Ethiopia had faced ranges of epidemics and diseases in the past. Early unidentified epidemic is mentioned in Ethiopian Synaxarium which is believed to strike the country around 831 AD. After similar successive unidentified epidemics, the country suffered from a small pox epidemic and influenza in early 18th century. The prevention and treatment to these epidemics and other disease were administered through traditional medicine and surgery until the introduction of foreign medical practitioners (Pankhurst, 1990).

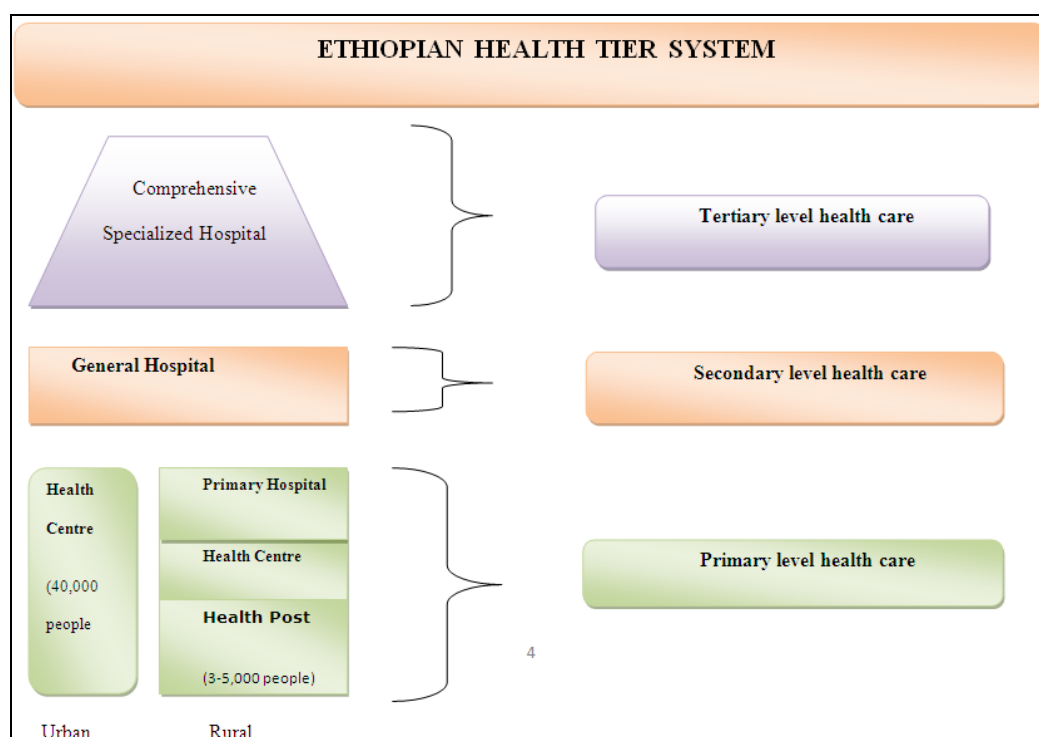
Traditional medicine served as the major source of health care in Ethiopia especially before biomedicine turns to become another option. Some historians argue early medico-religious manuscripts and traditional pharmacopoeias date back to the 15th century AD (WHO, 2001:14). Others suggest a literature of traditional medicine in the local language of Geez and Amharic dates back to at least the second half of eighteen century. The literature contains thousands of prescriptions for a wide range of diseases. However, the medico-religious manuscript of traditional medicine did not make clear distinctions between the medical and extra medical aspects of disease. Disease is not treated in any different manner from other problems of human beings. The literature for instance contains prescriptions not only for the treatment of epilepsy, syphilis, rabies, kidney trouble, hemorrhoid, sterility, snoring but also magic formula to assist in dealing with various concerns such as averting the evil eye and overcoming demons (Pankhurst, 1990:113).

Traditional medicine in Ethiopia plays both preventive and curative role. The vegetable kingdom is an extensive source of the traditional Ethiopian pharmacopeia. The leaves, flowers, seeds, bark, sap and roots of a wide variety of plants are used in this regard. Moreover, honey, butter, sheep fat, certain insects with medicinal properties constitute the input from the animal kingdom. The history of traditional medicine in Ethiopia shows that healers put much emphasis on the supernatural. Although practitioners practically deal with tangible problems for example bone setting, traditional surgery, inoculation and cautery historical evidence shows that there were innumerable prayers for the prevention and cure of diseases. The accounts of travelers of early 19th century for instance shows that people in central Ethiopia at that period place more reliance on the efficacy of the charms, spells and amulets than on the actual medical treatment (Pankhurst, 1990:113-120). But this should not underestimate the empirical and rational aspects of traditional medicine in the country. The major reason why tradition medicine is often associated with spirituality is usually due to the reason that the healers often trace the source of their knowledge to religious teachings. This however, is more relaxed when one looks at the more practical types of traditional healers such as bone setters and traditional birth attendants.

The Introduction of Biomedicine and Traditional Medicine

The traditional healers and the fate of traditional medicine in Africa became at a stake with the introduction of biomedicine. Since biomedicine was largely introduced along with colonization, the tendency to associated indigenous African medicine with magic and witchcraft affected the both the healers and the prospect of indigenous medicine (see, Goods, 1987; Konadu, 2007; Ingstad, 1989).

Although the history of biomedicine does not have colonial tags in Ethiopia, its impact on traditional medicine and healers has similar features with other African countries. Ever since the country formulated a substantive health policy in mid 20th (Massow, 2001:23) the national health care system marginalizes traditional medicine. Health care financing goes directly to biomedicine. The figure below vividly depicts how traditional medicine is marginalized and does not have official recognition in the national health care system.



Source: HSDP Phase IV, 2011: 74

Figure 1. Ethiopian Health Tier System

The Defacto Role of Traditional Medicine in Ethiopia

Despite the official marginalization, traditional medicine continues to play a significant role in the health care of the population in Ethiopia. The use of traditional medicine is persistent and (see Abraraw, 1998; Alemayehu, etal, 2006; Mirgassa 1993; Slikkerveer, 1990) common despite government’s effort to discourage traditional ways of dealing with sickness. Furthermore, traditional medicine is the sources of health care for many patients in even in Addis Ababa, the capital city of the country where the geographic accessibility of biomedicine has reached 100%. This is similar to the case with other African countries where the availability of biomedicine alone does not ensure its utilization and the abandonment of traditional medicine. Studies have noted that patients will get access to “different strands of medical knowledge, explanatory systems and healing traditions.”(Brodwin,1996; Good etal, 1993 and Nitcher, 1989 in Good and Good, 2000:244). The access to plural medical practices by patients involves complex transactions among diverse systems of technologies, meaning and power. Hausmann-Muela & Muela

Ribera (2003:97) for instance noted there is a sequential and integrative form of treatment for malaria in Tanzania in the presence of biomedicine. Their research reveals that mothers first apply traditional medicine for their sick children from malaria as a kind of first aid and then seek biomedical treatment not as separate courses of therapeutic alternatives but as complementary hierarchies of treatment. The study further suggests the hierarchy is not rigid and it can be adapted to concrete situations. When the hospital treatment is proved unsuccessful after two or three attempts, parents would opt for traditional health services of different kinds. Similar studies show the use of traditional medicine along with biomedicine either simultaneously or hierarchically is quite common in different societies (Janzen,1978; Chung-tung,1998; Nisula,2006;Teuton, etal,2007; Stekelenburg, etal,2004).

Similarly, Health is broadly conceptualized in Ethiopia. It is so broad to mean more of wellbeing than the mere absence of disease. The wellbeing in this context is believed to result from harmonious social relations, the humoral balance in the body and the normative compliance with the expectations of the Supreme Being. The assessment of symptom and the decision as to where to seek treatment is embedded in the overall socio-economic and cultural contexts of the society. The assessment of the symptoms begins at home by a patient, family members and neighbors. It may be defined either from religious or biomedical perspectives. These definitions will eventually dictate where the patient should seek treatment. Of course, economic factors measured in terms of the financial capacity of a patient to also influence greatly influence where patients would seek treatment.

In any case however, despite the pressure from the national health policy that promotes biomedicine; traditional medicine is still the major source of health care service for many patients. Two factors could be identified which made traditional medicine persistent despite the absence of official technical and financial support to healers. The first is the fact that traditional medicine remains the source of culturally appropriate therapy for the illness that biomedicine does not recognize their relevance such as illnesses of personalistic origin. Secondly, the dissatisfaction with treatment outcomes at anyone of the biomedical clinics or hospitals pushes patients to consult traditional healers and hence contributes to their persistence.

The persistent and role of traditional medicine is noticeable even the capital city of the country with (Dejene, forthcoming). The traditional healers who call themselves herbalists for instance, have begun to “modernize” their drug preparation and services. These healers use electric grinding and oil processing mills to prepare some of the drugs. In other words, they are replacing the traditionally used human labor by imported machines for drug preparations. Some healers have incorporated the use of imported electric chair massages into their healing services. In connection to this and as part of their quest for experience sharing, some have visited China, many African and Arab countries. A traditional healer who stated his experience sharing visits to China triple times lamented his eagerness for mass production of the drugs using imported machines. But he equally concerned about the efficacy of the drugs which he suspects may be endangered the in process of mass production. He was not sure whether or not the medicinal power of the material medica would be affected in the process of the production using modern technologies. The concern is mainly for some aspects of the traditional medicine where healers apply fresh leaves or roots in their healing. So, the he was not sure how to integrate such drugs to the production

by using modern technologies. This traditional healer added that he is trying to seek the assistance of a private pharmacist to standardize the production of his traditional medicine although he was not sure about its success (Ibid). Hence, along with their persisting role, traditional medicine tends to be dynamic as well to improve their modus operandi of meeting the needs of patients.

SUMMARY AND CONCLUDING REMARK

Traditional mechanisms of dealing with illness had been utilized for centuries in Ethiopia. It was the exclusive source of health care for the majority of people in Ethiopia until fairly recently. Some of the practices include the application of plant and animal products, inoculation, thermal water, cauterization, counter irritation and traditional surgery. Traditional medicine is still popular and has wider acceptance throughout the country in spite of the expansion of biomedicine. The role and persistence of traditional medicine is even noticeable in the capital city of the country where the geographic accessibility of biomedicine has reached 100%. But traditional healers are not getting technical and financial support from the government in spite of their contributions to the health care services. Neither do biomedical health professionals consider traditional healers as viable partners in health care service mainly due to the gross association of traditional medicine with spirituality and superstition. However, traditional medicine has emperico-rational elements as well and it could play more positive role in the health care service of the country if the government promotes the cooperation between the emperico-rational aspects of traditional medicine and biomedicine.

REFERENCES

1. Abrararw Tesfaye (1998) Traditional Medicine in Urban Centers: Beliefs and Practices; The Case of Dessie Town. (Unpublished M.A Thesis in Addis Ababa University)
2. Alemayehu Amberbir, Binyam Getachew, Kebede Deribe etal (2006) A historical overview of traditional medicine practices and policy in Ethiopia. *Ethiopian Journal of Health Development* 2006; 20(2):127-134]
3. Brown J.Peter (1998) Understanding and Applying Medical Anthropology. California, London, and Toronto: Mayfield publishing company.
4. Chung-tung Liu (1998) Health Care Systems in Transition: A General Overview of the Health Care System in Taiwan. *Journal of Public Health Medicine*. Vol. 20, No. 1, pp. 5-10: Oxford University Press
5. Dejene Teshome (Forthcoming) Persistence and Change in the practice of Medical Pluralism in Addis Ababa. Ph D thesis, Andhra University, Visakhapatnam.
6. Girmay Medhin, Mirutse Giday, Tilahun Teklehaymanot etal (2007) Knowledge and use of medicinal plants by people around Debre Libanos monastery in Ethiopia. *Journal of Ethno pharmacology* 111 (2007) 271–283. Elsevier Ireland Ltd.
7. Good M. Charles (1987) Ethno-medical Systems in Africa: Patterns of Traditional Medicine in Rural and Urban Kenya. New York and London: Guilford Press
8. Good, D. and Good B.(2000) Clinical Narratives and the Study of Contemporary Doctor-Patient Relationships ;in Albrecht L. Gary and Fitzpatrick Susan etal (ed) The

Hand Book of Social Studies in Health and Medicine. London and New Delhi: Sage Publications

9. Hausmann-Muela S. & Ribera J. Muela (2003) Recipe knowledge: a tool for understanding some apparently irrational behavior; in *Anthropology & Medicine*, Vol. 10, No. 1, 2003
10. Howard C. (1986) *Contemporary Cultural Anthropology*. Second edition. Boston: Little Brown and company.
11. Ingstad Benedict (1989) Healer, Witch, Prophet, or Modern Health Worker? The Changing Role of Ngakaya Setswana; in Jacobson-Widding A. and Westerlund David (ed.) *Culture, Experience and Pluralism. Essays on African Ideas of Illness and Healing*. Stockholm: Uppsala Studies in Cultural Anthropology
12. Janzen(1978) *The Quest for Therapy in Lower Zaire*. Berkeley: University of California Press.
13. Johannessen Helle (2006) Introduction: Body and Self in Medical Pluralism; in Johannessen Helle and Lazar Imre ed. *Multiple Medical Realities: Patients and Healers in Biomedical, Alternative and Traditional Medicine*. New York· Oxford: Berghahn Books
14. Konadu Kwasi (2007) *Indigenous Medicine and Knowledge in African Society*. New York and London: Taylor & Francis Group.
15. Levinson D. and Gaccione L. ed. (1997) *Health and Illness: A Cross-Cultural Encyclopedia*. Santa Barbara, California: ABC-CLIO, Inc.
16. Massow, von Fra (2001) *Access to Health and Education Services in Ethiopia Supply, Demand, and Government Policy*. Parkston: Oxfam GB.
17. Mirgassa K. (1993) *Indigenous Medical Beliefs and Practices Among the Oromo of Illubabaor*, Addis Ababa University, (Unpublished M.A Thesis in Addis Ababa University).
18. MoH (2011) *Health Sector Development Program IV 2010/11 - 2014/15*. Addis Ababa.
19. Nisula Tapio (2006) In the Presence of Biomedicine: Ayurveda, Medical Integration and Health Seeking in Mysore, South India. *Anthropology & Medicine* Vol. 13, No. 3, December 2006, pp. 207–224: Routledge Taylor & Francis
20. Pankhurst Richard (1990) *An Introduction to the Medical History of Ethiopia*. New Jersey: The Red Sea Press, Inc.
21. Slikkeveer J. (1990) *Plural Medical System in the Horn of Africa, The Legacy of Sheikh Hippocrates*: London and New York: Kegan Paul International
22. Stekelenburg Jelle etal (2004) Health care seeking behavior and utilization of traditional healers in Kalabo, Zambia. *Health Policy* 71 (2005) 67–81. Elsevier Ireland Ltd.
23. Teuton, Joanna; Dowrick Christopher; Bentall P.Richard (2007) How Healers Manage the Pluralistic Healing Context: The perspective of indigenous, religious and allopathic healers in relation to psychosis in Uganda. *Social Science & Medicine* 65 (2007) 1260–1273. Elsevier Ltd.

ABHINAV

NATIONAL MONTHLY REFEREED JOURNAL OF RESEARCH IN ARTS & EDUCATION

www.abhinavjournal.com

24. WHO(2001) Legal Status of Traditional Medicine and Complementary/Alternative Medicine: A Worldwide Review. Genève
25. WHO(2000) General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine. World Health Organization: Geneva.