

WHY SHOULD WE PRESERVE ETHIOPIA'S MEDICO-MAGICAL MANUSCRIPTS?

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ABSTRACT

Based on the available written sources and my own longtime research activities in the area, the paper tries to show why and how indigenous medical manuscripts, despite their incalculable importance, were not properly looked after and preserved in Ethiopia. There are still quite a number of manuscripts that should be thoroughly studied and treasured. For this to happen, a concerted effort is required from individuals and institutions that are committed to preserving the healing tradition of the country and passing them on to the next generation. The object of the study is to examine the challenges of preservation and make some potentially workable recommendations.

KEYWORDS: Cleric-Healers; Herbal Therapy; Indigenous Medicine; Magico-medical Healing; Magico-Religious Healing; Manuscripts

BRIEF HISTORICAL APPRAISAL

The earliest Ethiopian magico-medical manuscripts so far identified belonged to the seventeenth century. However, during the reign of Zara Yaqob (1434-1468) and his polemic against magic practices indirectly indicate the existence of the written medico-magical lore in the fifteenth century. Written sources do not agree on the production dates of these materials; the time gap is huge, falling between the fourteenth and seventeenth centuries. Ethiopian indigenous healing has been inseparably intertwined with the use of

magico-medical literature. It is not yet possible to tell exactly how the many cleric-healers in the past centuries would be able to get access to learn, copy and produce or reproduce various (protective and offensive) magico-religious and medico-magical amulets and charms (*digam*) with or without images or figures (*talsam*), either in scroll (*kitab*), accordion or book forms. Existing medico-magical texts, bearing various titles such as *Este Debdabe*, *Ebne Debdabe*, *Metsehafe Medhanit*, *Mefthea Seray*, etc., are of immense value because they embody a pile of information on the collection, preparation, and administration of medicinal items to fight against physically- and spiritually-caused illnesses from the three major gifts of nature (herbal, animal and mineral kingdoms). Few western scholars (linguists and ethnologists) have published a number of annotations, translations and analyses of Geez magico-medical texts. These translated and annotated texts (mostly in French and English), containing the botanical names of medicinal plants, are important sources to conduct any serious research on Ethiopian indigenous therapeutics.¹ The information recorded in local medical texts can to a limited extent be supplemented by the writings of a number of foreign travelers and residents. Such records date back to the writings of the early 16th century Portuguese traveler Francisco Alvarez² and other similar accounts of foreign observers in subsequent centuries.

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- 1 Marcel Griaule, *Le Livre de Recettes d'un Dabtara Abyssin*. (Paris: Institut d'Ethnologie, 1930); Deborah Lifchitz, *Textes ethiopiens magico-religieux* (Paris: Institut d'Ethnologie, 1940); Stefan Strelcyn, 'Les Ecrits Medicaux Ethiopiens,' *Journal of Ethiopian Studies* 3(1), 1965:88-97; 'Les Medecines du Begamder et du Tchelga (Ethiopie) D' Abbaba Garred,' *Africana Bulletin* 5, 1966:53-78; *Medicins et Plantes D'Ethiopie: Les Traités Medicaux Ethiopiens*. V.1. (Warazawa: Panstwowe, 1968); *Medicine et Plantes D'Ethiopie*. V.2 (Naples: Institute Universario Orientale, 1973); Rodinson, Maxim, *Magie, Medicine Possession en Ethiopie* (Paris: Mouton & Co., 1967)
 - 2 Alvarez, Francisco. *The Prester John of the Indies*, 2 vols. Revised and edited by C. F. Beckingham and G. W. B. Huntingford. (Cambridge: The University Press, 1961).

Indigenous healing is a product of multiple traditions;³ and had there been extensive studies on Islamic medicine, they would have clearly shown the degree of interpenetration of the two major religious-based healing systems in Ethiopia. In fact, several Ethiopian medico-magical prayers and medicinal prescriptions were believed to have been directly copied from Arabic medical/magical manuscripts.⁴ The shared cosmological ideas (or how the natural world impacts health and wellbeing) that had been cultivated and cherished for centuries, clearly demonstrated the closer affiliation between the Ethiopian Orthodox Christian and Islamic medical-magical-astrological lore. In other words, the syncretism of medical/magical beliefs, exhibit the complex interaction of the two main religious philosophies and the production and reproduction of a whole bunch of protective/therapeutic amulets and talismans as well as medico-magical prayers written either in *Geez*, Amharic or Arabic singly or in a mixed mode.

The divinatory treatises, which were often used by cleric-diviners or 'Book Openers', for diagnosing a patient's illness, based on his/her *kokeb* (star or sign of the Zodiac) under which he/she was born with, and for proposing 'appropriate' remedies, "reiterate the astrological lore of Islamic savants,"⁵ asserted Young. As a result, Ethiopia's indigenous therapeutic system has been conventionally referred to as "magico-medical" and "magico-religious." In a similar vein, lexical examination of 16th century written sources enabled Strelcyn (1968) to identify about 175 Ethiopian plants bearing Arabic

3 Steve Feierman and John Janzen (eds), *The Social Basis of Health and Healing*, (Berkeley: University of California Press, 1992) p.5.

4 A comprehensive and detailed study should be carried out to understand the full impact of Islamic medicine, herbal or otherwise, on Ethiopian indigenous therapeutics.

5 Allan Young, "Medical Beliefs and Practices of Begemder Amhara" Unpublished PhD. Dissertation, University of Pennsylvania, 1970, p.XIX.

names.⁶ Strelcyn's findings could also have inspired researchers to start questioning to what degree Ethiopian medicine had been influenced by the works of Arab and Muslim physicians, whose medical ideas dominated the ancient and the medieval world.⁷ Put differently, the lacunae in the history of Ethiopian indigenous medicine cannot be meaningfully bridged without the exploration and critical study of useful medicinal substances that have been mentioned in Islamic/Arabic texts.⁸

Though tiresome, it would be equally helpful to document how the general public, irrespective of their ethnic, religious and socio-economic differences, made choices and exploited the therapeutic resources available to them. Putting this aside, however, in areas where the craft of medicine have been taught in a quasi-organized or institutionally-affiliated manner, and where there are numerous kinds of manuscripts, studying the history of indigenous medicine appears to be a relatively less challenging enterprise. This opening will immensely assist those who would want to work on the instructional methods of Ethiopian therapeutics in and around religious institutions (mosques, churches, or monasteries).

It is widely believed that the utilization in church education of *Geez*, an ancient language that traces its origins long before the Christian era and the only written African language south of the Sahara, has been one of the most important vehicles for the retention and transmission of religious-affiliated therapeutics in Ethiopia. Mastery of the *Geez* language and the art of writing were powerful tools for co-opting and maintaining ultimate control over healing practices. It is also the key to unraveling the secrets of church-based

6 Stefan Strelcyn, "Les chapitres concernant les plantes d'un lexique Arabe-Ethiopien du XVI^e", *Roczn. Orient*, XXXI (1968).

7 Bashar Saad and Omar Said, *Greco-Arab and Islamic Herbal Medicine: Traditional System, Ethics, Safety, Efficacy, and Regulatory Issues*, (New Jersey: John Wiley & Sons, Inc.2011), p.8.

8 Investigations should also include the Holy Quran, the Hadith and other Islamic literature that have been mostly cited as sources of medicinal and dietary prescriptions.

healing methods, the mastery of which is an indispensable tool for a person endeavoring to become an erudite well-trained healer.⁹ The same is true to Arabic to learn Islamic medicine. With the expansion of modern Western education, however, reading and writing could no longer be the monopoly of a few religious-educated elites. Copying and translating medical texts into Amharic facilitated the dissemination of therapeutic ideas. However, proper understanding may be lacking if, for instance, the few alphabets bearing similar sounds are not correctly copied or reduced. The practice of copying or translating texts appears to have encouraged the flow of information and cross-fertilization of medical knowledge between religious-based and secular healers. For most cleric-healers, however, any daring attempt to utilize medical texts without the guidance of experienced teachers is a source of confusion, rather than a source of genuine medical knowledge.¹⁰ To the untutored the ideas contained in the medical manuscripts would thus be unintelligible. If not properly instructed and transmitted, future generations would not be able to read and understand the contents of the manuscripts. To prevent the ‘dissipation of the healing power of botanicals during gathering, processing, and administration,’¹¹ cleric-healers oftentimes employed magical prayers or *asmat* together with medicinal herbs. Cleric-healers also warned about the

9 We have very few Ethiopian authors who wrote about their own personal experiences of learning church-based healing, see Temesgen Gebre, *Autobiography* (Amharic) (Addis Ababa: Alpha Printers, 2001 E.C.); Leykun Berhanu, *Remorse* (Amharic) (Addis Ababa: Neged Printing Press, 1999 E.C.); Dawit Kefyalew, "Spirit and Spirits: Inspiration of the Holies", B.Th. Thesis (Addis Ababa: Holy Trinity Theological College, 1999); Yitbarek Giday, *My Life and the Qene School Tradition* (Amharic) (Addis Ababa: Artistic Printing Press, n.d.).

10 Healers argued that Geez has been utilized for concealing the true identity of medicinal herbs and for keeping the monopoly of church-based medical education and training.

11 Allan Young, "Magic as a Quasi-Profession: The Organization of Magic and Magical Healing Among the Amhara". *Ethnology* 14(3), 1975: pp. 245–265, p.246.

hazardous pursuit of using recklessly of botanical remedies and magical prayers that have been mentioned in the medical texts.¹²

[T]hese two techniques [magical and herbal] go together like honey and butter, the first acting upon the spiritual cause of the disease, and the second upon its symptoms.¹³

The blend in Ethiopian therapeutics of magico-religious and magico-medical healing techniques, which had been customarily dubbed unintelligible, or enigmatic, begs thorough investigation.¹⁴

A cleric-healer would prepare medicinal recipes using his botanical and pharmacological knowledge; his privileged access to spiritual beings; and his familiarity with magic. Preparations and administrations of herbal cures sometimes required a very technical know-how as regards the application of magical prayers and 'astrological-numerological'¹⁵ instructions. Possession of this privileged wisdom enabled cleric-healers to educate medico-religious and magico-medical subjects to their religious students. It has been argued that church-based medicine was never taught as a separate subject, nor was it sponsored by the church as a profession worthy of teaching. So how could training of students in *abinet* or medical education in and around religious institutions be possible without the consent and support of church officials? Was it simply carried out in secret as naively believed? Even if church officials at times claimed the church's role in the production and preservation of written medical texts, they did not openly accept the provision of church-based medical education to religious students. Withstanding this assertion, however, medical subjects must have been taught to a

12 Aman Belay, *Book of Remedy* (Amharic) 3rd ed. (Addis Ababa: Eleni Printing Press, 2007 EC), pp.6-8.

13 Jacques Mercier, *Ethiopian Magic Scrolls* (New York: George Braziller Inc., 1979), p.14.

14 This may help prevent from committing the most common fallacy of anachronism as well as for correcting stereotypical and preconceived notions in the reconstruction effort of our medical history.

15 Allan Young, 'Magic as a Quasi-Profession,' pp.246-247.

very limited number of religious students under the guise of ecclesiastical education and without the official support or recognition of the church. If the above assertion is implausible, one would simply put as a counter argument that teaching medico-religious and medico-magical subjects may have been discontinued and they could not have been transmitted to successive generations of church-affiliated healers. Despite the unwillingness on the part of church officials to take responsibility on the matter, it begs us to exert a concerted effort to unravel the secrecy shrouding our indigenous medical system/s.

The prejudiced and stereotypical view of indigenous healers as *sorcerers, occultists, ill-wishers*, and as *murderers, possessors of harmful medicines* and as *'diggers', 'cutters', 'collectors' or 'pickers'* of roots and leaves, uncomplimentary adjectives, often colloquial, that were employed to designate healers as charlatans and criminals seems to have been the underlying reason for them not to provide their service in a spirit of freedom. These derogatory designations for lay - and cleric-healers were similar to the pejorative names directed against socially 'segregated' occupational castes: gold and iron smiths, weavers, tanners and potters. Despite these entrenched negative outlooks, however, researchers have to examine why people did not refrain from exploiting and benefiting the most from the multifaceted services of indigenous healing and local technology. Anderson argued as follows:

*While the church recognizes the existence of traditional medical texts among the priest community, it is not currently taking any measures to promote and transfer its knowledge of ... [therapeutically useful medicinal] plants...*¹⁶

One may also add the magico-medical and magico-religious therapeutic traditions that have been equally unnoticed. Instead of

16 Lauren Anderson, "Faith as a Means of Healing: Traditional Medicine and the Ethiopian Orthodox Church in and around Lalibela," Villanova University, SIT Study, 2007, p.22.

doing something about this disparaging issue, a number of language experts have been endlessly arguing about the reduction of some of the Ethiopian alphabets having similar sounds.¹⁷ This may not serve any purpose than causing irreparable damage to the indigenous therapeutic lore that has been accumulated in writing over the centuries. Who is going to decipher, understand and make use of the body of knowledge scribed in the set of Geez alphabets and Geez numerals for future generations?¹⁸

PRESERVATION CHALLENGES

It is worth remembering that several Geez and Arabic medico-magical and magico-religious manuscripts were destroyed during the military or the Darg period. Besides the criminalization of the medical activities of indigenous healers, the scale of destruction on Ethiopian medico-magical and magico-religious manuscripts during the Darg (r.1974-1991) was no less devastating than the looting and destruction that had taken place during the 16th century internal Muslim-Christian conflict and the robbery by the British military expeditionary force that came to Ethiopia to defeat Emperor Tewodros II in 1868.¹⁹ Other than laying blame on internal and

17 For an interesting discussion on the nature, character and the need for conservation of the Ethiopian alphabets having similar sounds, see *inter alia*, Ermias Kebede (*Nebura Ed*), *Ethiopia: For the World to Judge* (Amharic) (Addis Ababa: Berhanena Selam Printing Press, 1993 E.C.), pp. 412ff; Leykun Berhanu, *Remorse*, p. 23; Million Belete, *Teacher's Memoir: Alphabet and Its Order* (Amharic) (Addis Ababa: Banawi Printing Press, 2007 EC).

18 On the value of teaching Geez in modern schools and the importance of exploiting the vast religious and non-religious Geez written materials, See Mersha Alehegn, "Geez: Yesterday, Today and Tomorrow," (Amharic). In *Proceedings of the Workshop on the Ethiopian Church Yesterday, Today and Tomorrow*, Addis Ababa, 18–19 April 2002, pp.115-132.

19 The personal amulet of Emperor Tewodros II, which was returned to Ethiopia after 135 years of custody in Britain, demonstrates how protective amulet had been utilized even by a sovereign. See Hailu

external agents or mere sentimentality towards the countless medico-magical and medico-religious manuscripts (constituting of offensive and protective prayers as well as medical prescriptions) that had been destroyed or taken out of the country with the instrumentality of foreign individuals using various ways and means and deposited in different European libraries, the problem requires a persistent effort in getting access to and studying the available manuscripts that are kept under the custody of individuals and local libraries in a systematic and meticulous way. Haddis Gebre Meskel, an apparently church-educated Ethiopian, edited a small medical manuscript in Amharic in 1988. The manuscript that Haddis edited was taken from Maqdala in 1868 and kept in the British Museum (as Orient 829) for more than a century.²⁰ Haddis underscored the importance of conducting research and bringing to light the secrets of ancient Ethiopian medical manuscripts. The same manuscript, investigated by Stefan Strelcyn, was published in the *Journal of Ethiopian Studies* in the mid-1960s.²¹

Ahadu Ayehu was another church-educated scholar–healer who compiled a 300-page Geez–Amharic medico-magical text. The special working relationship he had with IES enabled the author to work for years on the anthology of the institutes’ medico-magical manuscripts. As seen from his introductory notes, he stressed the significance of spawning a text that contained both magical prayers and herbal prescriptions. The author, a protagonist of the inseparability of magic prayers and medical prescriptions, argued that it was through the permutation of these two healing methods that cleric–healers in the past achieved considerable success with many physical, mental and social problems.²²

Habtu, "The Amulet of Emperor Theodore," *Annales d’Ethiopie*, vol. XIX; 257-263, 2003.

20 Haddis Gabre Maskel, *Book of Medicine: Traditional Ethiopian Medicine* (Amharic)(London: Haddis Publications, 1980 EC.).

21 Stefan Strelcyn, ‘Les ecrits medicaux ethiopiens,’ *JES*, 3(1) (1965): 82–103.

22 Ahadu Ayehu, ‘Book of Herbs’ (Amharic) IES, MS No. 1990.

Another less well-known, unpublished herbal pharmacopoeia that predated Ahadu's text was prepared by Leul Wolde Ruphael. This hand-written herbal medical text (Ms No. 492) of the early 1980s has been the only single local medical text kept at the National Library in Addis Ababa.²³ Even if he had copied medico-magical prayers and prescriptions from several cleric-healers working in Gondar, he kept them for himself. This individual claiming to have had church-based medical education appeared to be interested in incorporating medico-magical healing methods in his text, but the political situation did not allow him to do that.

Regardless of the obscurity of instructions on the preparation and application of medicaments, as some healers alleged, Gelahun Abate's text has been the best medical text ever produced in printed form. Gelahun has been the only cleric-healer praised for the invaluable assistance he provided to the AAU's Department of Biology in classifying and registering about 400 Ethiopian herbal drugs. In addition to *Geez* and Amharic nomenclature, names of plants and herbs have been identified in no less than 11 ethnic languages.²⁴

As regards the preservation of written sources that are not kept on parchments, there has to be a responsible body being entrusted with the duty of arresting the physical deterioration of acidic papers that contain a great deal of medico-magical, herbal, and other indigenous therapeutic information. Paper was first introduced in the late 19th century, and widely used throughout the 20th century. With the expansion of literacy and the development of new printing technology, the integrity of the written church-based healing method was challenged by the appearance of factory-produced paper and ink. Depending on individuals' preference and their availability, parchment texts could be made either out of sheep, goat, ox, and cow skins, or from the skins of horses, donkeys or from

23 Leul Wolde Ruphael, 'Herbal Medicine' (Amharic), MS no. 492 (Addis Ababa: National Archives and Libraries, 1983).

24 Gelahun Abate, *Book of Herbs: Ethiopian Traditional Medicine* (Amharic) (Addis Ababa: Artistic Printing Press, 1989).

wild animals such as bushbuck, antelope and bush duiker. Cleric-healers maintained that the introduction of factory-produced paper and ink led some healers to ignore the value of traditionally prepared inks and parchment vellums. This, in turn, led to the decline in indigenous writing methods and the efficacy of the written *abinet*. It was believed that providing patients with magical prayers on a piece of parchment vellum written by a traditionally prepared ink known generically as *efran qalam* (i.e., pigments of red, blue, black, yellow, brown, light green and dark green, i.e., the seven principal colors), together with other ingredients, was said to be an effective strategy to fight against many ailments and complaints. With the arrival of factory-produced paper and ink, however, many local healers, being insensitive to the value of *efran qalam* and to the nature, character and meaning of words, simply inscribed magical prayers using non-indigenous writing items. Despite these problems, the proliferation of factory-produced paper and ink in the twentieth century did not render the indigenous technology entirely obsolete. For much of the post-Italian period, many cleric-healers taught students who were willing to take the trouble of going through the time-honored training processes.

Depending on the amount of acidity in the papers and the condition under which they are kept (temperature and humidity), they will stay undamaged between thirty and sixty years. A lasting solution for this problem is micro-production (such as microfilming) or the use of acid-free paper onto which these records may be copied. A corpus of Geez medico-magical texts kept at the Institute of Ethiopian Studies (IES) provides ample evidence on Ethiopia's literate healing methods. Launched in the early 1960s, the IES library became the principal custodian of magico-medical manuscripts. The library was able to acquire hundreds of manuscripts from individuals and institutions through purchase or donation. For instance, Ms. No. 2417 (A, B, C, D, E, F, H, I, J, Ka, Kb, La, Lb, N, O&P) of the IES library at AAU, a compendium of 2639 pages of magical prayers, herbal, mineral and other substances of therapeutic prescriptions, which was compiled from the personal possessions of

a number of cleric-healers is a case in point. This huge manuscript, compiled under the sponsorship of Jacques Mercier in the 1970s, was copied from the personal collection of more than a dozen cleric-healers. They were copied on paper (presumably by the same cleric-healers) and transferred to a man called Sanfogg, a British millionaire, who, in turn, donated them to the Institute of Ethiopian Studies in the early 1990s. It is not clear how the scribes whose names have been indicated on the top of some of the magico-medical texts made the deal with the French ethnologist to whom they willingly copied and handed over of their personal manuscripts. In fact, the presence of several magical prayers (purportedly valuable remedies) under similar titles also demonstrated the difference in size, content, and manner of application of church-affiliated medicine and healing and the various methods through which cleric-healers collected their manuscripts.

To closely guard the secrets of magico-medical texts and to discourage the indiscriminate use of offensive or harmful magic spells, many cleric-healers translated their texts into a kind of code created by applying a writing technique known as *nagara dabtara* (*dabtara's* affair). In this highly technical stenographic or writing method cleric teachers employed one or more of the following tricks: substituting words with numbers; using incomplete or shortened words or phrases; substituting syllables or words with different syllables or words; using abbreviated words, phrases or obscure nomers; putting magical prayers and their applications separately; writing parts of a prayer from right to left instead of the usual left to right; changing the place of words in a sentence or a paragraph; misplacing syllables in a word or phrase; inscribing part of a prayer in one page and the remaining part in a different page; writing instructions on the application (Amh: *gabir*) of medicinal preparations partly in Geez and partly in Amharic; and inscribing complete prayers with incomplete *gabir* or manner of application.²⁵

25 For some of this writing technique, see IES, MSS nos. 2417(C), 84 and 2417(I), 32.

Hence, acquiring accurate therapeutic knowledge from magico-medical texts containing *nagara dabtara* was extremely difficult; and even if a person succeeded in breaking the code, he would not be able to unearth all the concealed information they contained. 'It is just like having *injera* without *wot*,' noted an informant. The pervasiveness of *nagradabtara* (also called *nagara woyra*)²⁶ in the medico-magical manuscripts confirmed that medical students could only access the hidden knowledge contained in medico-magical texts through the goodwill and acquiescence of their cleric teachers. Since most herbal medical texts have been fraught with these seemingly unintelligible instructions and their alleged utilization, they could be interesting aspects of future ethno-botanical investigations from which a great deal of herbal therapeutic secrets could be unraveled. Even if some of the oldest manuscripts may require high-tech laboratories and chemical agents for their long-term preservation, they can still provide useful therapeutic information on herbal and other medicinal substances. Despite this restricted opportunity, however, the knowledge imbedded in indigenous medical texts and the ability to deploy it properly is in danger of disappearing.

THE WAY FORWARD: SOME SUGGESTIONS

Among the work that needs to be done cooperatively is the adoption of linguistic standards for the supposedly unintelligible words and phrases, and the mysterious writing technique called *nagara dabtara*. This collaborative effort should also aim to produce new standardized magico-medical texts; in other words, dwelling on such a corrective measure is the same as caring for the literate healing tradition of the country. It is only with clerical healers' wholehearted participation and scrupulous examination of magico-medical texts that the flaws and deficiencies of the written knowledge can be redressed and preserved. Following these corrective measures, arresting the physical deterioration of acidic

26 Temesgen Gebre, *Autobiography* (Amharic). (Addis Ababa: Alpha Printers, 2001 E.C.)

papers that contain valuable therapeutic information might be the next vital step; or else, copying them on acid-free papers or simply scanning and saving them on computers may well be an alternative solution.

Despite the public's faith in indigenous healing practices, many indigenous health practitioners are troubled by the continued underutilization of indigenous medical knowledge, and by the gradual loss of qualified healers, as knowledgeable healers pass away and fewer and fewer new healers are being trained. More importantly, they are also worried about the damages inflicted on the reputation of the written knowledge of indigenous healing and the unethical actions of the many unprincipled, deceitful, inept practitioners who claim to be practicing indigenous medicine. For most healers, however, the idea that nothing can be picked up from the medico-magical treatises and the indigenous healing methods that have been accumulated over several centuries, a vital socio-cultural legacy with a wealth of empirical/experiential data, is tantamount to discrediting the entire 'transgenerational' therapeutic wisdom. Such an outlook will certainly deprive the country and the majority of its people their age-old culture-bound therapeutic resource and heritage.

In order to deal with the aforementioned problem setting up a legally-sanctioned, autonomous institute armed with an explicitly prepared strategic plan of action may well be an imaginative and a potentially rewarding scheme that will enable us to have a well-organized database and manuscript collection (acquired from both local and foreign sources). Being passionate about transmitting their medical knowledge, cleric-healers today decry the absence of individuals or organizations with a genuine commitment to learning, evaluating, and preserving our medico-magical lore. Several cleric-healers expressed their willingness to donate their personal medico-magical texts to an institute fully dedicated to preserving and carrying out practical research on Ethiopian indigenous therapeutics. They are also interested in collaborating with those who would want to appreciate the peculiarity of

indigenous Ethiopian church-affiliated therapeutic modalities and explore opportunities for co-operation with stakeholders. In addition to building strong healers associations, creating a favorable working environment free from unnecessary intervention, is an extremely important precondition for well-trained experienced healers to come forward and participate in systematizing the written medical/magical knowledge and providing evidence on the purported association between the material and non-material elements of their therapies, including a complex set of highly ritualized rules and procedures, and their pragmatic worth. The absence of a *centralized coordinating body* left healers to organize themselves only at a regional or zonal level as if health and disease were ethnic conscious or ethnically-rooted. This has been the result of the state ideology of revolutionary democracy and the ethno-linguistic division of the country. All these things left many questions unanswered.

This deep-seated problem, which is still very much alive, will surely be mitigated if higher learning institutions and other stakeholders are involved in establishing an *autonomous institute for indigenous medicine* and working towards an inclusive healthcare system. Hence, the future of Ethiopia's indigenous medicine depends on wise collective choices, but these choices can never be made on the back of imposed ideas. We can harness the resources into a higher purpose if we take up new attitudes, approaches and incentives, and have the conviction and the courage to do so. It is only through scrutiny and meticulous investigation of the socio-cultural context of indigenous medicine and healing that some usable therapeutic practices will be singled out, properly examined and exploited. Tewolde Gebre Egziabher has emphatically stressed about the value of preserving Ethiopian indigenous therapeutics²⁷

27 Tewolde Berhan G/Egziabher, "Research Needs on Traditional Medicine," *Traditional Medicine Newsletter*, 1(1), 1980.

and its incorporation in the curriculum for teaching conventional medical practitioners.²⁸

The proposed institute, which should purposely engage with indigenous healers, will serve as a mediator to foster dialogue between practitioners of allopathic and indigenous medicine. The center will also serve as a platform for continuous academic and scholarly debate and for planning, coordinating, and overseeing the execution of selected research projects as well as for publication of research outputs and provision on a regular basis of relevant information on Ethiopian indigenous medicine and therapeutic methods.

It would be appropriate to conclude with a quote from Michael Edward's book titled *Future Positive* (1999:45): "We have done what we ought not to have done and left undone those things which we ought to have done."

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28 Zenebe Wolla, *Champion of the Earth (Biography of Dr. Tewolde Gebre Egziabher)* (Amharic) (Addis Ababa: Mankusa Printing Press, 2011 EC) pp. 270-273.

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