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A DILAPIDATED WISDOM: HISTORICAL RETROSPECTION ON THE MANIFOLD CAREER OF HERBALIST-HEALERS

Assefa Balcha

Abstract

Based on local Amharic and Ge'ez medical manuscripts and secondary source materials, along with a wide-ranging oral data that have been gathered over an extended period, this study makes a critical examination and thoughtful analysis as to how healers mastering an extensive knowledge of therapeutically valuable herbs provided their expert medical services to their community members in Wällo, Ethiopia. The main objective of this study is to reconstruct the multifarious role herbalist-healers played in the fight against plethora of human and animal diseases. How herbalist-healers learned and/or inherited the requisite medical knowledge and treatment skill is the other facet of this historically-informed research. Additionally, why the society upheld mixed attitude towards herbalist-healers has been explored in the wider socio-cultural and religious contexts. The impact of modern western medicine as a major reason for the decline and marginalization of the indigenous therapeutic wisdom is also examined. Despite the enormous challenges facing indigenous medicine, the study proposes the need for salvaging this valuable medical lore in a speedy, multi-faceted, calibrated, and extensive manner before it is irretrievably lost.

Keywords: Biomedicine; Ethiopia; Evil Spirits; Herbalists; Herbal medicine; Islam; Medical Texts; Rituals; Taboos; *Wäggéša* ; Wällo

> "In the battle against disease and death, success may have been hard to measure, and only partial, but failure could be counted on the tombstones of the cemetery." Neil M. Cowan & Ruth S. Cowan, *Our Parents' Lives* (1996).

Brief Historical Review of Indigenous Medicine

As compared to the medical traditions of the ancient world, Ethiopia's medical culture, being distinct from other African medical systems, was less organized and systematized. The presence of ancient Greek medical theory in Ethiopian therapeutic practices shows that there was an external influence. This ancient medical theory seemed to have reached Ethiopia by way of the Arabian Peninsula and the Red Sea.[1] A good example is the idea of impairment or improper secretion in human beings of one or more of the four cardinal humors – yellow bile, blood, phlegm and black bile – as disease-causing agents and their treatment regimens.[2]

A person's humoral proportions determined whether an individual was bilious, melancholic, phlegmatic, or sanguine, in nature.[3] For restoring the optimal proportions and treating 'disturbance of their proper harmony', removing excesses through cupping or bleeding, purging, disgorging, or replacing the deficiency by medicinal prescriptions or special diets, were mostly preferred.[4] The kind of humor that predominated, determined the health and temperament of a person. There are references as to the kind of disease/s an individual was supposed to be vulnerable to, according to his/her humoral make-up.[5] The healer's main task was thus to make a diagnosis of the humoral

1 Stefan Strelcyn, "Les Ecrits Medicaux Ethiopiens", *Journal of Ethiopian Studies*, 3(1), 1965. p.84

2 Ahadu Ayehu, "Mätshäfä Etsä Hiywot" (Book of Plant Medicine) (Amharic) IES, Ms.no, 1979, pp.6-7; Stefan Strelcyn, *Medicine et Plantes D'Ethiopie: Les Traites Medicaux Ethiopiens* V.1. (Warazawa: Panstwowe, 1968), pp. 108-116; Haddis Gebre Meskel (ed.), *Book of Medicine*: *Traditional Ethiopian Medicine* (Amharic) (London: Haddis Publications, 1981), p.6; humors must remain balanced should a person, a microcosm, be healthy.

3 Strelcyn, *Medicine Et Plantes*, pp. 108-10, 30-32; Ahadu, " Mätshäfä Etsä Hiywot", p.6

4 Strelcyn, *Medicine Et Plantes*, pp.114-16; Ahadu, " Mätshäfä Etsä Hiywot", pp.8-20

5 The type of humor/s he/she was born with would make a person vulnerable to specific illness/es: a bilious person was said to be mostly attacked with severe

disproportion that occurred in a person and to restore its balance through diet or medicine. For unknown reason/s, probably not to be afflicted with 'hereditary' ailments, family members in some households did not at all consume specific kinds of meat or animal organs such as, heart and liver.[6]

That must be the reason, at least partly, why Ethiopian diets, like herbal medicaments, have been permeated with the concept of hot-cold.[7] The use of diets or botanical remedies for treating 'hot' or 'cold' illnesses mostly depended on discerning the opposing impacts of the ingredients contained in them. The purported medicinal value of different diets, milk, oil, butter, fish, eggs, and meat (of domestic and some wild animals) has been indicated in local medical texts. Cleric healers made enormous efforts to put in writing the intrinsic value, together with the preparation and consumption, of variety of spices, cereals, crops, edible plants, vegetables, and fruits for maintaining health and treating illnesses. This knowledge seemed to assist medical practitioners to categorize illnesses as hot-cold and prescribe dietetic, herbal or both treatments.[8] Indigenous definitions of sickness and health, however, went beyond the imbalance of bodily fluids. Trying to strike a state of equilibrium by means of physiological, spiritual, cosmological, ecological and social forces, was central to maintaining a person's wellbeing.[9]

Local medical texts, bearing various titles and mentioning a number of therapeutic plants and other items of therapeutic value, that have been in existence[10] for a long time, constituted 'a corps of inestimable

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headache, tumor, jaundice, leprosy and mental diseases; a sanguine with eye diseases, measles, and boils; a phlegmatic with vitiligo and partial paralysis, while a melancholic was susceptible to body sores such as scabies and the like. See Stefan Strelcyn, *Médecine et Plantes D'Ethiopie,* pp.116-148, 156-166; Ahadu, " Mätshäfä Etsä Hiywot", p.7

6 Oral Informants

7 Strelcyn, *Medicine Et Plantes*, pp.110, 116-18; Ahadu, " Mätshäfä Etsä Hiywot", pp.9-13; IES, Ms No. 992

8 Strelcyn believed that these ideas must have been extracted from the dietary texts of Hippocrates, Galen and Avicenna.

9 Norbert Vecchiato, "Traditional Medicine," In *The Ecology of Health and Disease in Ethiopia*, Helmut Kloos and Zein Ahmed Zein (eds.), (Colorado: Westview Press, 1993), pp.157-159.

10 **መጽሐፈ መድኃኒት ዘአረብ፣ መጽሐፈ መድኃኒት ዘጸሐፈ ኤርምያስ ነብይ፣ መጽሐፈ ፈውስ ዘኩሉ፣ መጽሐፈ መድኃኒት፣ ዕፀ ደብዳቤ፣ ዕብነ ደብዳቤ፤ መጽሐፈ መድኃኒት ለኩለያት ድዊያት አካላት፤** etc. The *Sheiks* and Muslim healers likewise consulted books such as Ibn Sina's *al-*

scientific value,'[11] remarked Pankhurst (1975). Through consulting different medical treatises, indigenous medical practitioners extracted a great deal of therapeutic information and compiled their own medical handbooks. It is very difficult to know exactly when these locally compiled medical treatises containing a wide range of herbal, animal, and mineral, prescriptions first appeared in Ethiopia. According to Pankhurst, the earliest medical text ever discovered in Ethiopia belongs to the mid-seventeenth century.[12]

The antiquity of Ethiopia's medicine cannot be established with certainty. However, indigenous healers must have played a significant role in identifying and utilizing the country's flora and, to a lesser degree, its fauna, and minerals,[13] for treating human and animal diseases for several centuries. Medicine by its very nature is a product of man's incessant effort to adapt to the natural environment. Ethiopia's medical tradition, constituting bone-setting, midwifery, cauterization, cupping, blood-letting, massaging, poulticing, dentistry, thermal baths and hydrotherapy, herbal treatment, among others, have continued to function with some modification up until the present time. This means, much ingenuity was invested to help Ethiopia develop a 'less refined and diversified'[14] medical system known generically as *yahabesha medhanit* (Abyssinian Medicine) and the practitioners as *yahabesha bahlawi medhanit awaqi* (knowledgeable Abyssinian traditional healers).

It appears that the art of herbal therapy has been one of the oldest medical traditions in Ethiopia[15] and, in all likelihood; it pre-dated other

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Qunun fial Tibb (lit. Canon of Medicine); *Tobibek Meak* (lit. Possessing Personal Doctor); *Tazkiratu ulilal Mueal-bab* (lit. Guide); and *Kitabu Rahma Fitibi wol-Hakima* (lit. Book of Grace about Medical Practice), etc.

11 Richard Pankhurst, "Historical Reflections on the Traditional Ethiopian Pharmacopoeia," Paper read at the *Conference of the Ethiopian Pharmaceutical Association*, Addis Ababa, 1975, p.3

12 Ibid.

13 The only copied manuscript available on *Ebne Debdabe* (lit: Book of Stones') is Ms No. 2417 (G). The manuscript mentions a variety of minerals and their purported use. It tries to identify their local name, and their location, etc. See IES, MS no.2417 (G). It is a unique manuscript for researchers to examine it closely.

14 Assefa Balcha, "Traditional Medicine in Wāllo: Its Nature and History," M.A. Thesis, History, (Addis Ababa University, 1992), p.8

15 Ethiopia's indigenous therapeutics seems to have been contemporaneous with the relatively well-documented, centuries-old healing traditions of Chinese and Indian traditional medicine. In order to substantiate this view, a comparative research has to be done.

forms of indigenous healing. Almost all indigenous healthcare providers employed botanical remedies in their treatments; however, it would be a mistake to designate all indigenous healers as herbalists *per se*.[16] Learning herbal therapy was a lengthy process, requiring prospective healers to undergo a long period of apprenticeship under the mentorship of experienced herbologists The majority of non-literate herbalist-healers, mustering an extensive knowledge of the plant kingdom, were reliant on their memories to learn and preserve medical information. In both literate and non-literate ones, a rigorous ethno-botanical study was a decisive factor for producing proficient, God-fearing, as well as ethically and morally-abiding, herbalist-healers.[17] Faithfulness, obedience, and tolerance, were important virtues for medical trainees who would later be entrusted with great responsibility. Tutors had their own evaluation of qualifying apprentices, such as learning potential, personal conduct and the ability to keep secrets. Many aspiring medical students would not easily obtain the trust of their teachers. 'In order to learn medicine' a qualified healer expounded, 'students have to be extremely subservient, tolerant and emotionally controlled to persuade teachers of emotionally rickety or volatile behavior.'[18] After teaching about eighteen students a cleric-healer reverted to passing on his knowledge only to his own relatives because he had been repeatedly robbed off his medical manuscripts by his previous students.[19]

While magico-religious medical texts had an impact on the art of herbal therapy, every curative plant in the "indigenous pharmacopeia" came from trial-and-error empiricism, zealous observation, as well as deliberate, often daring, experimentation. Even if magical or spiritual beliefs had no direct impact on the potency or efficaciousness of the *materia medica*, remarked Croizier (1968), the preparations and administration of medicinal plants were often surrounded by taboos and rituals.[20] While clients did not comprehend or seek explanations on

16 The majority of faith-healers, diviners and spiritualist-healers prescribe herbal treatments; however, the term herbalist-healers here refers to all medical specialists who prepare and administer botanical remedies as their principal source of medication.

17 Herbalist-healers were the largest group of specialists in the medical landscape of *fin de siècle*.

18 Oral Informants

19 Oral Informants

20 Ralph C. Croizier, *Traditional Medicine in Modern China*, (Harvard: Harvard University Press, 1968), p.21

the allegedly indispensable taboos and rituals, they would rather tend to consider these actions as evidences of healers' curing capacity and competence. These enigmatic procedures might be vital to deter people from attempting self-medication and preventing the random exploitation and destruction of medicinal plant species. People did not inquire about the secrets of medicinal preparations and the complexities of indigenous therapeutic methods. Even common everyday names of medicinal herbs were not mentioned, believing that the cause of an illness could be a spiritual being, which would make the curative power of herbs ineffective.[21] Illnesses and diseases were thus personified; and to fight against the allegedly responsible spirit/s a combination of magico-medical recipes were applied.[22] It is vital to note that so far no one has endeavoured to work on and provide concrete proof [or disprove] on the 'medical interdigitation', to borrow a phrase from Messing, between mystical and rational elements (or the 'natural' and 'mystical') of religious-affiliated or other indigenous therapies.[23]

Almost all human and animal diseases (especially communicable and epidemic ones) were regarded as spirit-caused or as a punishment from heaven. Probably the severity and mode of transmission of deadly diseases seemed to have convinced the public to attribute such calamities to the machination of intangible forces. Illnesses were not simply taken as manifestations of life, or as a reaction of active organisms, to abnormality. The inconceivability of diseases as a natural phenomenon undoubtedly brought forth magical, religious or supernatural explanations of illness episodes. Cleric-healers often claimed that to invigorate the natural healing power of medicinal herbs, it was necessary to pronounce some magical prayers or incantations.[24]

21 Z.A. Ademuwagun et al (eds.), *African Therapeutic Systems*, (Los Angeles: Cross Roads Press, 1979), pp.53-54

22 Warren Dawson, *The Beginnings: Egypt and Syria*, (New York: Hafner Publishing Co., 1964), pp.21-23

23 Simon D. Messing, "Interdigitation of Mystical and Physical Healing in Ethiopia: Toward a Theory of Medical Anthropology" *Behavior Science Notes* V. 2, 1968, 87-104; Assefa Balcha, "Reflective Appraisal on the Historiography of Indigenous Ethiopian Therapeutics," *Journal of Afroasiatic Languages, History and Culture*, 9 (1), 2020, P. 96

24 The Church claims that plants could become medicinal if some prayers are pronounced over them. See Taye Bekele, "Indigenous Knowledge of Medicinal Plants: Perspectives of the Ethiopia Orthodox Church," In *Proceedings of the*

As most human maladies were explained in terms of the loathsome deeds of nefarious spirits either by their own, or through the agency of ill-intentioned human beings, a specialist with magical remedies was required to counteract the bad effects of noxious spiritual beings. Though not openly labeled as "conjurers of malefic spirits", patients would go to these spiritual healers in order to remove the evil spells cast upon them[25].

The ordinary people often utilized a variety of home remedies for self-medication purposes. Different therapeutically useful herbal medicines have been used as every day medications. Many families grew useful plant species in their home gardens, sites for in-situ conservation and/or protection and maintenance of useful indigenous medicinal plants and medical lore.[26] Home-based therapy was therefore one of the methods with which some herbal remedies were preserved and passed on from one generation to the next.[27]

Besides the Greco-Arab medical theory, the amalgamation of indigenous and imported foreign medical ideas appears to have provided Ethiopia its time-honored medical beliefs upon which the medical traditions of both Christianity and Islam were founded and developed. [28] Ethiopia's medico-magical literature has been greatly influenced by Arabic texts on medicine and magic. [29] This would indicate the close affiliation that existed between the Christian and Islamic medical beliefs and practices in Ethiopia, and why Ethiopian indigenous medicine has been referred to as "magico-medical" and "magico-religious". [30] Rodinson (1967) asserted that with the assimilation of borrowed techniques and its own development, indigenous Ethiopian medicine maintained the popularity that it had in

Workshop on the Ethiopian Church Yesterday, Today and Tomorrow, Addis Ababa, 18–19 April 2002, pp.134-135.

25 Oral Informants

26 Zemede Asfaw, "Conservation and Production of Traditional Medicinal Plants in Home Gardens: The Case of Ethiopia" *Regional Workshop on Medicinal Plants and Traditional Medicine*, Cape town, South Africa., 1998, p.4

27 Assefa Balcha, "Traditional medicine in Wāllo," p.14

28 Mekonnen Bishaw, "Integrating Indigenous and Cosmopolitan Medicine in Ethiopia" Unpub PhD Dissertation, (S. Illinois University, 1988), p.81

29 Spencer Trimingham, *Islam in Ethiopia*, (London: Frank Cass and Co., 1965), p.28

30 Richard Pankhurst, "An Historical Examination of Traditional Ethiopian Medicine and Surgery," *Ethiopian Medical Journa*l, 3(4), July 1965, pp.157-58

the seventh century.[31] Similar to its tangible and intangible cultural heritage, Ethiopian indigenous medical wisdom has been continuously generated, regenerated, preserved, and transmitted.

In both Christianity and Islam, evil spirits were blamed for most human illnesses. Patients expected dramatic results from the supposedly effective spiritual counter-measures. For example, the Orthodox Church viewed herbal therapy as a godless science and a manifestation of lack of faith. Whatever befell an individual, an evil demon/s would be the prime suspect/s. However, some cleric-healers claimed to have used these shadowy beings as sources of their magico-medical and botanical knowledge.[32] This helped church-affiliated healers, such as the *däbtära* gain currency and ensure their existence by finding purpose for themselves, and those in the shadow of the church. One may argue that the *däbtära*, serving as medicine men, exorcists, or *Mäṣehafä gelaç* (book openers/astrologers) 'were everywhere; they just weren't everywhere officially' observed Weissleder (1965). The above maxim was substantiated further: "Though the church officially frowns on it, many priests are known to have such [medical-magical-astrological] knowledge and ability, and to use it at will...[t]hey are feared...by the members of their own church community...even the heads of churches treat these men with all the deference that will ensure their benevolence'.[33]

Since its introduction in the 4th century CE of Christianity, the Church had begun to teach that the unwavering belief in Christ has been the only remedy to deal with myriads of human problems (psychological and physical). As a result, cleric-healers had a hard time pursuing the healing arts under the watchful eyes of church officials who publicly condemned all worldly wisdom/s as Satanic. Even if the church attributed most human illnesses to the uninterrupted interference of invisible forces, it was not in a position to deter cleric-healers from combating these evil forces and other naturally-caused

31 Maxim Rodinson, *Magie, Medicine, Possession en Ethiopia*, (Paris: Mouton and Co., 1967), p.55.

32 While countless magical instructions or procedures have been indicated, the *modus operandi* of medicaments embodied in the prescriptions appears to have been enough to bring the desired results.

33 Wolfgang Weissleder, "The Political Ecology of Amhara Domination", Unpublished PhD Dissertation, (University of Chicago, 1965), p.78.

illnesses with a combination of natural and spiritual remedies.[34] This outlook seemed to have abetted church-affiliated healers to make use of mixed therapeutic resources and procedures.

Wāllo's Religious Landscape

According to local oral tradition, several churches were known to have existed in Wāllo long before the Christian-Muslim conflicts of the sixteenth century. Between the ninth and thirteen centuries, some of the oldest churches and monasteries had been founded in the region known generically as *Bêtä Amhara*,[35] a region that constituted much of present day Wāllo.

The church of Däbrä Egziabhér in the vicinity of Lake Häyq and the monastery of St. Estifanos in the lake were said to have been founded in the ninth century.[36] These and the archaeological remains of Christian settlements around the town of Kombolcha definitely indicate the expansion of Christianity in *Bêtä Amhara* during the medieval period.[37] When Christianity was expanding at a reasonable pace, it was apparent that people living far away from established churches maintained their indigenous religious beliefs and rituals.

Ludwig Krapf, who collected local oral tradition of the people of Häyq, wrote about a serpent that the local people used to worship before they embraced Christianity.[38] Täklä Şadiq, quoting the *Gädlä*[39] Iyasus Moa (d.1292) stated that prior to the establishment in Lake Häyq of the Estifanos monastery, there was a big tree called *Balut* under which the local people used to offer cow's meat and milk to a sacred serpent that they worshipped.[40] It is likely that indigenous beliefs of the earlier periods did not seem to have been stamped out, even in areas where churches had long been established. Local sources also indicate about the rampant nature of pre-Christian rituals and sacrifices before

34 Assefa Balcha, "Traditional Medicine in Wāllo," p.25

35 Tadesse Tamrat, "The Abbots of Däbrä Hayq 1248-1535," *Journal of Ethiopian Studies*, 8(1), January 1970, p.88

36 Tadesse Tamrat, *Church and State in Ethiopia 1270-1527*, (London: Oxford University Press, 1972), pp.36-37

37 Tadesse Tamrat, "The Abbots of Däbrä Hayq," p.88

38 W. Isenberg and L. Krapf, *Journal of C. W. Isenberg and J. L. Krapf*, (London: Seeley, Burnside and Seeley, 1843), p.409

39 *Gadle* means literally: "miraculous deed".

40 Täklä Tsadik Mekuria, Gra*ñ Ahmed's Invasion* (Amharic) (Addis Ababa, Berhanena Selam Printing Press, 1966 EC), p.375

the setting up of churches in different parts of Wāllo, a vast geographic region known previously as *Bêtä Amhara*.

Several churches were said to have been in existence in and around present day Dässie. Long before the great Muslim conquests of the sixteenth century,[41] Christianity had already begun to take root. The introduction and eventual dissemination of Islamic religious beliefs and practices had similar effects on the region. Islam in Wāllo had the opportunity to become a competitor with Christianity. According to oral tradition, the initial stage of Islamization in the region had taken place between the ninth and thirteenth centuries, led by the *Uläma* of Ifat and some Arab immigrants.[42]

Alvarez, writing in the early sixteenth century and referring, probably, to the area near present day Dässie, a region earlier known as Ambassel, stated that there was lax relationship between Christian and Muslim communities.[43] This relationship was changed following the conquests of Ahmed Grañ and the expansion and consolidation of Islam in the region.[44] The coming to Wāllo of preachers and teachers during this time saw the changing of names of some localities. For example, the name Gärado is a corrupted derivation of the word *garad*, a title similar to governor, 'which was common throughout Muslim-dominated eastern Ethiopia'[45] in the sixteenth century. The same is true of Qolla Garado, Šäšabir, a corruption of the Harari Šäyk Sabir; Dawudo, possibly derived from the name *Sheikh* Dawud, and Grañ Meda, named after Ahmed Grañ or Ahmed "the left-handed."[46]

Grain's domination lasted a little more than a decade; however, a large number of people in Wāllo were permanently Islamized. As a process of syncretism, many indigenous elements pervaded Islam[47] and

41 Assefa Balcha, "Traditional Medicine in Wāllo," p27

42 Hussien Ahmed, "Two Muslim Shrines in South Wāllo," Paper read at *the 5th Annual Seminar of the Department of History*, Debre Zeit, June 1989, p.2

43 Francisco Alvarez, *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., p.251

44 Hussien Ahmed, :Two Muslim Shrines," p.3

45 Ibid.

46 Hussein Ahmed, "Harar-Wāllo Relations Revisited: Historical, Religious and Cultural Dimensions," *African Study Monographs,Suppl.*41: 111-117, March 2010, p.112

47 Trimingham, *Islam in Ethiopia*, (London: Frank Cass and Co., 1965), p.274

this helped it acquire 'a strong indigenous character.'[48] Several spirits were held responsible for personal failure, ill-health, and other misfortunes, and were praised for success, good health and happiness. Veneration of local Muslim saints (or *Wäli*) may be taken as examples of the legacies and transmuted cults of pre-Islamic times. With the introduction and dissemination of the mystic orders in Wāllo, 'various centers of learning and local pilgrimage' [49] emerged by the end of the eighteenth century. It was from Harar that 'Sufism in the form of the Qadiri order was introduced into Wāllo.'[50] Sufi shrines, serving as trans-religious pilgrimage centers, have continued to attract both Orthodox Christian and Moslem adherents within, and outside of, Wāllo. People visiting the shrines for a range of reasons would, *inter alia*, make votive offerings and attend *dua* (prayer) sessions for a couple of days. Participation in these rituals and healing sessions was the main pulling factor for the uninterrupted flow of pilgrims to the shrines.[51] The attraction of pilgrims from across the social spectrum and different religious persuasions seemed to have strengthened interfaith harmony, mutual respect and peaceful coexistence among the region's Christian–Muslim inhabitants.

This was a unique sociocultural heritage specific to Wāllo. And this culturally advanced expression, Abbink (2007) remarked, was a hallmark of 'a remarkable instance of religious intermingling, [which] exemplifies sociocultural hybridity, pragmatic tolerance, and the accommodation of diversity.' [52] According to Abbink, the 'shared poverty and desperation [of both the Christian and Moslem populations

48 Jon Abbink, "Transformations of Islam and Communal Relations in Wāllo, Ethiopia," in *Islam and Muslim politics in Africa*, edited by Benjamin F. Soares and René Otayek, (New York: Palgrave Macmillan Ltd, 2007), p.65

49 Hussien Ahmed, "Traditional Muslim Education in Wāllo," *9th International Congress of Ethiopian Studies*, V.3., Moscow, August 1986, p.96

50 Hussein Ahmed, "Harar-Wāllo Relations Revisited," p.112

51 The same is true to the attraction of pilgrims to local shrines in different parts of Ethiopia. For a similar argument in Arsi, see Gemechu Jemal Geda, "The Faraqasa indigenous pilgrimage center: History and ritual practices," M.A. Thesis (Norway: University of Tromsø, 2007), pp.51-78. Assefa Balcha, "Pilgrimage to Holy Sites in Wāllo: Past and Present", *Journal of Afroasiatic Languages, History and Culture*, 8 (1): 1-24, 2019

52 Jon Abbink, "Transformations of Islam and Communal Relations in Wāllo, Ethiopia," in *Islam and Muslim politics in Africa*, edited by Benjamin F. Soares and René Otayek, New York: Palgrave Macmillan Ltd, 2007, p.66

in Wāllo] may have contributed to local coexistence and mutual sociability.' [53] Beyond this simplistic or reductionist notion of widespread poverty, however, conversion and reconversion as well as continuous intermingling and interaction in the last several centuries, must have been responsible for the emergence of a unique mode of peaceful coexistence, interpenetration and harmony, in Wāllo. It appears that these cultural coalescences and interactions were further pronounced by the accommodating and assimilative traditions that had been prospered after the sixteen century Muslim-Christian conflicts and the Oromo settlement in the region. This ethno-social and religious amalgam made Wāllo a conducive place for nurturing an 'enormous effervescence of ideas'[54] and cultural traditions.

A temporary reversal of this continuous intermingling and Islamization process happened during the reigns of Emperor Tewodros II (1855-1868) and Yohannes IV (1872-1889). Yohannes IV, assisted by his newly converted local rulers, most notably, Mikael, formerly Mohammed Ali, intensified his religious campaigns in Wāllo and succeeded in making a large number of people accept Christianity and renounce Islam. [55] Despite Yohannes' efforts, however, the intermingling of the Christian-Moslem inhabitants, which had been developing in the previous centuries, reappeared and expanded with new vigor after the passing away of the sovereign. The massive religious conversion and reconversion of the local people over the centuries, was a decisive factor for the retention of mixed beliefs and sentiments along with little or no fanatical bias.[56]

The settlement of the Oromo in Wāllo from the end of the 16th or early 17th century had tremendously impacted the religious and cultural beliefs and practices of the pre-Oromo inhabitants of the area. It cherished the ethnic heterogeneity, cultural admixture, and cross-fertilization, of the beliefs and values of the local population. The region became a melting pot of Cushitic, Christian and Islamic religious

53 Ibid, p.67

54 For a recent and very brief observation of interreligious cooperation and coexistence in Dässie, see Ghelawdewos Araia, "Wāllo: Microcosm Ethiopia and Exemplar of Ethiopian Unity," *Institute of Development & Education, Inc*, October, 2011.

55 Fekadu Begna, "A Tentative History of Wāllo 1855-1908," B.A. Thesis, History, (HSIU, 1972), pp.42-44

56 Assefa Balcha, "Traditional Medicine in Wāllo," p.36

and indigenous traditions. The tradition of preparing *wädaja*, a ceremony of group or communal prayer [57] as a preventive and therapeutic session, is a case in point.

The Oromo brought their own herbal remedies and other medical traditions to Wāllo. This had a significant impact on the medical beliefs and practices of the local inhabitants. After a large segment of the Oromo had embraced Islam in the eighteenth century, the Muslim *Sheikhs* began to assume the position previously held by the *Qallu*, *Qalliça* or *Fuqra*, the magician-priests or holders of the magical lore of the Oromo.[58] The *Fuqra,* according to Trimingham (1969), 'profess to cure all illnesses…by means of their evocation, exorcism, and the use of remedies extracted from herbs.'[59] While their titles were interchangeably used, at times it is not easy to identify a practitioner with only one designation. This shows that the gradual evolution from the predominantly non-Islamic magical and medical practice to that of Islamic magical and medical practice is clearly evident.

With continuous modifications and localization, the indigenous cultural and medical beliefs and practices have been retained in Wāllo.[60] The response of people to illnesses or misfortunes was in line with the cultural and religious ideas shaping their beliefs about the natural and supernatural worlds. To deal with illnesses and diseases, people in Wāllo nurtured and maintained variety of prophylactic, diagnostic and therapeutic techniques. This has been the dominant medical practice, even after the introduction of cosmopolitan medicine in the early 20th century. Moreover, the uneven and very slow distribution of modern healthcare services had very little weight to undermine public confidence in indigenous therapeutics.

57 The *Wädaja* as a principal Oromo religious ceremony and ritual, see Ayalew Kanno, *The Oromo: Great African Nation*, *As Recounted by Martial De Salviac*, [originally published in French in1901] Addis Ababa: Artistic Printing Press, 2008. p.162; Assefa Balcha, "Wädaja Ritual: Portrait of a Wāllo Cultural Coping Mechanism", *Eastern African Literary and Cultural Studies*, 3:1, 40-52, 2017.

58 Trimingham, *Islam in Ethiopia*, p.263; G. W. B. Huntingford, *The Galla [Oromo] of Ethiopia: The Kingdom of Kafa and Janjero*, (London: International African Institute, 1969), p.79

59 Trimingham, *Islam in Ethiopia*, p.264

60 Assefa Balcha, "Traditional Medicine in Wāllo," p.41

Indigenous Herbal-Based Therapeutics

Although several human ailments were commonly conceived as spiritually-caused ones, an array of plant species was employed to cure non-spiritual illnesses. This being so, the indigenous therapeutics based on the exploitation of the local flora, fauna, and minerals for medicinal purposes have been developed through continuous interaction of people with their socio-cultural and biophysical environments.

The plant kingdom has been a major source of indigenous pharmaceutical supply for several centuries. European travelers and writers over the centuries have noted the utilization of a wide range of herbal remedies in Ethiopia. In the seventeenth century, Almeida mentioned the existence in Ethiopia of medicinal and fragrant herbs including 'purgative herbs from which our fathers used to make good pills … [and] many [herbs] that heal wounds'[61]. Alvarez made similar comment in the sixteenth century. In the 19th century, Plowden admired the country in such a way that 'no country in the world comprises in so small a territory, so rich herbal as Abyssinia, owing to its various elevations'.[62]

Indigenous health practitioners were identified by various titles. While some bore professional titles, others were simply named after the medicines they administered for specific ailments. A variety of household remedies was also administered at the family level. Ludolph (1684) remarked: 'In most Distempers, every person is his own physician, and use such Herbs as he learnt were useful from his parents'[63]. Neighbors, relatives or acquaintances recommended some herbal therapies for the sick. However, utilization of medicinal plants actually differed from place to place and from individuals to individuals.

In Wāllo botanicals may have Amharic, Oromo, Ge'ez, and Agaw nomenclatures.[64] Sometimes medicinal plants bearing identical names could be different medicinal plants. To the layman, names of herbs used by church-educated literati would not necessarily refer to the herbs

61 Manoel de Almeida, *Some records of Ethiopia*, *1593-1646*, rev. and ed. by Beckingham and Huntingford. (London: Hakluyt Society, 1954), pp.46-47

62 Walter Plowden, *Travels in Abyssinia and the Galla [Oromo] Country with Account of A Mission to Ras Ali in 1848*, (London, 1868), p.107

63 Joab Ludolph, *The New History of Ethiopia*, 2nd ed., London: S. Smith, 1684, p.377

64 Jacques Mercier, "Les nome des Plantes dans la Province du Wāllo," *Abbay*, N.11, 1980-82, pp.181-202; Oral Informants

they knew. With the exception of cleric-healers or the *däbtära* herbalists,[65] a number of medicinal herbs bearing Ge'ez names starting with a prefix "Este" could not easily be identified by others.[66] The Ge'ez prefix Etsä (herb) would seem to suggest that some herbs are naturally endowed with a mysterious healing power. Cleric-healers believed that a plant could lose its curative value should its secret Ge'ez name (Ge'ez being a sacred language) and reputed use be disclosed. Even some diseases had Ge'ez appellations partly because nothing was written down in Amharic before the eighteenth century.[67]

Using their knowledge about the location and intrinsic nature of herbs, herbalist-healers gathered the curative ones from the three major agro-ecological zones. To procure herbal medicaments, stated some informants, they traveled as far as Mänz, Däbrä Libanos, Täkäzé and Abbay Valley, Dembiya and Fogära outside of Wällo; and within Wällo they went *inter alia* to Boräna, Wärä Ilu, Çäffa Robit, Şäwa Robit, Ambassäl (Gešän), and Säqota.[68] Geographic diversity and climatic variability enabled these regions to grow a variety of therapeutically important indigenous plants. Practitioners had the opportunity to identify many medicinal plants while traveling to different places in pursuit of learning the craft of medicine.[69] But opinions differed among practitioners why medicinal plants (or the different parts of a curative plant) of similar species from the three agro-ecological zones of *däga* (high-altitude), *wäyna däga* (mid-altitude), and *qolla* (low-altitude) did not have similar curative value or power.[70]

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65 According to cleric-healers application of botanical remedies had a mythical origin, going back to the time of King Solomon to whom God had shown the medicinal value of more than five hundred herbs together with honey, butter and milk. It was with the insistence of King Solomon that the Creator of the universe taught him the secrets of herbal therapy. IES, Ms.No.2444. This belief appears to have legitimatized the vocation of cleric-healers.

65 Alemayehu Moges, "Traditional Ethiopian Medicine," *8th International Conference of Ethiopian Studies*, Addis Ababa, 1984, p.111.

66 Tewolde Berhan G/Egziabher, "Research Needs on Traditional Medicine," *Traditional Medicine Newsletter*, 1(1)., 1980, p.11

67 Tsehay Berhane Selassie, "An Ethiopian Medical Textbook Written by Gerazmaç Gäbräwäld Aregahan Däga Damot," *Journal of Ethiopian Studies*, 9(1), 1971, p.95

68 Oral Informants

69 Oral Informants

70 Exploiting botanical remedies from the three major agro-ecological zones in which they grow- highland or *dega*, mid-highland or *woina dega* and lowland or *qolla* - has been a critical and time-consuming learning experience. Memorizing the

As this may show the value of collecting remedial plants from different places, it is vital to question why healers were obliged to do so. How much of the surrounding flora provided the necessary herbal remedies in the previous century? Based on healers' perceptions, in the past they could easily find the necessary medicinal plants from their immediate surroundings. But since the last few decades of the 20th century the only option for some herbalist-healers was to make arduous journeys and collect medicinal herbs by themselves or to have some other individuals do the job on their behalf using the social networks they created earlier.[71]

Absence of documentation on indigenous knowledge regarding medicinal plant species,[72] and the manner of utilization by healers and local people, has presented a serious gap in our understanding about the changes in landscape, farming systems, peoples' lifestyles, as well as the disruption of the indigenous system, and the degree of destruction on plant-based remedies or useful plant species since the 20th century were in danger of extinction.[73] As the erosion of information on medicinal plants in the developing regions is much faster and more serious than in the developed world, the need for documentation of the cumulative knowledge as well as "a better understanding of its botanical historical roots has become an essential task of ethno-allied disciplines."[74]

Due to variations in the mode of transmission of herbal knowledge, a huge wealth of therapeutic information has been lost, misinterpreted or forgotten over time. Some families had a long history of healing experience. These herbologists claimed that they learned the craft from their parents who showed them medicinal herbs and their application, together with their "blessings". Without these "blessings", they

names of medicinal plants may not be enough to distinguish herbs bearing similar appellations.

71 Oral Informants

72 Endashaw Bekele commented: "[C]onsidering the countries varied flora and socio-cultural diversity, [the] studies [so far conducted] are of very limited coverage as ethnomedicinal healing systems vary across culture". See Endashaw Bekele, "Study on Actual Situation of Medicinal Plants in Ethiopia," Prepared for *Japan Association for International Collaboration of Agriculture and Forestry*, 2007 p.30

73 Zemede Asfaw, "Plant Agrobiodiversity in Ethiopia" http://www.plant AGRODIVERSITYETH.pdf p.13

74 Berhanemeskel Weldegerima, "Review on the importance of documenting ethnopharmacological information on medicinal plants," *African Journal of Pharmacy and Pharmacology*, 3(9): 400-403, September, 2009, p.400.

believed, their medicinal recipes would not bring about the desired results.[75]

"Blessing" (*Bäräka* or *Tufta* (spittle) in Amharic) denoting as a professional ethical code of keeping the secrets of medicinal preparations, had very little direct relationship with the effectiveness of therapeutic plants. "Blessing" would actually mean a formal "gift" of therapeutic information from an experienced healer to a would-be healer. In a family *tufta* was primarily passed onto a chosen son or close relative, who was considered to be the kindest as well as the one who had a keen personal interest in healing. For a *tufta* recipient religious adherence or strongest faith in God was a pre-requisite to be an eligible candidate. In other words, the chosen individual had to demonstrate strict religiosity and unwavering submission to the will of God and a devotion to honestly serve His creatures. Not to comply with this idea would make the *tufta* recipient prone to self-injury. Being perceived as an embodiment of God's gift to the "chosen" ones, any attempt to apply one's therapeutic wisdom without *tufta* would make oneself unlawful or questionable. Even though talent was supposed to be the main factor to attract clients, practitioners working without *tufta* were not considered accomplished healers. In fact, many individuals became healers through personal efforts or 'inspirations'. Most healers developed their knowledge empirically, and worked for some time under their mentors, learning and perfecting their knowledge and treatment skills before obtaining *tufta*. Thus, *tufta* was the final stage by which time the receiver was proved to be knowledgeable enough to start working on his own.[76]

One of the objectives of *tufta* was to minimize the number of competitors in the medical field.[77] Hence, *tufta* was no more than a condition of secrecy arising from the adamant behavior of healers to divulge medical information to others, including their own children. Some healers claimed that they bought medical information from experienced healers at a fixed price together with their "blessings" or *tufta*.[78] This meant healers tended to guard medical information jealously as long as they earned a significant income out of it. This monetary-based exchange of medical knowledge would seem to affect the spirit of

75 Oral Informants
76 Oral Informants
77 Oral Informants
78 Oral Informants

ethical, selfless professional cooperation and mutual trust among herbalist-healers.[79]

Herbalists, including those who developed their medical skill through personal efforts and practical experiences, lacked formulated theories regarding disease causations and their impact upon the internal physiological processes. Over a long period of trial and error, healers could differentiate and utilize variety of medicinal plants to treat the sick. If a plant helped a patient improve, it has been repeatedly employed, and in the course of time, experience proved the therapeutic value of some plants and the accumulated knowledge was eventually handed down orally, or in writing, from one healer to the other. Rote memorization of the names and importance of botanicals was the first stage in developing herbal knowledge. But learners could easily forget or confuse the information, and as a result, this could be a major source of error and knowledge loss. Acquisition of a detailed and nuanced knowledge of the multiple uses, effects, and modes of preparation of herbal *materia medica* would require some practical step-by-step field instruction, and this was a challenging and time-consuming exercise.

There was no rigid system of passing on medical knowledge. Herbal wisdom could be inherited from grandparents, uncles, aunts, spouses, in-laws or even neighbors and acquaintances. In most instances, healers disclosed their secret recipes to members of their own families, especially to the vetted and chosen ones who were believed to be unflaggingly devoted to the idea of becoming healers. Most healers would decide to pass on their medical erudition and experience of their choosing was when they thought they were dying, or when they were getting very old. Those who inherited medical knowledge would normally take an oath not to reveal the healing wisdom to another person.[80] One may argue that if this procedure of "tying by oath" had been strictly applied, the knowledge of the indigenous therapeutics could not have been conveyed to the present generation. However, those who had taken an oath, or staunchly adhered to the "articles of

79 Exchange of medical information among practitioners could be made either by setting price or through swapping of medical knowledge of equal importance; however, as there was no mutual trust, the information in the trade off could be incomplete or deliberately distorted. See also, Allan Young, "The Practical Logic of Amhara Traditional Medicine", In *African Therapeutic Systems*, Massachusetts: Crossroads Press, 1979, p.85

80 Oral Informants

faith", would not actually refrain from passing on their medical knowledge to a carefully selected individual/s using a similar code of ethics and procedure.[81]

As many herbalist-healers claimed to have learned the profession after long years of service as apprentices to other practitioners, a life's journey that would have involved a study of medical treatises, arduous field trips and "experimental" works, the willingness to pass on their knowledge to others was not always positive. 'I will not pass on my knowledge to anyone else other than a close family member because the hard-won medical therapeutic wisdom is my own possession', argued an informant. Being adamant not to impart their knowledge, many experienced healers did not allow other individuals to get access to, copy or extract even the smallest amount of therapeutic information from their personal medical texts.[82]

Customarily, females were not allowed to get formal medical instruction, and only in rare cases that they would be permitted to inherit medical knowledge and training, even from their parents. As a result, only few female healers thrived in becoming professional healers.[83] Local oral sources unanimously attest that males were suitable to be enlisted as specialist healers for the reason that indigenous medical training involved a lot of theoretical and practical study, manual work, frequent travels to far-off and "secluded places" for days or weeks in search of medicinal plants, including observation of taboos and rituals, a vocation generally regarded unsuitable for women.[84] The seasonal nature of some plant species compelled healers to travel to different natural habitats, a vital undertaking that would help them get supplementary knowledge on a broad range of herbal remedies.

81 Oral Informants

82 Herbalist-healers possessing medical texts viewed them as their personal treasures. Oral Informants

83 Fiona McLysaght, "Traditional Healers: Kallu Woreda," mimeograph, Concern, 1996, p.6

84 Informants forcefully argued that it is one of the decisive preconditions to thrive in the healing profession. The famous *Häkim* Mamo Haile of Addis Ababa has claimed to have traveled to Gojjam, Gondar, Wällo, Arsi, Bale, Harar, Wollega, and Jimma to learn about curative herbs. He began working as herbalist-healer in 1925 EC. During the Italian occupation he treated wounded Ethiopian patriots including the renowned resistance fighter *Däjjazmaç* Fikre Mariam Abba Techan. See *Nagadras*, Sene 26, 2001EC (3 July 2009).

Nexus between Herbalists and Curative Plants

The great majority of healers in one way or the other utilized herbal substances in their treatment regimens, and the term 'herbalist-healer' would constitute healers ranging from those who combined herbal and non-herbal remedies, to individual practitioners who administered herbal medicaments only. The *Mädhanit Awaky***,** *Mädhanit Korach*, *Mädhanit Atäç* and *Mädhanit Säçi* (respectively, those who know, cut, administer and give herbal medicine) were some of the designations of herbologists.[85] These designations created a huge problem as to who would be qualified to be entitled as a full-fledged herbalist-healer. In practice, the term herbalist-healer constituted both secular and spiritualist healers whose therapeutic strategy incorporated herbal remedies. Titles of cleric–spiritual healers such as 'Märgéta', 'Däbtära', 'Aläqa', 'Abba', 'Šäyk' or 'Häjji', and the secular ones such as 'Hakim' ('physician') and 'Ato' ('Mr.') clearly demonstrate that. These titles are indicative of healers' religious (i.e., Christian or Muslim) and educational background or qualification (i.e., cleric/non-cleric) as well.

Herbalist-healers employed armamentaria of botanical remedies. While a healer would treat a variety of ailments, several "specialists" might be consulted to treat some severe illnesses. This situation indicates the difference and/or absence of uniformity in the training and service provision among indigenous practitioners who spent considerable time in botanical investigation and owned extensive herbal knowledge in their own ways and means.

The public was not merely consumer of medicine, but also made valuable contributions to the existing therapeutic lore. Over the centuries people had developed considerable empirical knowledge regarding the therapeutic importance of many plants. Self-medication was one of the widely used popular medical traditions. For example, people did not seek medical advice for treating tapeworm infestation or other similar abdominal problems. Medications often started with home remedies and if they proved ineffective, patients were referred to "specialist" healers. The need for biomedicine would then follow if there was no improvement in the patient's condition. At times, patients would visit indigenous healers when conventional medicine failed to

85 Simon Messing, 'The Highland Plateau Amhara of Ethiopia' Unpublished PhD. Dissertation, University of Pennsylvania, 1957.

help improve their conditions.[86] Supposedly, every person had unrestricted access to indigenous herbalist-healers, who would start diagnosing or treating illnesses based on the requests of their patients. As the choice of practitioners was not plentiful, getting access to some selected healers with hard-won success stories and reputations may not always be easy.

Among the many factors that made herbal therapy disreputable was that some healers pretended to have a remedy for almost all kinds of ailments. As there was great secrecy surrounding the identity of medical herbs, fraudulent practitioners with their fake medicines would exploit every opportunity and mimic as genuine herbalist-healers.[87] Although the World Health Organization provided a strategy and guidelines on research and evaluation of traditional medicine for assessing the safety and the efficacy of traditional medicine in 2000,[88] no attempt has been made by the concerned bodies to draw together practitioners of indigenous and conventional medicine, and improve their relationship.'[89] By contrast, the exclusion of indigenous healers, hamstrung by lack of support from the state-sponsored biomedical setting, helped fraudulent healers peddle fake medicines openly, putting the lives of the poorest segment of the population at risk. Pseudo-practitioners did not exactly know the various qualities of medicinal herbs and recipes.[90] Such individuals, whose ignorance and ineffectiveness has been concealed in the name of secrecy,[91] were mostly interested in obtaining money, not in effecting cure. This condition may have doubled the number of so-called medicinal plants while there were actually only a few usable ones. Naturally, herbs could be nutritious, poisonous, or medicinal. However, some not-well-trained practitioners would simply administer different medicinal plants consecutively. This would entail some health hazards[92] partly because they did not know the correct dosage. Being impatient to regain their

86 Oral Informants

87 Haddis Gebre Meskel, *Mätshäfä Mädhanit*, p.5; Oral Informants

88 World Health Organization, "General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine," (Geneva: 2000).

89 Emily Hillenbrand, "Improving Traditional-Conventional Medicine Collaboration: Perspectives from Cameroonian Traditional Practitioners," *Nordic Journal of African Studies* 15(1): 1–15 (2006), p.2

90 Assefa Balcha, "Traditional Medicine in Wāllo," p.88

91 Oral Informants

92 Oral Informant

health few patients had the tendency to try one medicinal plant after another without considering the after-effects of such a risky action.[93]

On the other hand, genuine herbalist-healers of high reputation and proven experience endeavored to treat ailments to which they openly professed and proved, effective. Some of them took the practice of medicine as a fulltime vocation and eked out their living on the healing profession alone. Others may have additional occupations. Those who had the reputation and the acceptance of the community as accomplished healers[94], they did not try to treat all kinds of maladies, and they even referred patients suffering from illnesses beyond their capacity, to other healers or modern healthcare institutions.[95]

To safeguard the potency of curative plants, many herbalist-healers did not even accept payments from their patients, and those who wished to be remunerated demanded only nominal fee or *rénsa*.[96] The alleged value of *rénsa* appears to have reflected the spiritual or non-physical aspect of indigenous healing. For most common sicknesses, only *rénsa* was demanded, and it was quite enough for a patient to receive a healer's service. *Rénsa* could be in kind, such as some coffee beans, or if cash was offered, a very small token payment was charged, usually between 25 cents and 1 birr. *Rénsa* was customarily paid to the healer in advance, not afterwards. In fact, most herbalist-healers accepted payments or gifts from those patients who had been fully recovered or cured.[97] Irrespective of the socioeconomic status of their clientele, indigenous healthcare providers always tried to help their community members honestly and without discrimination. They understood the economic hardships and insolvency low-income households could face in times of sickness. Even if healers were not fully aware of the impact of what might be referred to as the 'social determinants of health', they as community members would not refrain from taking their own share of burden by providing their medical

93 Health seekers were trying to maximize the potential for a successful cure with the various resources available to them in a pluralistic medical setting, moving among the various forms of healing, from government clinics, to herbalists, to diviners and spirit mediums.

94 Fiona Mc Lysaght, "Traditional Healers," p.6

95 Ibid, pp.5-7; Oral Informants

96 Fiona Mc Lysaght , p.11; Oral Informants

97 Oral Informants

assistance to allay the suffering of the sick person and encouraging the patient's family and relatives.

Regarding this, the British Consul Walter Plowden in the mid-19th century wrote: 'The doctor [healer] in Abyssinia takes no fee unless he cures.'[98] In a situation where patients had nothing to pay for treatment, healers did not refuse to provide their service even to those who came from outside of their neighborhood. Only in a very few cases were payments determined, based on the nature of ailments.[99] As time went on this situation had significantly changed, for example, in modern-day Wāllo, many healers demand fees in the hundreds and thousands of birr. This change indicates the gradual commercialization and the decline of the formerly altruistic and ethically-governed behavior of indigenous medicine.

Public Attitude towards Herbalist-Healers

Patients' confidence in a healer's capability was at the crux of the healing process. As some healers had the audacity to do evil by blending physical and spiritual healing methods, herbalist-healers were also suspected of being evil doers, real or imagined. The use of adjectives such as "diggers" or "twisters" of roots, "collectors", "pluckers" or "pickers" of leaves conveyed such an attitude towards herbalists.[100] Despite such outlooks, public attitude toward indigenous healers were neither always positive nor wholly negative. Healers, on their part, considered these negative opinions as manifestations of ignorance and envy, allegations that vilified their reputation and self-esteem. To support their argument, they cited passages from the Bible, chiefly from apocryphal (Gr. 'Hidden') or deuterocanonical books of the Old Testament. For instance, in the *Book of Sirach* (38:1-15), it reads as follows:

> Honour a physician with the honour due unto him for the uses which ye may have of him: for the Lord hath created. For of the most High cometh healing, and he shall receive honour of the king. The skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration. The Lord hath created medicines out of the earth; and he that is wise will not abhor

98 Walter Plowden, *Travels in Abyssinia and the Galla [Oromo] Country with Account of a Mission to Ras Ali in 1848*, (London: Longmans Green & Co., 1868), p.107

99 Oral Informants

100 *Bekur*, Miazia 4, 2002 EC (12 April 2010)

> them. Was not the water made sweet with wood, that the virtue thereof might be known? And he hath given men skill, that he might be honoured in his marvellous works. With such doth he heal [men,] and taketh away their pains. Of such doth the apothecary make a confection; and of his works there is no end; and from him is peace over all the earth, My son, in thy sickness be not negligent ... Then give place to the physician, for the Lord hath created him: let him not go from thee, for thou hast need of him. There is a time when in their hands there is good success. For they shall also pray unto the Lord, that he would prosper that, which they give for ease and remedy to prolong life. He that sinneth before his Maker, let him fall into the hand of the physician.[101]

Despite the above 'religious sanction', however, healers often accused both the Church and government officials for their lack of goodwill to ramp-up the experiential wisdom of indigenous healthcare providers to the benefit of the wider society.[102]

Many plant species naturally endowed with valuable substances that can be used for therapeutic purposes. But all herbalists did not have a similar degree of sophistication in differentiating these valuable substances, and how the ingredients are stored in the plants. Some medical plants were not ordinary wild plants, some were difficult to locate. As superior knowledge often augmented herbalists' assumed value in the society.[103] As there were similarities in names of diseases to which herbalists professed to provide cures, the kinds of herbal medicaments they employed to treat these illnesses rarely coincided. Moreover, an herbalist healer prepared his prescriptions using a selection of herbal and other ingredients. The question of providing effective treatment/s was a contested terrain and a major source of disagreement among practitioners with every healer claiming that his prescriptions were more effective than the prescriptions of other

101 Book of Sirach: 38**:** 1-15. *The Complete Apocrypha of The Ethiopian Bible*, **(**Ancient Holy Writings, 2022); See also Taye Bekele, "Indigenous Knowledge of Medicinal Plants: Perspectives of the Ethiopian Orthodox Church," In *Proceedings of the Workshop on the Ethiopian Church Yesterday, Today and Tomorrow*, Addis Ababa, 18–19 April 2002, p.137.

102 Oral Informants

103 Forests that have been exploited for medicinal purposes for centuries became increasingly depleted due to agricultural expansion, environmental degradation, cultivation of marginal lands, overgrazing, and over-harvesting of plants. The large-scale destruction of both natural and protected forests along with the change in the environment compelled herbalist-healers to travel long distances to obtain botanicals of real therapeutic value.

practitioners.[104] There is also a big difference among herbalists in their ability to distinguish or make use of active ingredients of botanicals for treating patients. It is believed that only a few well-trained healers of proven knowledge had the capability to properly apply when and how to harvest, prepare, and administer herbal formulations. This suggests that the success of a particular healer was measured by the degree of societal acceptance in which he practiced; and the efficaciousness of his cures as well.

In the case of trees (or shrubs), the stems (branches and trunks), roots[105] or tubers, barks and, less commonly, fruits (flower or seeds), resins and saps or latex, have been utilized for medicinal preparations. For herbaceous plants and succulents, their leaves, roots or even the whole plant may be used. Many herbalists made use of annual, biennial and perennial herbs and carefully picked epiphytes (botanical parasites) as well as moneocious or dioecious[106] plants. Parasitic plants were essential ingredients for preparing a variety of medicinal admixtures. According to Cornwallis Harris (1844), 'every kind of parasitic plant was looked upon with a suspicious eye and those of the vascular orders furnish to the … practitioner his principal remedies.'[107]

Though botanicals could be prepared fresh, boiled, soaked in water, dried and scorched, pounded or pulverized, bruised or crushed, chewed, heated or roasted, preparation of herbal remedies were often kept a profound mystery.[108] Drinking the juice, plastering on or rubbing the affected part, making incisions and inserting crushed herbs, washing the patient's body with a concoction of medicinal leaves, chewing and extracting the juice of herbs, or inhaling the vapor of boiled medicine, fumigating with herbal smoke and inhaling the fume, licking the ash of burnt herbs, poulticing, rubbing or massaging the swollen body part with a heated medicinal plant, instilling medicinal drops into the ear, eye or nose, were among the familiar treatment methods. Making use of

104 Oral Informants

105 Based on their shape and color, the roots of some herbs were employed to treat specific body organs.

106 Plants with both male and female reproductive organs are called moneocious ones, while plants with only single reproductive organ are known as dioecious.

107 Cornwallis Harris, *The Highlands of Ethiopia*, V.2, 2nd ed. (London: Longman, Brown, Green and Longmans, 1844), p.384

108 Herbs, according to informants, would be effective when used fresh, live and picked the same day.

herbs in the form of gargles, lotions and fumitories were additional methods. In short, since modes of medicinal preparations determined the route of administration and the envisaged results, herbal cures may be prepared in the form of infusions (hot or cold), concoctions, powders, drops, ashes, pastes, lotions, emulsions, ointments, fumes, smokes and vapors, as the case might be. A variety of plants were also used as purgatives, emetics, diuretics or diaphoretics, and healers often kept them in clay pots, plastic tins, 'bottles, papers, pieces of cloth, leaves and horns.'[109] Rosenberg (1977) has correctly argued that indigenous medicine 'did rely on a visible physiological - and in some instances [a] social-efficacy - in as much as it employed drugs such as emetics and cathartics that had dramatic and predictable effect [so as] to bring the body back into health.'[110] He also reasoned that even for biomedicine, "A disease is no absolute entity but a complex intellectual construct, an amalgam of biological state and social definition."[111]

Herbs having medicinal properties were also ingested with food, honey, butter, animal fat, or other edible items. To help patients ingest medicinal broths with relative ease, some herbs were boiled with beans, pumpkin or chicken meat. Milk and local alcoholic drinks (*téj* and *tälla*) have been utilized as solvents in liquid medicinal preparation.[112] At times healers advised patients not to consume beef, milk, butter, eggs, some kinds of cereals, alcoholic drinks and *Çat* (*Catha edulis*) during, or after, treatments. Other prohibitions often referred to as *tila* (shadow) would include, among other things, avoidance of sexual contact and isolation of patients. *Tila* would also mean all restrictions and prohibitions that would make a treatment ineffective, or aggravate the patient's condition. Exposure to the sun, taking long-distance journeys,

109 Kebede Deribe Kassaye et al, "A historical overview of traditional medicine practices and policy in Ethiopia," *Ethiopian Journal of Health Development*, 20 (2), 2006, p.128

110 Charles Rosenberg, "The Therapeutic Revolution: Medicine, Meaning and Social Change in Nineteenth-Century America," *Perspectives in Biology and Medicine*, 20; 485-506, 1977.

111 Quoted in Randall M. Packard, *White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989), p.32.

112 Teferi Gedif and Heinz-Jurgen Hahn, "Herbalists in Addis Ababa and Butajira, Central Ethiopia: Mode of service delivery and traditional pharmaceutical practice," *Ethiopian Journal of Health Development*, 16 (2), 2006, pp.191-197

or engaging in hard work after taking medications, were for example, discouraged.

Herbal remedies may have triggered various reactions in the body about which healers were aware of. Regardless of the healing wisdom they mustered herbalists had hazy ideas about the anatomy or physiological functions of the human body. 'Most Amhara,' writes Allan Young (1970) 'can identify the grosser body organs by name, even the knowledgeable anatomist can assign functions to only a few of these.'[113] Practitioners' knowledge of the human anatomy seems to have stemmed from, and were analogous to, their knowledge of the anatomy of other animals. Healers regarded the heart as the seat of the human soul. However, by relying on their past experiences and observations, healers seemed to have recognized the impact of disease-causing agents on the human body. In other words, healers' rudimentary knowledge of the human body had a bearing on the choice of treatment/s they presumed pertinent.

People did not need to know much about human anatomy because it was simply taken as a flawless work of God. Withstanding this notion, however, the health of a human body was dependent upon the absence of any disease-causing intrusive elements, be they corporeal or non-corporeal in nature. [114] Most indigenous therapeutic and prophylactic procedures have been surrounded by an aura of indiscernible explanations and performances. To the layman, how practitioners would identify disease-causing agents, and their choice of treatment regimens, were mysterious.

When healers decided to consult divinatory texts to identify disease-causing agents, diagnostics was inconceivable. Such a diagnostic process may not also bring abrupt solution, which would even compel patients to some additional challenges. Procedures *per se,* may not be satisfied with the administration of a single effective therapy. At times, herbalists did not provide treatments in time because obtaining medicinal herbs could have been time consuming. [115] Although

113 Allan Young, "Medical Beliefs and Practices of Begemder Amhara", pp.2-3

114 Ibid, p.4

115 With some degree of nostalgia, many herbalist-healers are of the opinion that the forest cover in the past was so vast that they had no problem obtaining curative herbs from nature's 'pharmaceutical industry.' They did not always need to travel to remote places in search of medicinal plants. But this situation, they added, began to be considerably changed after the Italian occupation in the mid-1930s.

indigenous medicine did not always offer a definite cause and effect relationship to all problems pertaining to ill-health, healers often diagnosed disorders by observing cardinal symptoms, and the patients' general conditions. Healers would rarely explain what diseases really were and how they would manifest themselves or make human beings sick. As most diagnoses and treatments were in line with people's expectations, cultural acceptability, and economic affordability, healers would make an effort to avoid mistrust that may have developed among their clients. Treatments would be effective when patients had the psychological readiness and the willingness to accept them.[116] Many of the indigenous diagnoses did not directly correspond to the illness labels of biomedical diagnoses. This has made the work of translating local ethno-taxonomies and vocabularies into their biomedical equivalents, a formidable task.[117] In some cases, an indigenous diagnosis may represent more than a single health problem; and in such a situation healers would use a combination of herbal remedies to treat the patients' emotional, as well as physical, problems simultaneously.

Medicinal herbs were mostly grouped according to their alleged inherent quality such as taste (being bitter or sweet) and odor, or fragrance.[118] For instance, illnesses believed to be "hot" in nature were treated with "cold" medicines, and vice versa. Other than categorizing herbal remedies as being sour, bitter, salty, sweet, hot, weak or cold,[119] some ailments were treated with medicinal plants having similar color or shape of the diseased organ. Associating human organs with the shape and color of plants, and attributing these semblances to their healing powers, has been an ancient medical practice. The belief was

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117 Indigenous illness labels such as *magagna, girifta* (a kind of *meṣ*), *likift* (skin infection), *gusemet* (abdominal distention), *queriba, ferra* (bad cough), *gormite* (running sore), *eje sab* (illnesses caused by magic spell), *qonadir*, etc., may illustrate the confusion in diagnosis. *Magagna* is manifested primarily by 'the abrupt onset of renal or hepatogastric colics, dizziness, and vomiting.', Norbert Vecchiato, "Traditional Medicine," *The Ecology of Health and Disease in Ethiopia*, Helmut Kloos and Zein Ahmed Zein (eds.), Colorado: Westview Press, 1993, p.161

118 Other than taste and smell, the environment in which they are grown and even their distance from the ground determines the importance of some herbs.

119 Coordinating Office for Traditional Medicine, "Report on the Establishment of the Coordinating Office for Traditional Medicine and Its Activities," Mimeograph (Amharic), Hedar 1976 EC, pp.37-39.

that some herbs were stamped with a (more or less) clear sign for medical use.

Even though a coherent explanation of illness etiology was lacking, indigenous medical practitioners recognized four major sources of ill-health. These were: illnesses caused by lack of basic necessities such as food, drink, and clothing; syndromes attributed to evil-spirits and their resultant effect upon the mind and the body; sicknesses caused by flies, parasites, jigger fleas, spiders,[120] bees, wasps, scorpions, snakes, rabid dogs and the like; and lastly, physical injuries arising from burning, falling, spear thrusts, cuts, bullet wounds, as well as ingesting contaminated food/drink, or inhaling bad odor.[121] Epidemics, climatic influences, and a person's emotional state were also recognized as possible causative agents of human maladies. In fact, causes of illness could be divided into three main categories: natural, human, and supernatural, and a mixture of human and supernatural agencies could be held responsible for a person's sickness, which in turn, determined the type of healer as well as the kind of treatment deemed appropriate. Knowing or suspecting the cause of an illness would help the sick and his/her family to determine how, and by whom, the ailment should be handled.

Herbal medicaments were mostly administrated using various kinds of measurement procedures, such as handfuls, digits, or fingers-joint lengths. Dosages were correlated to the methods of preparation and administration of herbal prescriptions. For most concoctions, coffee cups, or glasses and goblets of different sizes were employed. Even if

120 Some women were believed to have a specialized skill to treat a skin disease purportedly caused by spider's 'urine', *lašiñe* (loss of hair), *barlé* (tinea versiclor), *qunçir* (leishmaniasis), *kintarot* (wart), *qenqen* (mite), skin burn, *näser* (epistaxis), *säray* (magic-caused chronic stomach disease), *qoräqor* (tinea capitis), *agogot* (tinea corporis), *yewof beshita* (jaundice) as well as snake bite and rabies. Spiders as disease-causing creatures appeared to have mystical connection with what may be referred to as totemism, a belief based on common lineage between human beings and certain animal or plant species. Some families were identified by their totems, taking them as their symbols and/or protectors. If a family's totem were a spider, for example, it would not harm or kill a spider. For treating a skin disease allegedly caused by a spider, the ones with a spider's totem would be summoned to chew some raw lentil and paste it on the diseased body part. People did not kill (or even insult) hyenas, snakes and leopards because they perceived them as their totems and guardians of their households and localities. Oral informants

121 Oral Informants

administration of medicinal substances were not standardized, due consideration was given to the patient's general physical constitution.[122] Besides age and body weight, the patient's physical condition was thoroughly observed to determine the dosage, frequency, and the kind of treatment that should be applied. Most herbalists believed that medicinal preparations would entail detrimental effects if they were not properly weighed and administered.[123]

To avoid undesired consequences, medicinal administrations often started with a very small dosage that would subsequently be upgraded little by little. Patients of weak physical constitutions would not be given full dosage of the prescribed regimen, albeit in a gradual manner.[124] Those who had been treated earlier and insisted on trying other medicines were often requested by healers to take responsibility for their own lives.[125] Some patients inquired about the efficacy and after-effects of healers' medicinal preparations. To 'prove' the safety of their medicines, herbalists often tasted their medicaments in front of their patients. To control the undesired effects of orally-administered strong medicines, herbalists informed their patients when and how to use antidotes known generically as *mämäläša* (counter medicine).[126]

To prevent undesirable consequences, most herbalists would ask patients about their previous health problems. Such precautionary measures may not be required when herbal remedies were applied externally, and when the chance of trial and error was less hazardous and relatively unrestricted. Herbalists, however, were not always willing to administer medicine for patients who had undergone treatments in the hands of other healers, or who they thought had no chance of recovery.[127]

Most herbalists prescribed a variety of herbal medications to their patients, however, the multiplicity of instructions and procedures surrounding the gathering, processing, and administering of herbal cures (as in the case of *däbtära* or *qallicha* herbalists) would make some medicinal preparations unintelligible. Among the varied instructions in the collection, preparation and administration of botanicals the

122 Oral Informants
123 Oral Informants
124 Oral Informants
125 Oral Informants
126 Oral Informants
127 Oral Informants

following ones may be considered rational: cleanliness of the gatherer; collecting herbs far from the howling distance of a hyena or the crawling of a rooster (probably useful to preserve the purity of herbs); gathering seasonal medicinal plants/herbs at specific time of a year (indicating the period of their maturity and potency); gathering herbs from different agro-climatic zones (stressing probably the variability in potency or efficaciousness of herbals); identifying correctly of the various parts to be used in medicinal preparation; mixing and burying medical herbs (for enlivening or allowing chemical processes to take place); guarding some drug plants from touching water (indicating perhaps the need to protect from dissolubility or the lessening in potency of herbal drugs); pounding medical plants in a new wooden mortar, or crushing them with a raw hide, or boiling them in a new earthenware pot, or filtering medicinal concoctions using a new fabric, etc., may suggest the need to avoid possible contaminating agents; advising patients not to be exposed to the sun, not to drink alcoholic beverages or to avoid sexual intercourse or not to eat some kinds of foods after taking medicine; controlling the violent reaction of strong medicines with antidotes, such as whey, milk, coffee, *bäso* (juice of roasted barely flour), chicken liver, etc., This shows that indigenous medicine had its own distinctive instructions based on the nature, classification, and treatment of illnesses. Moreover, a number of seemingly mandatory rituals were observed in order to safeguard the potency of herbal medicines, and make the healing process effective.[128]

On the existence of similar ritual procedures among Muslim practitioners in the Çifra area, Tesfaye (2004) has documented, among others: "performing prayers from the Koran, throwing seven pieces of stone on the medicinal plant, putting some coins under the plant, protecting oneself from the shadow of the plant' being the most common.' The reason, Tesfaye asserted, 'for these procedures is the belief that "jenni" (evil spirits) [may] hide in the plant."[129]

Herbalists also underscored the value of observing stringently, all the instructions before embarking on the physic, believing that the desired therapeutic effect may not be obtained from a plant's alleged

128 Ritual purity may have been used to circumvent the deleterious effects of self-medication with strong herbal drugs.

129 Tesfaye Seifu, "Ethnobotanical and Ethnopharmaceutical Studies in Medicinal Plants of Chifra District, Afar Region, North Eastern Ethiopia," MA Thesis (Addis Ababa: Addis Ababa University, 2004), pp.47-48.

intrinsic curative power only, but also forging a harmonious relationship between the collector and the medicinal plant was an indispensable precondition. [130] The following instructions may be considered surreptitious and/or unintelligible: collecting herbs early in the morning before the gatherer pisses; uprooting medicinal plants using a horn or an olive tree handle knife or spear; plucking or uprooting herbs being naked, standing on one foot, wearing a silver ring on the hand being utilized or using only the left hand; avoiding casting a shadow on the collected plant; uprooting or plucking herbs with a black cat tying to them; collecting or cutting medicinal herbs facing east or west or being in a specific position; avoiding mentioning the name of a medicinal plant while collecting it or in the presence of a patient; putting some roasted coffee beans, black barley, roasted sorghum, some malt or Niger seeds (*nug*) on the spots where medicinal herbs have been uprooted; sprinkling some *féto* juice before plucking a medicinal herb; prostrating before touching some powerful medicinal herbs; administering medicinal preparations in a specific day/s; collecting herbs under a clear sky. The majority of non-cleric healers had a hard time applying all the aforementioned instructions or procedures. They argued that these incomprehensible instructions were the exclusive monopoly of Muslim and Christian cleric-healers who had the requisite training to properly understand and apply the secret meanings of the various formulae and recipes indicated in the different Arabic and *Geez* medico-magical treatises.[131]

Apart from mono-botanical preparations, several herbs could be used to treat a single ailment. In compounded remedies, one or two plants could be the principal remedy that would bring the needed cure, while mixing a number of "non-medicinal" plants would make a preparation more complicated and very difficult for others to replicate. Those additional herbs in the mixture may have very little, or no, therapeutic value. For most practitioners, the use of "synergy" and "buffering", mixing two or more remedial plants for enhancing the

130 Oral Informants; Perhaps this is an area where a great deal of the secret of herbal medicine could be unraveled.

131 Assefa Balcha, "Reflective Appraisal on the Historiography of Indigenous Ethiopian Therapeutics," pp. 28-33; Oral Informants

potency, and for reducing the adverse effects of compounded remedies respectively, were vital methods of medicinal preparation.[132]

As ethno-botanists, qualified healers had the requisite knowledge regarding the medicinal value of numerous trees, plants and herbs. They thus made use of the various parts of different herbs or individual plant parts either singly, or as a mixture, depending on the nature of the ailment they were dealing with. A single medicinal herb could have 'healing qualities in the roots; poisoning powers in the fruit or flower [and] relieving abilities in the stems or branches'[133] Alemayehu (1984), argued. The maxim: "herb cures, herb kills" was a reminder of the need for accurate knowledge on the utilization of herbal medicine. Random utilization of botanical remedies, regarded as "a shot in the dark", was a rare phenomenon among well-trained herbalist-healers.[134]

Though the pharmaceutical potential of medicinal plants is still immense, some botanicals have become extinct, while others are seriously endangered or on the verge of extinction, due to deforestation, wild fire, cultivation of marginal lands, overgrazing, urbanization, environmental changes, over-exploitation, including 'indiscriminate harvesting', or 'collection of wild plants' known to have medicinal value.[135] All these factors and other anthropogenic activities have accelerated the loss of the natural habitat of several plant species, including medicinal plants. Though many ailments have been treated by non-specialized healers, various myths evolved around the supposed danger of digging or plucking medicinal plants by non-professionals.[136] Cleric-healers expounded the idea that plucking, uprooting, and even touching drug plants should be carried out very carefully. The saying, "if [a] herb is respected, it respects," suggests the importance of handling medicinal herbs with extreme care, personal cleanliness and ritual purity.

132 Oral Informants; to attenuate or dilute their power poisonous herbs were at times combined with other non-toxic plants.

133 Alemayehu Moges, "Traditional Ethiopian Medicine", p.111

134 Informants stressed that like human beings plants are endowed with a 'life force' and failure to apply the correct method of interaction with them is tantamount to inviting self-destruction.

135 Ernest Rukangira, "Medicinal Plants and Traditional Medicine in Africa: Constraints and Challenges." *Sustainable Development International*, 179-182, Nairobi: n.d., p.179

136 Healers in this group did not at all claim to have or make use of any esoteric knowledge.

To maintain their hegemony in the medical field, healers made every effort to keep aside the ordinary people from learning the secrets of medicinal preparations. As indigenous practitioners regarded sickness as an entity, they endeavored to cure the ailing organ/s and reinvigorate the patients' mental and social well-being as well. Hence, providing psychological help was part of their regimen. Healers also argued that the efficacy of organic herbal remedies was not only determined by the alleged ingredients constituted in the plant, but also by the kind of relationship established between them and their patients.[137]

The *Wäggéša's* Use of Phytomedicines[138]

The *wäggéša* (surgeon-herbologist-empricist),[139] an Oromo adjective, refers to indigenous healers who provided cures through the physical manipulation of the human body. Like the majority of herbalist-healers, the *wäggéša,* who were mostly non-literate, learned the non-esoteric wisdom of the craft principally through a long period of apprenticeship. Written records on the *wäggéša's* empirical therapeutic service date from the sixteenth century.[140] The *wäggéša* served as bone-setters (or orthopedists) and also performed other surgical operations, such as *tataté* (light skin burning), bleeding,[141] cupping, circumcision, cutting the uvula, scarification, opening abscesses, removing tumors and bullets, and extracting carious teeth. Though these practical performances were not recorded or written down, they were an indispensable part of *wäggéša* therapeutic service. The *wäggéša,* possessing non-esoteric wisdom, and functioning within the matrix of the indigenous medical cosmology, treated their patients with their experiential skills and some herbal remedies.

The craft of the *wäggéša* consisted of a variety of healing techniques carried out by one person, or by different individuals or "specialists". As indigenous orthopedists and physiotherapists, the *wäggéša* had some knowledge of blood vessels, arrangements of bones, tissues, muscles, joints and ligaments. However, their etiological explanations did not

137 Oral Informants
138 It means medicinal items of plant origin.
139 Simon Messing, "The Highland Plateau Amhara of Ethiopia", p.518
140 Francisco Alvarez, II, p.509
141 Dässie Zuria Workers' Party Office, File No. 49-08-9, ክሠ 12, 5 Megabit, 1971 EC.

often go beyond the confines of the indigenous medical lore. For example, if a person got sweaty while exposed to the sun (especially mid-day sun), or had consumed spicy food or coffee, or inhaled a foul odor of misty air after rain, he/she would become sick with *Girifta*, *Shiwita* or *Meç*.[142] *Herpes labialis*, headache, chills, and muscle pain are the initial symptoms of the disease.[143] If not correctly diagnosed and treated, it was believed, *meç* might have developed into a serious disease such as *naqarsa* (scrofula, for instance). In the case of hemorrhoids, the *wäggéša* would attribute the condition to sitting on a "hot spot", or to contagion, such as relieving oneself at, or near, a spot where a person with the disease had previously done likewise. Similarly, attributing syphilis to some inexplicable causative-agents, such as urinating facing the moon, or on a "hot spot", being socially acceptable explanations, would probably serve afflicted individuals to avoid censure. On the other hand, the *wäggéša* recognized the harmfulness of contaminated water, bites of certain insects, malnourishment, abuse of alcohol, and even excessive sexual activity, either as prime cause of certain illnesses, or as aggravating factors of some conditions.

A plant called *amädamado* (*Cheropodium ambrosioides*) has been mentioned as a medicine for drawing out broken bones from the body. Various therapeutic methods with diverse range of healing capabilities have also been indicated by European travelers and writers.[144] In the case of dislocated or fractured bones and sprains, and for less strenuous manipulation of the affected part, the leaves of *endähula* (*Kalanchoe petitana*), *kitkita* (*Dodonea viscosa*), *ret* (*Aloe sp.*), and the seeds of *abish* (*Trigoncua foenumgraacum*) were utilized. Some of these items were also used as poultices.[145]

To enhance the healing capability of injured bones, the *wäggéša* prescribed variety of nourishing foods and drinks. Though rudimentary by modern standards, the *wäggéša* after pulling out a carious or troubling

142 The most favored treatment for *meç* was to steam bathe the sick with the boiling leaves of *nech bahir zaf* (*Eucalyptus globulus*) and *ärägrésa* (*Zehneria scabra*) and/or rubbing the body with the crushed leaves of *damakese* (*Ocimum suave*) and drinking its potion with coffee.

143 Norbert Vecchiato, "Traditional Medicine", p.161

144 Richard Pankhurst, "An Historical Examination of Traditional Ethiopian Medicine and Surgery" *Ethiopian Medical Journa*l, 3(4), 157-172, 1965, pp.162-67

145 Splints of *Ṣänbäqo* (*Arundo donax*) and *Kärkäha* (*Arudinaria alpine*) served for bandaging injured bones.

tooth administered some medicinal leaves as analgesics or disinfectants. In most cases, tooth-ache was also attributed to *meç* infection. Tattooing the gum was customarily regarded as therapeutic and preventive. It was believed that therapeutic tattooing would let out the "diseased" blood and destroy the "worms'" in the gum that would otherwise cause dental neuralgia.[146] Tattooing was also used as a therapy to prevent the growth of goiter. As conventional tooth brushing was not culturally acceptable or affordable, the *wäggéša* [147] recommended brushing of the teeth with diverse kinds of inexpensive, readily available, and medicinally valuable, chewing sticks to maintain oral hygiene and dental health. "Pencil-sized sticks of various [fresh and dried] plants are fashioned from certain plant parts [roots and/or branches] and are chewed on one end until they become frayed into a [tooth cleaning] brush. The brush-end is used to clean the teeth in a manner similar to the use of a toothbrush … [and] they are commonly referred to as chewing sticks or Miswak."[148]

In surgical operations like removing tumors or foreign objects from the body, cutting abscesses, cauterizing wounds, or arresting bleeding, the *wäggéša* utilized herbal remedies. These herbal medicaments would speed up the healing of the physically manipulated and surgically operated part of the human body. The general public even today considers the craft of the *wäggéša* superior to modern day orthopedic treatment.

Herbal Cures and Indigenous Birth Attendants

Herbal prescriptions were also utilized in matters related to pregnancy and child birth, an area in which several local healthcare beliefs and practices existed. The role of the *awālāj* (traditional birth attendants) in matters related to mothers and child health tapped some natural remedies. Their activities had nothing to do with spiritual powers.

146 A troubling tooth would finally be snipped off after the patient had exhausted all possible local remedies.

147 The word *wäggéša* literally means: **የታመመ ሰውን በጥቶ አግሞ መድሐኒት የሚያደርግ ብልህ ዐዋቂ ሐኪም ይልቁንም በመሰበርና በወለምታ በውልቃት የሚዐከም፡** Kesate Berhan Tessema, *Amharic Dictionary*, (Addis Ababa: Artistic Printing Press, 1951 EC).

148 On the influence of Islam and the widespread use of Miswak [Amh: *mefakia*; Ar: swak] for controlling bacterial plaque, gingival recession, tooth wear, bleeding gums and periodontal health, see Ra'ed I. Al Sadhan and Khalid Almas, "Miswak (chewing Stick): A Cultural And Scientific Heritage," *Saudi Dental Journal*, 11(2), 1999, p.80.

Starting from the early days of pregnancy, up until delivery, expectant mothers were often advised and consistently checked by the *awālāj*. Their function at the time of birth was to cut the navel cord and arrest bleeding. In the case of prolonged labor, the *awālāj* recommended taking hot gruel, mostly of mashed flax-seed or *tälba* (*Linum usitatissimum*). Fumigating the mother in labor with fumes of *digñe* (sulphur) would facilitate delivery by inducing repeated sneezing.[149]

During postpartum bleeding, the crushed leaves of *zarç embwāy* (*Solanum sp.*), was topically applied, or the root of *täläŋj* (*Achyranttes aspera*) was given for chewing. The juice of the crushed herb called *atuç* (*Verbena officinalis*) was also administered orally. While the placenta was not ejected quickly, the boiled juice of the root of *yämeder embwāy* (*Cucumis ficifolius*) was prescribed. An infusion of the pulverized root of *tult* (*Rumex steudelii*), the juice of the crushed leaves of *gizawa* (*Withanica somnifera*) or *bisanna* (*Croton macrostachys*), or the juice of the boiled root of *moqmoqo* (*Rumex abyssinicus*) mixed with butter and pepper, was thought to have positive result. The burning of red pepper was another local remedy to discharge the placenta through repeated sneezing.[150]

Nathaniel Pearce in the 19th c had remarked that the art of midwifery in Ethiopia was not an established practice;[151] by contrast, however, the predominantly empirical rational expertise of the traditional birth attendants was a long-established practice in child birth and maternal and child healthcare matters. The *awālāj* were the ones who allayed women's anxieties during pregnancy and child birth. These traditional mid-wives claimed to have acquired the craft of the *awālāj* from their parents, relatives and even neighbors. In fact, some families had an established reputation and provided the service in their respective communities for many generations. Traditional mid-wives would equally assist mothers during still birth. Other than recommending a potion made of the crushed leaves of *yäweša deneç* (?) to drink, the *awālāj* would also use their dexterous hands for ejecting out the dead fetus.[152]

Controlling birth with herbal preparation/s is said to have been an ancient medical tradition. The seed of *zarç embwāy* (*Solanum marginatum*)

149 Oral Informants

150 Oral Informants

151 Nathaniel Pearce, *The Life and Adventures of Nathaniel Pearce* V.I, (London: Sesor Publisher, 1831), p.304

152 Oral Informants

was believed to be an effective contraceptive. Abortion was also effected by traditional means. Among the many supposed abortifacients, the seed of *endod* (*Phytolacca dodecandra*), the leaves of *sänsäl* (*Adhathoda schimperiana*), the root of *let* (*Malva parifora*) and the seed of *féto* (*Lepidium sativum*) were mostly recommended.[153] Though women had a subordinate social position in the predominantly male-dominated society, some women used to play a vital role in the indigenous practice of healthcare. Social rules and norms put restrictions on the choices and options of females, but nonetheless, the practice of medicine was not entirely the domain of men. Medical activity pertaining to pregnancy, child birth, child disease, and reproductive disorders, were mostly dominated by women. As indicated earlier women provided remedies for most common ailments, however, only a few of them had the opportunity to be trained to become "professional" full-time medical practitioner.[154]

Dealing Psycho-Social Problems with Herbal Remedies

The therapeutic importance of herbal medicines has been conspicuously observed in the treatment of a number of psycho-physiological or psycho-social problems. Indigenous 'psycho-therapists' offered their services to help the mentally sick. As psycho-social

153 On the early morning of a new year's day every member of a household would sip a small amount of the powdered *féto* seeds mixed with water and some lemon juice as a protection from accidental magical attack. *Wädaja* rituals were held throughout Pagumen and it was common to see a number of items (such as decapitated chickens, citrus, lemon, popcorn, roasted cereals, coins, etc.) being thrown out of several households and deposited in public roads, that is, to magically-transfer the ejected out malevolent spirits to unwary passersby, known conventionally as *denqara* (lit: 'obstacle'). Both Christian and Muslims believed that by throwing *dänqära* they would be protected from any evil-eye attacks and magic spells in the coming year. They also sprinkled some of the *féto* juice to defuse any magical item/s that may have been thrown at or buried in and around their homes by envious neighbor or other ill-motivated individual (Amh. *muwartagnna*).

154 While some women possessing a good knowledge of medicinal plants treated few ailments, others provided services in areas like bone-setting, cupping, blood-letting, poulticing, massaging, including aromatherapy for treating *yäwäf bäšita* with the cold steam or smoke of herbs. They played a part in helping patients using their pharmacological, physical, dietetic, surgical, and psychological knowledge. In Dässie there were a number of well-known female herbalists and *wäggéša* healers.

problems constituting psychiatric or behavioral disorders were multi-dimensional in nature with multiple effects on patients, families and the community, a wide variety of therapeutic approaches was applied, depending on the nature of the ailment and the kind of practitioner consulted.[155]

In a society where Western-type psychiatric services were unavailable, the role of indigenous healers or experts who diagnosed and provided physical and spiritual treatments for most psycho-social or culture-bound diseases within the context of socially-endorsed illnesses, should not be underestimated. The engrained indigenous beliefs about causes of mental illness convinced the majority of people to consult first some *avant-garde* healers who had a reputation in dealing with psychosocial problems and afterwards they would probably go to the conventional medical institutions as a final option. In-depth understanding of the indigenous belief systems may assist modern mental health practitioners to combat the negative stereotypes about the mentally ill; and this may also encourage them to think about the dearth of human resources and infrastructure besides providing timely and appropriate treatments in a "contextualized" or "biopsychosocial" mode.[156]

In the face of all these challenges, it would be legitimate to ask: In the absence of reliable conventional healthcare services and lack of a better option, what sort of alternatives were there for people to make choices when confronted with psychiatric problems? To think otherwise would seem disingenuous. David Lamb in what he referred to as 'Medieval health condition' in relation to the dearth of mental healthcare institutions for treating psychiatric patients in Africa in the early 1980s, wrote 'throughout all of sub-Saharan Africa (excluding South Africa) there are only an estimated 100 psychiatrists serving 342 million people, in most countries treatment is primitive or nonexistent.'[157] In Ethiopia there were only two psychiatric hospitals,

155 Herbalist-healers offered pieces of advice, guidance and reassurances to their clients. Serving as psycho-therapists a few of them had the ability to diagnose and provide herbal cures for the mentally ill.

156 For a similar view, see Solomon Teferra and Teshome Shibre, "Perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: a qualitative study," *BMC* Psychiatry, 12: 79, 2012.

157 David Lamb, *The Africans* (New York: Vintage Books, 1987), p.270.

Amanuel in Addis Ababa and St. Mary in Asmara, working with "a handful of psychiatrists, including some foreign specialists, and no clinical psychologists"[158] in the mid-1980s.

Since a person's mind, body and soul were conceived as an indivisible whole, many disease symptoms were not interpreted as isolated occurrences. It was only when patients had created mutual understanding and adequate communication with indigenous "psychiatrist-healers" that their complaints would have gotten proper meaning. The psycho-social context of most mental derangements, consisting of a spectrum of moral, social, and psychological components, attribute mental disorders either to the machination of evil-intended persons, or a host of disease-causing spiritual beings.[159] Though not the only valuable option, medicinal herbs were often marshalled to fight against the evil influence of invincible forces.[160] It has been accepted that a 'holistic treatment plan that takes into consideration all aspects of the mental illness –physical, bio-chemical, psychological, socio-cultural, and spiritual, and employs appropriate treatment strategies to deal with each aspect of the illness, would likely produce the best, fastest, and enduring results'.[161] Without deploying such an inclusive approach, any endeavor to dispelling fear and anxiety and creating hope, sooner rather than later, may have limited importance in bringing about the desired psychological effect, a vital component in facilitating the healing process. That is the main reason why healers examined their patients' real life situations that may have exposed them to mental disturbances such as grief, interpersonal conflicts, economic challenges, and a host of other triggering or aggravating factors before embarking on herbal or other treatments. By contrast, psychologists or mental health professionals were said to have

158 Mesfin Araya and Frances E. Aboud, "Mental Illness", in Zein Ahmed Zein and Helmut Kloos eds., *The Ecology of Health and Disease in Ethiopia* (Boulder, Westview Press, 1993) p.501

159 Eshetu Girma and Markos Tesfaye, "Patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia: a hospital based study," *BMC Psychiatry*, 11:138, 2011, p.1. The researchers found out that half of the patients sought treatment from indigenous healers before they came to a hospital. Most respondents did not know how mental disorders originated while they attributed them to the influence of the evil eye or evil-spirits.

160 Some medicinal herbs were often used as fumigants. Oral Informants

161 Islamic Social Services Association Inc., "Understanding and Dealing with Mental Illness," http://www.shifta.ca p.14

very little, or no, perception about the beliefs, socio-cultural values and norms of the communities in which they practiced. There is a consensus among the general public that mental problems are not properly handled or treated in modern healthcare institutions.[162]

This is why hospital diagnoses have been incompatible with indigenous ones. Depending on people's conceptions about the socio-cultural contexts in which illnesses and diseases occurred as well as their causes and effects, indigenous diagnoses of psycho-social problems have been quite diverse. Even functional disorders - urinary and muscular-skeletal problems - were viewed as psycho-social problems and treated with herbal medicines.[163] Here, it is important to take into account what Monteiro and Shyngle (2013) suggest regarding the need for "accurate understandings of how different segments of the population view the issue of mental illness [differently]. The rural [sic] population's adherence to spiritual explanations, particularly for serious psychotic symptoms, and their openness to both modern and traditional treatments speak to the importance of developing a holistic and inclusive approach to psycho-education and treatment ...."[164]

With regard to the potential use of herbal medicines in general, Kumar and Shukla (2003) propose that "[t]he prejudice of current practicing health-care professionals who did not learn about phytomedicines during their academic programs and, consequently, believe all of them to be ineffective forms a barrier ... [likewise], traditional herbalist who believe that unprocessed natural [or organic] products have an innate superiority and that the mystical aura surrounding herbs will somehow be destroyed by extraction and standardization ..."[165] should also be seriously considered.

162 There was, and is, only one hospital for treating patients with psychiatric problems in the country.

163 Mekonnen Bishaw, "Indigenous Medical Beliefs and Practices and Their Implication to Biomedical Practice," Mimeo, March 1989, p.17

164 Nicole M. Monteiro and Shyngle K. Balogun, "Urban and rural perceptions of mental illness in Ethiopia," *IOSR Journal of Humanities and Social Science*, Volume 8, Issue 3 (Jan. - Feb. 2013), p.48

165 Sanjoy Kumar Pal and Yogeshwer Shukla, "Herbal Medicine: Current Status and the Future," *Asian Pacific J Cancer Prev*, 4, 281-288, 2003, p.286.

Conclusion: Challenges and Prospects

At present there is a revival of interest in tapping the potential values of herbal medicine.[166] In the developed world herbal products have been consumed in the name of 'alternative', 'complementary', 'holistic' or 'integrative' medicine.[167] This revival is the result of a number of factors, one being the need for gathering "scientific information" on herbal drugs. Such measures to a limited extent have changed the misconceptions on indigenous medical practices as manifestations of backwardness. Consumers in the developed world consider herbal medicines as organic or 'natural'[168] and as important alternatives to "synthetic" products of allopathic medicine. There is also a consensus among the general public and researchers in Ethiopia that the resources of indigenous medicine should be preserved and effectively exploited. In doing so, there has to be a strong attitude, sense of direction and purpose, as well as an absolute trust and sincerity among indigenous healers, biomedical health practitioners and state/public health officials. At present, the indigenous health system has been surrounded by existential and structural problems. For this reason alone, we do not have the luxury of planning for the next few decades. The issue is more complicated than it appears; all stakeholders should come together to launch impact-driven programs and carry out action-oriented researches without further delay. There are in fact few exceptions in this regard. For example, the publication of Gelahun Abate's medical text entitled: Etsä *Däbdabé* (*Book of Herbs*: *Ethiopian Traditional Medicine*) in 1989 was the result of a collaborative endeavor of the author and the Biology Department of Addis Ababa University.[169] Similar works should have been done with other herbalist-healers, but unfortunately this did not happen. It will be beneficial to finding ways and means to document, preserve, value, and cultivate a pluralistic approach, so as to utilize the

166 Angella Bascom, *Incorporating Herbal Medicine into Clinical Practice*, (Philadelphia: F. A. Davis Company, 2002) pp. 8-9

167 International Agency for Research on Cancer (IARC), "History of Use of Traditional Herbal Medicines' *IARC monograph* Vol.82, http://www.mono82-6A.pdf p.44

168 Ibid,

169 For a discussion on how the Department of Biology employed Gelahun as a research associate and came up with the publication of the medical text, as well as on the benefits of such collaborations, see Shibru Tedla, *From Gurezam Mariam to Addis Ababa: My Life's Journey and My Reminiscence* (Amharic). (Addis Ababa: Eclipse Printing Press, 2008 EC.), pp.242-244

rich archive of indigenous medical knowledge, and to conserve the plant habitats that are in danger of disappearance at alarming rate.[170] It is worth quoting a segment of public speech Abebe Retta, the Vice-Minister of Public Health, delivered at a ceremony held to launch the Ethiopian Medical Association on 17 May 1948. He said:

> [The Association will have] ample opportunity of advancing the research on various ailments of man and animals, as well as bringing into proper medical uses, the age-old practiced Ethiopian herbs. ... [T]here are several medical herbs in this country now achieving satisfactory results... [And] these ancient remedies should be... [tested and] scientifically proven to be efficacious, such herbs be produced on a scale that will not only benefit Ethiopians, but the whole world.[171]

It is regrettable that this farsighted speech did not materialize. Until recently, screening and preliminary phytochemical and pharmaco-logical investigations have been carried out on a limited number of medicinal and nutritional plants. [172] Despite some encouraging start on the registration and licensing of healers in the 1950s, the establishment in 1979 of the Office for the Coordination of Traditional Medicine[173] was not able to create an atmosphere of co-operation between indigenous and allopathic medicine. Working on indigenous medicine still requires the creation of new institution/s and a responsible role-player to take the aforementioned goals seriously. Such collaboration will be of assistance to formulate well-crafted national policies and guidelines on identification, evaluation and regulation of herbal cures, and to explore potentialities for 'the foundation of a light modern botanical industry'[174] (together with a germane manufacturing legislation) and to incorporate therapeutically-useful remedies into the country's healthcare system. If not, the 'continuation of polarization and separate development' of the

170 See, for example, J.L. Vivero, Ensermu Kelbessa and Sebsebe Demessew, "The Red List of Endemic Trees and Shrubs of Ethiopia and Eritrea," *IUCN*, 2003.

171 Quoted in David Talbot, *Contemporary Ethiopia*, (New York: Philosophical Library, 1952), pp.89-90.

172 Assefa Balcha, "Reflective Appraisal on the Historiography of Indigenous Ethiopian Therapeutics," pp. 82-83

173 A supposedly autonomous department within the Ministry of Health

174 Fekadu Fullas, "The Role of Indigenous Medicinal Plants in Ethiopian Healthcare," Sioux City, IA (USA), 2007, http://www.nesglobal. org/node/53 P.5

two medical systems will indefinitely persist. It is imperative to note that indigenous healing had been seriously undermined by the uninterrupted expansion of Western biomedicine since the Haile Selassie period (1941-1974), an era of relative autonomy and limited restriction on indigenous healers when compared to the successive governments that came after it.[175]

In a recent study at Tähulädäré *wäräda* in South Wällo, a total of 105 medicinal plants have been identified for treating human and animal diseases; however, the effort of the local people was not adequate enough to stop the disappearance of medicinal plants from their natural habitats.[176] Fearful of the extinction of medicinal plants, the researchers recommended *in-situ* (such as home gardens) and wide scale or *ex-situ* conservation or domestication and cultivation strategies. In fact, some herbalist-healers have their own botanical gardens in their backyards and grew some useful plant remedies.[177] But local healers on their own do not have the resources to domesticate and cultivate medicinal plants in a wider-scale. Even registration of the existing medicinal herbs requires a collaborative endeavor. By using such a collaborative spirit, for instance, a joint project may be initiated between herbalists and current or potential stakeholders such as forestry or agriculture departments, universities, research organizations, conservation agencies, pharmaceutical and public health institutions. The mindset of contempt toward indigenous healthcare providers should be strongly discouraged as it would only enhance the loss of potentially useful medical wisdom. [178] Although negative stereotyping of healers, remarked Wondwosen (2002), have psychological, social, economic and legal

175 Oral Informants

176 Mohammed Adefa and Berhanu Abraha, "Ethnobotanical Survey of Traditional Medicinal Plants in Tehuledere District, South Wällo, Ethiopia," *Journal of Medicinal Plants Research*, 5(26), 2011, pp.6233-6242; for a broader country wide study, see Endashaw Bekele, "Study on Actual Situation of Medicinal Plants in Ethiopia".

177 For a very good examination on the importance of home gardens in Ethiopian indigenous therapeutics, See Zemede Asfaw, "Conservation and Production of Traditional Medicinal Plants in Home Gardens: The Case of Ethiopia" *Regional Workshop on Medicinal Plants and Traditional Medicine*, Cape Town, South Africa, 1998.

178 In support of such constructive ideas, see Aman Belay, *Book of Remedy* (Amharic) 3rd ed. Addis Ababa: Eleni Printing Press, 2007 EC.

impacts[179], herbalists often consider their hard-won medical knowledge as a valuable treasure, and they do not want to lose it, or simply look idly when their profession is grossly undermined and fully eroded. Indeed, such opinions may be helpful to work towards an atmosphere of trust and collaboration, an important step to protect useful medicinal plant species with improved propagation and harvesting methods and marketing herbal products.[180] Prior to this, however, the question of ownership of indigenous medical wisdoms and their protection as a cultural heritage, and the benefits that may be reaped from them have to be officially articulated. For example, in order to get access to and preserve the various kinds of medical treatises and therapeutic knowledge for posterity, a mechanism has to be put in place based on the full consent and cooperation of healers.

To conclude, one cannot be certain how much therapeutic knowledge and medical manuscripts have been destroyed or looted from Ethiopia thus far; nonetheless, some useful indigenous medical knowledge seemed to have been taken away in various ways and by several individuals.[181] Despite the obvious complexities, and the ambiguities associated with it, several interesting issues have been recognized in recent years, and these issues have globally provoked wider discussions under the rubric of the ownership and appropriations of indigenous knowledge. "And yet TMK [Traditional Medical Knowledge] remains one of the most difficult categories to regulate within the intangible cultural heritage discourse."[182]

179 Wondwosen Teshome-Bahiru, 'Indigenous Healers of Ethiopia: Victims of a Healing Profession, *The African Anthropologist*, V.9 N.2, 102-116, 2002

180 What herbalists experienced during the Darg rule made them suspicious of such initiatives.

181 Assefa Balcha, "Reflective Appraisal on the Historiography of Indigenous Ethiopian Therapeutics," pp. 91-92. Ms no 2417 at the Institute of Ethiopian Studies is a very good example. This huge manuscript (about 2639 pages) was copied from the personal collections of more than a dozen cleric–healers under the auspices of a French ethnologist, Jacques Mercier, in the 1970s. It is not clear how the manuscript was later transferred to Sanfogg, a British millionaire, who, in turn, donated it to the IES library in the early 1990s.

182 Sita Reddy, "Making Heritage Legible: Who Owns Traditional Medical Knowledge*?" International Journal of Cultural Property* 13:161–188 (2006), p.162.

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Assefa Balcha
Wollo University,
Department of History and Heritage Management
P.O Box 713, Dessie, Wollo