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INTEGRATION BETWEEN INDIGENOUS AND CONVENTIONAL MEDICINES IN ETHIOPIA: UNRESOLVED HISTORICAL CONUNDRUM

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Abstract

Since the late 1970s the World Health Organization (WHO) recommended the integration of traditional medicine' practitioners into primary health care systems in Africa and elsewhere. Numerous studies have examined the integration efforts that followed this recommendation, and by the 1980s, it had become evident that integration faced significant challenges. Besides using oral data gathered from more than twenty indigenous medical practitioners over an extended period and a limited amount of secondary source materials, this historically-informed and analytical study looks at the pluralistic Ethiopia's medical landscape staring from the early 20th century, when Menilik II made a modest attempt to utilize indigenous therapeutics alongside modern western medical services, to the 1990s, focusing in particular on the efforts made and the major challenges that obstructed cooperation and/or collaboration, let alone integration, between indigenous and western allopathic medicines. Despite the absence of archival materials in the dossiers of government offices and the existence of a handful of workshop proceedings and ethnological/ anthropological studies on the alleged importance of integration, no historical study has been conducted to look into the underlying reasons why the insurmountable challenges facing integration was not given due consideration in the social/medical history of Ethiopia. This historical research work tries to answer why integration attempts had been sidelined or totally abandoned. Finally, some important remarks are proposed on how to approach and tackle this vital, largely neglected and hitherto unsettled historical question.

Keywords: Biomedicine; Collaboration; Cooperation; Ethiopia; Healers; Indigenous Medicine; Integration; WHO

> "The integral vision embodies an attempt to take the best of both worlds, ancient and modern. But that demands a critical stance willing to reject unflinchingly the worst of both as well." Ken Wilber, (*The Eye of Spirit*, 2001:53)

Introduction

What is often missed by those seeking to cultivate cooperation between indigenous and biomedical practitioners is that in many parts of the world current integration efforts are part of a much longer history of state-led efforts to manage the activities of non-western health care providers. These efforts have ranged from early attempts at cooperation, to all-out attacks on indigenous healers. For instance, Velimirovic has been highly critical of the "integrationist' perspective arguing that a 'genuine integration' has not taken place anywhere in the world.[1] These arguments have shaped indigenous health practices and healers' perspectives toward contemporary integration efforts. While a number of studies have recorded aspects of these earlier approaches[2] none have systematically traced their history over an extended period of time. In Ethiopia lack of a detailed study on the history of indigenous medicine and the efforts of the state to manage indigenous health care practices up until the present century has been an observable lacuna that should be seriously examined and documented.[3] The majority of internet sources on the question of integration in Africa are not historical studies, and they have very little value to the issue at hand. These sources are mostly of survey reports on the impression of traditional medical practitioners and the ordinary people regarding the fusion/integration or cooperation based on mutual trust and understanding between the two medical systems. Though not a

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1 Velimirovic, B. "Is Integration of Traditional and Western Medicine Really Possible?' In *Anthropology and Primary Health Care*, edited by J. Coreil and J. D. Mull, Boulder: Westview Press, 51-78, 1990

2 Green, Edward and Lydia Makhubu, 1984, "Traditional Healers in Swaziland,' *Social Science and Medicine*, 18(12), 1071-1079; Young, Allan 1983, "The Relevance of Traditional Medical Culture to Modern Primary Health Care, " *Social Science and Medicine*, 17, 1205-1211; Neumann, A. K. and P. Lauro, 1982, "Ethnomedicine and Biomedicine Linking, " *Social Science and Medicine*, 16, 1817-1824; Akerele, Olayiwola 1987, "The Best of Both Worlds: Bringing Traditional Medicine Up To Date, " *Social Science and Medicine*, 24(2), 177-181; Slikkerveer Leendert, 1982, "Rural Health Development in Ethiopia: Problems of Utilization of Traditional healers, " *Social Science and Medicine*, 16, 1859-1872.

3 Mekonnen Bishaw, "Integrating Indigenous and Cosmopolitan Medicine in Ethiopia " PhD. Dissertation, S. Illinois University, 1988

historical study, Fekadu Fullas has briefly touched up on a vital point on the need for teaching Ethiopian medical students about traditional medicine as a means to facilitate future integration efforts.[4]

It is vital to have an understanding on the changing role of indigenous medicine in Ethiopia over the course of the last century. For instance, church-based healing, which, can be traced back to the sixteenth century, involved a rich complex of practices based on the use of esoteric medical texts and the manipulation of letters and numbers, as well as invocation of spirits and the use of herbal remedies. In fact, both Orthodox Christian and Muslim cleric healers, going through a rigorous training lasting many years, claimed to have the ability to cure a wide range of physical and social problems.

An Auspicious Beginning

During the twentieth century, both cleric and secular healers had to contend with a rapidly changing social and political environment shaped by successive state-led efforts to transform Ethiopian society. These changes, including attempts to transform medical care, which began with the westernizing initiatives of Menilik II, and continued through succeeding Ethiopian administrations: the Imperial regime, the brief Italian occupation, the restored Ethiopian monarchy, and of the Marxist military regime that assumed power around the mid-1970s.

Emperor Menilik sought a suitable compromise between the indigenous and conventional western therapeutic systems. And as part of this scheme, Menilik provided a limited number of experienced healers full-time employment at Arada Clinic, a branch of Menilik hospital[5] which was staffed almost entirely by salaried church-educated healers. A cleric healer who had been assigned as an 'internist' obtained the approval and certification from Dr. Hamer, a Swedish physician working in Addis Ababa. The other five healers, three of them *Alaqa* (which means literally 'master' or teacher), also assumed various positions in the same clinic: director, administrator, secretary, oculist and surgeon; the person assigned as a surgeon must have been a talented *wäggéša* (lit. bone-setter

4 Fekadu Fullas, "The Role of Indigenous Medicinal Plants in Ethiopian Healthcare, " *www.nesglobal.org/node/53*, 2007

5 Tsehai Berhane Selassie, 1971. "An Ethiopian Medical Text-book Written by *Gerazmac* Gabrawald Aragahan Daga Damot " *JES*, V. 3, N. 1 p.98

or orthopedist).[6] However, the official encouragement provided to indigenous healers was entirely confined to the Imperial capital and had no impact on the majority of healers working in the rest of the country.

Although appreciative of the virtues of modern western medicine, Menilik II seemed to encourage allopathic medicine only so long as it maintained a compromising stance toward indigenous therapeutics. To create a 'curious compromise between traditional and western medicine,' the first official Russian diplomatic mission, comprising of a large group of Russian doctors that came to Ethiopia in February 1898 at the request of Menilik had established the 'first standing hospital of European kind in the Ethiopian capital.'[7] The medical team was also asked by Emperor Menilik II to produce the 'first western Amharic medical textbook [or manual].' Though the 22-page manual incorporated only a modicum of indigenous medical practices,[8] this Amharic guidebook was particularly prepared to educate the medical staff working in Addis Ababa and Harar regarding 'etiology, hygiene and basic methods of medical help.'[9]

In the last century, indigenous healers were the major healthcare providers in the country. They provided their services to a cross section of the Ethiopian population. But, the expansion of western biomedicine and education posed a formidable challenge to their near monopolistic position. As a result, they had to devise strategies to ensure their survival in the changing society where the state was bent on structuring the country's healthcare system along the biomedical lines. Healers had to find ways to work in a pluralistic medical environment. Taken as a whole, state policies, including the short-lived Italian occupation period (1935-1941), have undermined the practice of traditional therapeutic systems that had once dominated the medical marketplace of the country, and these actions speeded up the steady decline of the indigenous medical knowledge. Hence, when we talk of integration, we need to have in-depth understanding on how cleric and secular healers struggled to maintain their medical career in the face of sustained attempts to control their

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6 *Ibid*

7 *Encyclopaedia Aethiopica* V. 4 Harrassowitz Verlag Wiesbaden 2010, p. 418.

8 Pankhurst, Richard 1965, "The Beginnings of Modern Medicine in Ethiopia, " *Ethiopia Observer* 9 (2), p. 126.

9 *Encyclopaedia Aethiopica* V. 4 Harrassowitz Verlag Wiesbaden 2010, p. 422.

activities and how these struggles shaped their attitudes toward integration efforts[10].

As western biomedicine made only limited inroads, indigenous healers were able to maintain their dominance until the coming of the Italians in the mid-1930s. Under the Italians, however, attacks on indigenous healers for their alleged involvement in political resistance, combined with an expansion of biomedical services, began to undermine this dominance.

After the restoration of the Imperial regime in 1941, healers' position was far from being improved. Though the 1948 proclamation accorded legal recognition to the indigenous therapeutic system, the status of indigenous practitioners was not clearly delineated; and their position was further undermined by the expansion of state-backed modern biomedical institutions. Though the provision of biomedical services was principally handicapped by an inefficient bureaucracy, the emergence of new forms of healers such as hybrid healers and 'injectionists' or what Buschkens and Slikkerveer would like to call them as practitioners of the "transitional medical system" [11] expanded the therapeutic options available to the public.

Using the proclamation of 1948, a system of registration and licensing of indigenous healers was established. At first, individual healers were expected to present themselves to the ministry and have their medications evaluated. This proved difficult because of the Ministry of Health's lack of capacity to understand, let alone evaluate, indigenous practices. The then minister of public health Akale Worq Habte Wold established a committee of physicians to collect information regarding indigenous medical practices and make recommendations about how these practices should be regulated. Specifically, the committee was charged with the task of evaluating each candidate, licensing eligible healers and ending the corrupt practices of certifying unqualified practitioners. The committee was also responsible for gathering information and making recommendations on the future growth and

10 Assefa B. Negwo, "Church-based Healing and the State in Ethiopia, 1900-1980," PhD. Dissertation Emory University, 2008.

11 Slikkerveer, Leendert Jan, *Plural Medical Systems in the Horn of Africa: The Legacy of 'Sheikh' Hippocrates* Leiden; Kegan Paul International, 1990, pp. 254-257.

development of indigenous medicine.[12] In connection with this 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.[13]

When we return to the committee of physicians, it instantaneously recommended that a research institution for indigenous healers be established along with a legally registered healers' association. As a major stakeholder, the proposed association was expected to engage in evaluating and licensing of healers; and it was also entrusted in formulating standards of practice and a code of conduct for punishing misdemeanor and malpractice. The research institute would carry out clinical observations on the efficiency of therapeutically useful herbs. The committee, while exclusively made up of physicians, stressed on the need to foster dialogue and cooperation between practitioners of allopathic and indigenous medicine.[14] But the committee found it difficult to discharge its responsibilities, because, it argued, the *materia medica* indigenous healers used were very complex to sift and evaluate. This was particularly true of cleric healers, whose treatment regimens often comprised a mixture of herbal and non-herbal medicines, not to mention written 'therapeutic' prayers and prescriptions, to cure a single ailment. This meant the lack of official support was partly related to the alleged secrecy surrounding indigenous medicine. Such confusions also posed a serious challenge to many indigenous healers who hoped to gain accreditation under the 1948 legislation.

12 Asrat Waldayes, "The Postliberation Period (1941–1973), " in Richard Pankhurst, *An Introduction to the Medical History of Ethiopia*, Trenton, NJ: The Red Sea Press, 1990, p. 251.

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

14 Asrat Waldayes, "The Postliberation Period (1941–1973)," p. 251.

When Akale Work left the ministry of Public Health in the early 1950s, the work of the licensing committee came to a standstill, and the committee was eventually disbanded. The Institute for indigenous healers that the committee had proposed failed to materialize. Without the institute, the ministry was unable to implement a system of licensing and evaluation based on profound knowledge of the ideas and practices of indigenous healers. Instead, the regulation of healers became largely an exercise in prohibiting unlicensed indigenous healers and unlawful users of pharmaceutical products. The licensing procedures being applied with little understanding of the nature and value of various healing practices obviously turned out to be bureaucratic and inconsistent[15]. These circumstances precluded the majority of healers from obtaining legal recognition and work permits. This state of affair was to become the hallmark of the Imperial regime and it even persisted after its downfall in 1974.

Under the military government that came to the helm of power in 1974, indigenous healers began to face new sets of challenges. The *Dārg*'s efforts to eliminate religion, including forms of healing that were based on religious/traditional beliefs, put indigenous medicine in a state of confusion, and disrupted the production of healers. However, the deterioration of the public health system and the adoption of the WHO's 1978 Primary healthcare Strategy, persuaded the military government to soften its hostile attitude toward some fields of indigenous healing modalities. In acknowledging the value of indigenous medical knowledge, however, the *Dārg* emphasized what it saw as non-spiritual rational elements, focusing primarily on herbal remedies. At the same time, it largely rejected the value of other forms of healing. It focused mostly on the training of the *awalaj* or traditional birth attendants (TBAs), and excluded other indigenous healers from taking part in the primary health-care training programs. Formal training for TBAs was undertaken in at least 44 developing countries, including Ethiopia, but 'there are only one or two countries' that included traditional healers into their national health care systems[16] (Pillsbury, 1982, 1825-1834). While it created a Coordinating Office for Traditional Medicine, and organized a limited number of seminars and workshops on indigenous medicine, these

15 *Ibid*

16 Barbara Pillsbury, "Policy and Evaluation Perspectives on Traditional Health Practitioners in National Health Care Systems," *Social Science and Medicine*, 16, 1982, 1825-1834.

activities did little to overcome the suspicion that healers had of a government that had earlier attempted to eliminate their practices[17]. Oral Informants forcefully argued that the frequent deaths that occurred in hospitals due to malpractice or negligence were simply overlooked, while a single death at the hand of an indigenous health practitioner was a source of exaggerated debate and controversy.

The government that succeeded the military regime in 1991 incorporated indigenous medicine in its health policy. The 1993 Health Policy and the 2009 Health Care Proclamation speak to the need to develop indigenous medicine, including the adoption of regulations and registration of healers, and its eventual integration into the biomedical system. However, other than reiterating the need for integration and organizing a few pointless seminars spasmodically, nothing has been accomplished so far with regard to the issue of integration.[18] Despite "strong-policy support for the development and integration of traditional medicine with modern health care services … there is a need for detailed strategy defining the objectives, targets and mechanisms for its development and integration"[19] argued a biomedical practitioner in the last decade of the 20th century. No one knew or even suggested when, how and by whom this promising and rational statement would become practical.

In a word, the efforts of successive Ethiopian governments to come to terms with indigenous healers have failed to create mutual understanding and an effective rapport between practitioners of indigenous and western biomedicine. Repeated attacks on healers combined with misguided efforts to define and regulate indigenous medical practices have weakened the hold of indigenous medicine and discouraged healers from participating in efforts to integrate them into the country's health system. As a result of healers' marginalization, the valuable medical knowledge imbedded in indigenous medical texts and the ability to properly deploy this knowledge is in danger of disappearing.

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17 Ministry of Public Health, *Proceedings of the First National Conference on Ethiopian Traditional Medicine and Healing* (Amharic), A.A. Sene 20-22, 1972 EC.

18 Oral Informants

19 Meseret Shiferaw, "The Role of Health Professionals in the Development of Traditional Medicine in Ethiopia, " *Proceedings of the Workshop on Development and Utilization of Herbal Remedies in Ethiopia*, Nazareth, June 4-6, 1996, p. 17.

Reconnoitering Integration Efforts

To save indigenous medicine from vanishing, there must be a strong positive attitude, sense of direction and purpose as well as absolute trust and sincerity on the part of both indigenous health practitioners and state/public health officials, and this would greatly assist to sift, utilize and preserve the rich body of indigenous medical knowledge that is rapidly disappearing[20] (Kebede et al, 2006:.132). This cooperative work undoubtedly requires the creation of new institution/s which will take seriously this goal and seize opportunities to explore potentialities for integrating indigenous therapies into the country's health system. It is therefore vital to create an environment in which a cooperative spirit is cultivated. Unlike the committee that had been set up and disbanded in the 1950s for this purpose, the new institution that is to be created in future must purposely and frequently engage with indigenous healers.

Several indigenous healers today grumble about the absence of individuals or organizations with a commitment to learning, evaluating and preserving the indigenous medical lore. They are extremely passionate about transmitting and preserving their indigenous medical knowledge and reiterate their readiness to collaborate with those who would want to carry out action-oriented researches and explore opportunities for cooperation with conventional medicine.

For this to happen, healers have stressed the necessity of organizing and establishing genuine healers' association/s, which would endorse qualified practitioners, promote members' interests, and create harmonious working relationships with the Ministry of Health and other governmental bodies. While healers' associations were created in the past, they were largely ineffectual and generated little enthusiasm. Thus, creating mutual trust and a favorable working environment are extremely important preconditions for healers to come forward and participate in the multi-faceted struggle for the creation of an integrated health care system.[21]

As previous experiences have shown, attempts for setting up healers' associations had been partially obstructed by practitioners' deep-rooted suspicion of each other, their lack of faith in the intentions of the state,

20 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. 132.

21 Oral Informants

and above all, their lack of freedom to organize self-governing healers' associations with legitimate and trusted leadership. During the Imperial era most cleric healers were extremely egoistical and more interested in outsmarting their competitors than doing something to promote their collective rights and interests.[22]

Proclamation Number 127/1977 sub-article 12 stated the need to "promote and encourage the use of traditional drugs along with modern ones." To that end a permanent unit called "Coordinating Office for Traditional Medicine and Healing", which later elevated to "Department of Traditional Medicine", was set up within the Ministry of Health in 1979[23]. This department once again was put under the newly established institution called "Ethiopian Health and Nutrition Research Institute." The new office was assisted by a National Advisory Committee which comprised 12 educational, research and professional associations. This advisory committee was tasked to strengthen the ad hoc committee of physicians established in 1976. In February 1977, a 'permanent committee' of scholars was set up with a view to conducting research on indigenous medicine. [24] The committee actually acknowledged the importance of medical/magical texts. One of the major obstacles to the creation of healers association was the *Dārg*'s insistence that responsibility for establishing these associations be entrusted to the "Coordinating Office" However, the "Coordinating Office" delegated its responsibility to provincial health departments, which were charged with registering indigenous healers, organizing healers associations and overseeing their activities in their respective provinces. However, relations between the health departments and local indigenous healers were, in fact, strained. Health department officials were skeptical about the value of indigenous medicine, and healers, who had gone through some dreadful experiences during the early period of the *Dārg* rule, did not trust the health departments. Indigenous health practitioners did not see any tangible reason to have faith in provincial health offices, which they perceived as instruments of an unpredictable state, a state that was bent on destroying the country's historical and medical heritages. Despite their general apathy, many healers felt compelled to register as members of the politically monitored professional associations because they did

22 Oral Informants

23 Dawit Abebe, "Preface ", *Proceedings of the Workshop on Development and Utilization of Herbal Remedies in Ethiopia*, Nazareth, June 4-6, 1996.

24 *Addis Zemen*, 3 February 1977.

not want to be labeled as traitors, reactionaries or enemies of the revolution. Even then, cleric and other spiritual healers were not officially invited to become members.[25]

The coordinating office made it clear that its main objective was to help the country become self-reliant in medicine, and to free itself from the economic domination and cultural influence of Western imperialist nations. In order to achieve this ambitious goal, indigenous health practitioners had to adopt biomedical or 'scientific' diagnostic and treatment methods in place of their archaic diagnostic and therapeutic strategies. The office also noted that this radical transformation would give indigenous practitioners the liberty to render efficient services and to work towards integrating their therapeutic strategies into the biomedical system. However, the real objective of this seemingly innocuous notion was to make indigenous medicine an appendage to Western-style health care and create a cadre of traditional medical practitioners who would cooperate with practitioners of biomedicine.[26] Like efforts at integration in other parts of the world, integration essentially meant, on the one hand, stripping away scientifically validated indigenous medicines from the complex diagnostic and therapeutic systems in which they were situated, while, on the other, allocating ailments that were thought to be idiopathic and beyond the reach of Western biomedicine, to indigenous healers[27] (Pigg, 1995: 47–68). This delineation of indigenous medical practitioners, combined with the regime's general attack on non-secular practices, meant that the system favored herbalists over other genres of spiritually-oriented healers.

An author of a fictional and imaginative work titled *Traditional Medicine by Indigenous Scholars* expounded in the 1960s that "the mistrust between practitioners of the two medical systems would be alleviated by encouraging a dialogue that could eventually lead to their integration[28]. The idea of co-operation between modern Western and indigenous medicine during the Dārg era was thus a continuation of a nationalist effort that had a long history in Ethiopia. Yet for most of this period,

25 Assefa B. Negwo, *A Century of Magico-Religious Healing: The African, Ethiopian Case (1900-1980s)*, Trenton, New Jersey: The Red Sea Press, 2015, p. 198.

26 *Ibid*, p. 199.

27 Stacy Pigg, "Acronyms and Effacement: Traditional Medical Practitioners (TMP) in International Health Development ", *Social Science and Medicine*, 41: 47–68, 1995

28 Sahle Mikael Wolde Selassie, "Traditional Medicine by Indigenous Scholars " (Amharic) Addis Ababa: Tensae Zagubae Printing Press, 1956 E.C.

practitioners of indigenous medicine and Western medicine were more likely to see themselves as rivals in a medical marketplace than as partners in a shared medical system that would be put in order to the benefit of the country and its people.[29] The WHO's strategy of integration to which the Dārg government allegedly embraced in the late 1970s proposed "frequent discussions among all the experts of both the traditional and allopathic systems [so as] . . . to create a climate for promoting a synthesis of the best of all systems."[30]

These proposals did not materialize partly because the military government failed to provide vital support and openly encourage the establishment of a truly committed and goal-oriented 'professional' organization that would cultivate co-operation among the different groups of indigenous healers. And most of all, indigenous healers were still mistrustful of the state's efforts in changing the uncooperative and/or negative attitude of modern healthcare practitioners towards indigenous healers. Despising or belittling the potential benefits as well as concern about safety, quality and efficacy of indigenous medicine remained an entrenched biomedical bias.[31] Following the establishment of healers associations in the provinces, the ministry instructed indigenous healers to hand over specimens of their herbal medicines to the health departments, claiming that they would be properly documented and used for future scientific investigations.[32] The notion of obtaining lists of healers' remedies as in the 1940s and 1950s remained the unchanged motto of the Ministry of Health. Healers perceived that attempts to extract ethno-botanical knowledge without their full assent as dishonest and this made them even more suspicious of the government's motives.[33] To avoid direct confrontation with the state,

29 Assefa B. Negwo, *A Century of Magico-Religious Healing*, p. 199.

30 World Health Organization, 1978 *Primary Health Care: Report of the International Care*, Alma-Ata, USSR Geneva: WHO; World Health Organization, 1985 "Report of the Consultation on Approaches for Policy Development for Traditional Health Practitioners, Including Traditional Birth Attendants " Geneva: WHO.

31 Mesfin Kassaye, "Integration of Traditional Medicine with Modern Care Services, " *Proceedings of the Workshop on Development and Utilization of Herbal Remedies in Ethiopia*, Nazareth, June 4-6, 1996, p. 13.

32 Ministry of Health, file no. ገሀ 23/45/13, 5 April 1989.

33 Norbert Vecchiato, "Traditional Medicine ", In *The Ecology of Health and Disease in Ethiopia*, edited by Helmut Kloos and Zein Ahmed Zein. Colorado: Westview Press, 1993, p.174; Mekonnen Bishaw, "Attitudes of Modern and Traditional

however, many healers provided the health departments with specimens of common botanical remedies having little medicinal value. It must be to express this combination of mistrust and resentment that Alemayehu Moges has been quoted as saying, "The deceivers were deceived and the cheats were cheated, in between them [sic] true wisdom was buried forever."[34]

The net result of this was the majority of indigenous healers rejected a strategy of "creative accommodation"[35] with institutions that hyped and endorsed the supremacy of Western medicine over indigenous healing. However, the unpleasant experience of the *Dārg* period deprived healers of their sense of community and spirit of cooperation. This situation also forced healers to stand aloof from any government involvement or initiative in matters relating to indigenous medicine and healing. The persecution and stigmatization of cleric healers also persuaded them to view the *Dārg* as an instrument that facilitated the burgeoning of all kinds of 'self-styled' and fraudulent healers and the steady decline of the age-old and potentially useful therapeutic wisdom. Albeit half-heartedly, the *Dārg*'s acknowledgement of indigenous medicine had opened up space for some indigenous healers to begin reasserting themselves within the medical landscape.

For the majority of healers the absence of dependable and non-politically affiliated healers' associations meant that there was no mechanism for sorting out or regulating practitioners in accordance with their experiences and qualifications. The state-organized associations established under the *Dārg* were incompetent to regulate the field. They were seen instead as assisting scores of inept healers to acquire identification/registration papers and work permits, an unlawful measure that assisted them to flood the urban medical marketplace. This course of action corrupted the practice of indigenous medicine and posed a serious challenge to the position of some competent healers to offer their service in the uncontrolled medical marketplace.[36]

Medical Practitioners towards Co-operation " *Ethiopian Medical Journal*, 28: 63–72, 1990.

34 Alemayehu Moges, "Traditional Ethiopian Medicine " *8th International Conference of Ethiopian Studies*, Volume I, Addis Ababa, 1984, p. 133.

35 Diana Zeller, "Traditional and Western Medicine in Buganda: Coexistence and Complement ", *Rural Africana*, (26): 1974/5, pp. 91–103.

36 Oral Informants

On the other hand, the *wäggéša*, applying a range of healing techniques and serving their communities as surgeons, dentists and orthopedists for several centuries,[37] recognized the harmful effects of contaminated water, bites of certain insects, malnourishment, abuse of alcoholic beverage, and even excessive sexual activity, both as prime cause of certain illnesses or as aggravating factors of some health disturbing conditions. To enhance the healing capability of their injured patients, the *wäggéša* (also called chirugeons) prescribed variety of nourishing foods and drinks. Besides bone-setting and physical manipulation of the injured body part, the chirugeons snipped off a troubling tooth, removed tumors or foreign objects from the body, cut abscesses, scarified uvulas and tonsils, cauterized wounds and arrested bleeding, not to mention cupping and therapeutic tattooing. Though rudimentary by modern standards, people in both rural and urban areas even today consider the *wäggéša* as being skillful service providers to that of the majority of trained orthopedists working in modern healthcare departments.[38]

The Quest for an Autonomous Institution/Organization

Many healers recognize the need to provide evidence of the hypothetical association between the material and non-material elements of their therapies and their pragmatic worth. Healers also acknowledge that it is only through a cooperative spirit that they will be able to systematize the indigenous medical knowledge, develop an integrated system of medical care and fulfill their unfulfilled dreams. The evolution of multiple forms of medical care over the course of the last century has created a murky situation to fix on what ideas and practices should be picked to incorporate into the mainstream healthcare system. Among the essential works that needs to be done in this regard is the adoption of linguistic standards on local medical texts with regards to unessential/unintelligible words/phrases and the mysterious writing technique/s. This grueling undertaking, which should aim at producing strictly analyzed and standardized medical texts, requires a collaborative effort of several literate healers. This means, caring for the literate healing tradition is the same as caring for the health care needs of the majority of the population. It is only with healers' wholehearted cooperative participation and their

37 Pankhurst, Richard, "An Historical Examination of Traditional Ethiopian Medicine and Surgery " *Ethiopian Medical Journa*l, 3(4), 1965, pp.162-167.

38 Oral Informants

scrupulous evaluation and cross-examination of medical texts that the alleged medical or healing value of inscribed words of prayers (asmat), written invocations (digam), written amulets (ketab) and talismanic drawings (tälsam), *inter alia*, can be ascertained; and by so doing, the flaws and deficiencies in the written medical knowledge can be rectified.[39]

The same is true to the totally forgotten animal and mineral therapeutic items. It is worthy of note about the alleged importance of 'education medicine' or '*yetmihert abinet*' which include the inebriating, memory-enhancing drug called *etse faris* (*Cannabis sativa L.*), *astenagrt* or *abesho* (*Datura stramonium L.*) and various other medicinal preparations and magico-religious prayers.[40] Such an endeavor would help us appreciate the peculiarity of Ethiopian indigenous therapeutic modalities vis-à-vis the various schools of healing traditions that had been applied in different parts of the country.[41]

At present such a collaborative effort is far from becoming a reality. As often claimed, many healers are said to be resistant to departing from a tradition in which medical knowledge and its transmission has been closeted in secrecy. But in reality, those who wielded tremendous amount of medical knowledge have either passed away or gotten very old; and there may not be ample time to develop the type of long-term collaborative project with those who are still alive. The issue is more complicated than it seems; and if we do not have the luxury of planning for a distant future, tangible steps should be taken now.[42] To begin with the necessary foundation work for setting up an autonomous ***Institute for indigenous medicine*** will not be an easy task; likewise, mobilization of healers for creating dependable ***healers' association*** will not be a trouble-free undertaking either. All previous attempts at organizing professional healers' associations were partially obstructed by practitioners' lack of faith in the intentions of the state, and above all, their lack of freedom to have legitimate and trusted leadership. Besides being extremely suspicious and egoistical, many healers were more interested in outsmarting their competitors than doing something to get official recognition and delineate their future contribution in the medical market together.

39 Oral Informants
40 Oral Informants
41 Oral Informants
42 Oral Informants

The unpleasant experience of the *Dārg* period not only deprived healers of their sense of community while it also alienated them from any government involvement or initiative in matters relating to indigenous medicine and healing. For instance, the military government persecuted, stigmatized and prevented spiritual/cleric-healers from taking part in its Primary Health-care Program. In this regard, Mekonnen Habte Wold's (brother of Akale Worq Habte Wold) limited efforts in the 1950s should deserve mentioning. Seeing the influx of spiritual healers to the capital, he instituted a method of collecting money from them to fund the renowned *Agar Fikir Mahbar* (an association of performing arts that had been originally founded to counter Fascist propaganda and to cultivate patriotism among the Ethiopian public). Mekonnen wrote recommendation letters to spiritual healers who raised money for the association and helped them obtain work permits from the Ministry of Health; this measure, which was initially introduced to help a limited number of healers to carry on their activities without any interference from local authorities, encouraged others to do the same. In spite of the growing opposition to the ephemeral and an arguably unilateral action of Mekonnen, trading work permit for money had been maintained from 1954 to 1958.[43]

Absence of dependable healers' associations meant there was no mechanism for sorting out or regulating practitioners' activities in accordance with their specific fields of expertise and experiences. The state-organized associations established under the *Dārg* were incompetent to regulate the field. They were seen instead as assisting scores of inept healers to acquire identification papers and work permits that would help them flood the medical marketplace. This course of action has corrupted the practice of indigenous medicine and eroded the position of competent healers. The Office for the Coordination of Traditional Medicine, the supposedly autonomous department within the Ministry of Health, though theoretically accepted the idea of integration, practically ineffective to rectify past mistakes and to make genuine efforts to register and organize indigenous health practitioners and create an atmosphere of co-operation between indigenous and allopathic medicine. After the downfall of the *Dārg* and in line with the political

43 Fantahun Engeda, *Major Political Problems and Struggles during Haile Selassie's Administration, as Learned from the Biography of the Emperor's Close Associates* (Amharic), A.A. Berhanena Selam Printing Press,1997 EC, pp.279-280

ideology of revolutionary democracy and the ethno-linguistic division of the country, healers' associations were set up at the national and regional levels.[44] Put it differently, there was no state-affiliated organ to guide and/or coordinate the activities of these disparate associations at the federal level, the absence of a *centralized coordinating body* would seem to imply that healers were left alone to reorganize their associations in their respective zones, as if health and diseases had ethnic boundary or ethnically manifested. This state of affair left many questions unanswered. As enunciated in the proceedings of the First National Seminar (1979), the main objective of organizing healers' association during the *Dārg* was bent on controlling registered members, and exploiting their valuable psychological and socio-cultural healing techniques until modern medicine became widely accessible to the Ethiopian public.[45] Healers argued that they at times treated and cured patients whose illnesses were known to be untreatable with biomedical practitioners. Patients sought indigenous healers, believing that they could understand the socio-cultural causes of their sickness. Indigenous healers continued to avail themselves to patients who opted using the indigenous and modern Western medicine concurrently or one after the other. Such arguments were simply ignored or downplayed.

The 'asocial, irreligious, curative and organ-directed'[46] biomedical worldview and service delivery clearly illustrated the obvious contradiction to what the World Health Organization has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[47] In line with this definition, Ethiopia's indigenous medicine, which endeavors to protect and promote the spiritual and material wellbeing of the population, should have been viewed as an important component of the "total pool of health

44 Oral Informants

45 Mekonnen Bishaw, "Culture and Traditional Therapeutics in Ethiopia, " *Proceedings of the First National Seminar on Indigenous Medicine and Healing*, Sene 20-22, 1972 EC, pp. 26-34.

46 Sjaak van der Geest, "Is there a role for traditional medicine in basic health services in Africa? A plea for a community perspective, " *Tropical Medicine and International Health*, 2 (9), 1997, p. 903.

47 World Health Organization, "Constitution of the World Health Organization, " Basic Documents, Forty-fifth edition, Supplement, Geneva: WHO, 2006, p. 1.

care resources." [48] But the acceptability of this notion has been depressing.

This deep-seated problem, which is still very much alive, will surely be mitigated if higher learning institutions and other stakeholders are involved in establishing an *autonomous institute for indigenous medicine* and start working towards an inclusive healthcare system. So, the future of Ethiopia's indigenous medicine depends on judicious collective choices, but these choices can never be nurtured on the back of imposed views or directives. Healers stated that "If we do not take up new attitudes, approaches and incentives, and have the conviction and the courage to do so, we cannot expedite indigenous health care resources into a higher purpose." It is only through careful scrutiny and meticulous investigation of the socio-cultural context of indigenous medicine and healing those usable therapeutic practices will be singled out, properly examined and exploited. The rapport and cooperative engagement with conventional medicine would considerably assist to address issues of safety and efficacy, quality and rational use, intellectual property rights of knowledge holders, sustainable use of natural/medical resource, as well as evaluation and capacity building of practitioners.[49]

Mapping the Future and Conclusion

Historical assessment will considerably assist to comprehend why a medical pluralistic approach still remains a controversial issue as it is not yet considered a practical and viable option to Ethiopia's healthcare problems. Healers' mistrust and skepticism of government initiatives in indigenous medicine created during the *Dārg* period have continued into the post-*Dārg* years. Despite the public's faith in indigenous healing, many healers had been troubled by the continued underutilization of the indigenous medical knowledge and the gradual loss of experienced and qualified healers. While several knowledgeable healers have already passed away, fewer and fewer newly-trained healers joined the profession to replace them. Above all, they got worried about the damages inflicted on the reputation of indigenous healing by individuals who wished to discredit healers by emphasizing the harmful and unethical actions of the

48 Erika Brady (ed.), *Healing Logics: Culture and Medicine in Modern Health Belief Systems*. Logan, Utah: Utah University Press, 2001, p. 32.

49 Unnikrishnan Payyappallimana, "Role of Traditional Medicine in Primary Health Care; An Overview of Perspectives and Challenges, " *Yokohama Journal of Social Sciences*, 14 (6), 2009, pp.70-71.

many unprincipled, deceitful and inept practitioners.[50] Claiming to have obtained proper training and experience, these not-well-trained healers had been deceptively operating as suppliers of indigenous medicaments and healing services. For most genuine healers, the misdeeds of pseudo-practitioners should not be used to uncritically disrepute the role of indigenous medicine and healing as a whole. Therefore, the idea that nothing can be picked up from indigenous medicine, a socio-cultural legacy with a wealth of empirical/experiential data, is tantamount to discrediting the entire 'transgenerational' therapeutic wisdom.[51]

Based on the problems spelled out above, the barriers to developing an effective integration of indigenous healing traditions and conventional medicine in Ethiopia have deep historical roots, stretching back to the initial epochs of the permeation of modern western medicine in the country. Any effort to overcome the obstacles to integration needs to consider this lingering history; especially how it transformed indigenous medical practice and the medical market and to what extent it reshaped the attitudes of indigenous healers and the state. After considering the importance of these issues, there will be an enormous opportunity to formulate well-crafted policy/guidelines in collaboration with experienced healers, and to begin to work towards integration of at least some aspects of the indigenous therapeutics with primary health care, a vital component of modern scientific medicine.

Valuable lessons can be drawn from histories of indigenous coping methods that had been employed against natural disasters and epidemic diseases. One might reasonably argue that ignoring the history of sexually-related diseases may be held responsible for the failure in devising culturally-oriented, well-thought-out and appropriate teaching methods to fight against HIV/AIDS. It shows how copying and transplanting foreign ideas or models have been imposed without taking local beliefs and socio-religious values into context. This copying custom seems to corroborate with what Christopher Clapham has aptly dubbed 'the politics of emulation,'[52] better to call it 'the culture of emulation', was widely reflected in detesting anything Ethiopian or indigenous and accepting or eulogizing anything what the Whites or *faranjis* have taught

50 Oral Informants

51 Oral Informants

52 Clapham, Christopher, "Ethiopian Development: The Politics of Emulation," *Commonwealth & Comparative Politics* Vol. 44, No. 1, 2006, pp. 108 –118.

or brought in. Historical lessons may also be used as inputs before embarking on devising health development policies and intervention strategies for modern day health-related predicaments. Carving out a national health policy based on 'western medical paradigm' and without considering the sentiments, determinations, frustrations, successes and failures of past indigenous experiences or histories may not be productive. Understanding the degree of continuity or rupture with the past might assist to measure how much the indigenous belief systems have been adulterated, partially changed or remained intact and to gauge the public's attitudinal and behavioral changes toward illnesses and diseases over a long period of time. Such an effort may also be helpful to grasp a set of non-western health seeking behaviors and practices that had been employed to maintain the physical and emotional wellbeing of the majority of the public living in both rural and urban areas.

Likewise, healers' stigmatization or denunciation of their vocation as 'primitive' should be reexamined and fundamentally changed. Informants claimed that stereotyping and gross condemnation of indigenous health practitioners was particularly severe in areas where modern western medicine had been a major source of healthcare. "There is no such a word as primitive … for language and medicine. Even the so-called lower animals: cats, dogs, goats, etc., know more effective medicine against snakes poison and worms than … [many immodest] pharmacists and physicians," argued a prominent *Ge'ez* scholar/ healer.[53] It is thus imperative to investigate how indigenous healers would be able to provide their service in the face of pervasive stigmatization and negative stereotyping that bedevilled them for so long. In fact, such attitudes toward spiritual and secular healers had been in existence long before the appearance in the early twentieth century of western allopathic medical system in the country. Despite these biased outlooks, however, people did not, and do not refrain from exploiting the multifaceted services of indigenous medicine and healing.[54]

Looking at the age-old experiential wisdom of the *wäggéša* healers may give us a very good clue to what have been debated so far. The craft of the *wäggéša*, which has been dwindling over time, consisted of a variety of surgical operations and healing techniques carried out by one person, or by different individuals or "specialists." As indigenous orthopedists and

53 Alemayehu Moges, "Traditional Ethiopian Medicine," p. 114.

54 Oral Informants

physiotherapists, the *wäggéša* had some knowledge of blood vessels, arrangements of bones, tissues, muscles, joints, ligaments and some herbal wisdom as well. Though their non-esoteric experiential performances were not kept in writing or recorded, they functioned within the matrix of indigenous cosmological and etiological perspectives; and they did not often go beyond the confines of the indigenous medical lore. Unfortunately, no one has ever tried to find ways and means to preserve and utilize this rapidly disappearing therapeutic tradition. Is it not possible to train bone-setters in the area of orthopedics and traumatology and supply them a few basic appliances to obtain better results? Is it difficult to create a favorable working environment for the *wäggéša* to offer their expert services side by side, or in collaboration with, the "modern" orthopedic departments? What really has hampered this? A medical doctor, writing in a onetime weekly newspaper, portrayed the *wäggéša* as first aid or emergency health care providers only.[55] Is this really true? The answer is definitely no! In the area of treating injured domestic and pack animals, their contribution has been, and is substantial. A number of disparate studies have recommended the importance of providing training for indigenous bone-setters on the basics of orthopedic care as a prerequisite to their envisaged integration with the biomedical healthcare delivery system. The *wäggéša* also expressed their interest in getting practical lessons on how to handle open wounded and complex bone injuries before referring such serious cases to orthopedic care centers, including how to arrest bleeding, sterilize surgical instruments and take other hygienic measures, as well as how to read and make use of radiography.[56] This suggests that collaboration of trained specialists and the *wäggéša* is not an unlikely option; and creating such partnership would certainly help render better orthopedic service to the public.

As long as indigenous medicine is perceived as fluid and unsystematic and a profession which lacks a clearly stated guiding principle or code of ethics to govern healers' actions, the desire on the part of indigenous healers to partner with biomedical practitioners may not at all be realized. And, any forceful negative opinion on indigenous healers will greatly erode their already unwarranted position. Practitioners of conventional medicine, who did not have the tiniest idea on the value of indigenous

55 *Nagadras*, 14 Genbot 2001 EC.
56 Oral Informants

medicine during their training[57] and who would often emphasise the harmful side of it, could not make use of a single remedy thus far[58]. The Ministry of Health openly admitted that the abundance of the *kosso* (*Hagenia abyssinica*) plant did not spare the country from spending more than a million birr yearly to import anti-tape worm medicines[59]. This outlook plus the chauvinistic attitude of modern healthcare providers certainly affected the self-esteem and acceptability of indigenous healers,[60] which in turn contributed to the deprivation of the country and the majority of its people their age-old culture-bound therapeutic resource and heritage.

It is imperative to stress that the competitive nature of the medical marketplace and disagreements among different groups of healers on the alleged importance of their treatments, the kind of cooperation or integration being sought out between indigenous and biomedical practitioners still remains an existential and insurmountable issue. Proclamations and policy statements that had been issued so far may not be considered a little more than official political announcements. They lacked the most essential component of legal enforcement or implementation. Likewise, the complexity of procedures and clinical methods being required to ascertain the safety, efficacy and quality of over 600 species of medicinal flora[61] and to obtain tangible scientific results is a very prolonged and time-taking process.[62] Efforts to develop

57 Tewolde Gebre Egziabher, 1972 EC "Research on Traditional Medicine and Therapy in Ethiopia " (Amharic), *Proceedings of the First National Seminar on Indigenous Medicine and Healing*, Sene 20-22, A.A, 72-76.

58 Debebe Gebre Medhin and Hailu Ketema, 1972 EC "Relation between Traditional and Modern Medicine, " *Proceedings of the First National Seminar on Indigenous Medicine and Healing*, Sene 20-22, p. 78.

59 Mesfin Tadesse, "Opening Speech, Chairman of the National Advisory committee of Traditional Medicine and Healing, " *Proceedings of the First National Conference on Ethiopian Indigenous Medicine and Healing* (Amharic), A.A. Sene 20-22, 1972 EC, p.6

60 Debebe Gebre Medhin and Hailu Ketema, 1972 EC "Relation between Traditional and Modern Medicine," p. 82.

61 Fasil Kebebew and Getachew Addis, "Utilization and Conservation of Medicinal plants in Ethiopia, " *Proceedings of the Workshop on Development and Utilization of Herbal Remedies in Ethiopia*, Nazareth, June 4-6, 1996, p. 51.

62 Hailu and Mulatu, "Relation between Traditional and Modern Medicine, " 1996: 61-68; Tsige G/Mariam, Tadesse Gebre and Aschalew Hunde, "Standardization and Dosage Form Development of Herbal Remedies (Part II), *Proceedings of the Workshop on Development and Utilization of Herbal Remedies in Ethiopia*, Nazareth, June 4-6, 1996, pp. 69-78.

cooperation need to overcome impediments created by a prolonged history of interaction between these two 'competing' groups. Practitioners of the two medical systems were deeply mistrustful of each other and they blocked each other's efforts, a missed opportunity that would perhaps generate a cooperative sentiment and a truly pluralistic healthcare service provision in the country. Put differently, the stipulated short, medium and long-term programs of the first national seminar, which envisaged the strengthening of the "Coordinating Office" and establishment of healers' associations from the lowest *Kebele* to provincial levels (short-term), documenting and preparing a national pharmacopeia of curative herbs and creating favorable conditions for the establishment of an institute for traditional medicine (medium-term), and ultimately, the integration, transcending collaboration and/or cooperation, of traditional medicine and therapeutics with general public health care services (long-term), have not been, are not still, implemented and remained on paper[63] (Teferra, 1972 EC: 12-13). These programs were almost similar to the plans that had been listed down by the committee of physicians in the 1950s.

To conclude, the implementation of the WHO's primary healthcare program with its most ambitious goal "Health for All by the Year 2000" can be a good proof of the Darg's ignominious failure in the health sector in general and the integration program in particular. The only enduring legacy of the Darg was the creation of a confused, disoriented society, and irretrievable disruption in the country's age-old traditions, as well as its failure to identify and salvage the potentially beneficial and socio-culturally acceptable therapeutic ideas and practices, effects of which still linger. Due to the complex problems the country has been, and still, facing, this deep-seated predicament, including the very survival of indigenous medicine, remains unresolved historical conundrum.

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