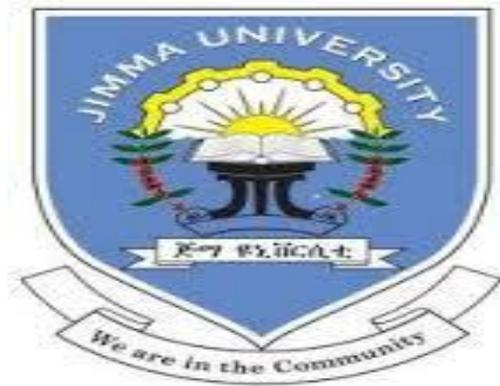


JIMMA UNIVERSITY
COLLEGE OF SOCIAL SCIENCES AND LAW
DEPARTMENT OF OROMO FOLKLORE AND LITERATURE



FOLKMEDICINAL PLANTS AND THEIR UTILIZATION
AMONG THE OROMO OF THE GIBE REGION: FOCUS STUDY
ON MAJOR FOREST AREAS IN SOUTHERN PART OF JIMMA
ZONE

BY: BIZUALEM BEGN

JUN 2014
JIMMA

**FOLKMEDICINAL PLANTS AND THEIR UTILIZATION AMONG THE
OROMO OF THE GIBE REGION: FOCUS STUDY ON MAJOR FOREST
AREAS IN SOUTHERN PART OF JIMMA ZONE**

**A THESIS SUBMITTED TO THE DEPARTMENT OF OROMO FOLKLORE AND
LITERATURE IN PARTIAL FULFILMENT OF THE DEGREE OF MASTER OF ARTS
IN OROMO FOLKLORE AND CULTURAL STUDIES**

BY: BIZUALEM BEGNA

ADVISOR: LEMESA MERGO (PhD)

JUN 2014

JIMMA

Table of Content

Content	Page
Acknowledgements.....	III
List of Tables.....	IV
List of Plates	V
Abstract.....	VI
CHAPTER ONE: INTRODUCTION	
1.1. Background of the Study.....	1
1.2 Statement of the Problem.....	2
1.3. Basic Research Questions.....	4
1.4. Objectives of the Study.....	4
1.4.1. General Objective	4
1.4.2. Specific Objectives.....	5
1.5. Significance of the Study.....	5
1.6. Scope of the Study.....	6
1.7. Limitations of the Study.....	6
1.8. Research Methods.....	6
1.8.1. Methods of Data Collection.....	6
1.8.1.1. Interview.....	7
1.8.1.2. Focus Group Discussion.....	7
1.8.1.3. Observation.....	8
1.8.1.4. Document Analysis.....	8
1.9. Ethical consideration	9
1.10. Methods of Data Analysis.....	9
CHAPTER TWO: LITRETURE REVIEW	
2.1. Understanding Folkmedicine.....	10
2.2. Prevalence of Folkmedicinal Plants.....	12
2.3. The Benefits of Herbal Medicine.....	15
2.4. Types of Folkedicinal Plants	16
2.5. Preparation, Dosage and Administrations of Folkmedicine.....	16

2.6. The Relationship between Modern and Traditional Medicine.....	20
--	----

I

CHAPTER THREE: BACKGROUND OF THE STUDY AREA

3.1. Brief reerview of Jimma Oromo	22
3.2. Population and Location	25
3.3. Dedoo District.....	26
3.4. Shebe Sombo District.....	28

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1. Folkmedinal Plant Varieties in Forest Areas of Jimma Zone.....	30
4.2. Mode of Utilization of Folkmedicine in Forest Areas of the Gibe Region.....	35
4.2.1. Oral Medications	35
4.2.2. Externally Applied Medications	46
4.2.3. Steaming and Sniffing	50
4.3. Folk Medicinal Plants for Disease Prevention.....	52
4.4. Dosage Issues in Relation to Folk Medicinal Plants.....	55
4.5. Mode of Folk Medicinal Knowledge Transmission	56
4.6. “Milkiillaallannaa” as Intertwined Factor in Folk Medicinal Utilization.....	58
4.7. Current Status of Folkmedicinal Plant Use.....	62
Conclusion.....	65
Recommendation.....	66
Reference.....	68
Pictures of FGD Informants.....	71

II

Acknowledgments

For the accomplishment of this paper, several individuals and offices have played significant roles, which was impossible to achieve it without their assistance and cooperation. Before all, I would like to express my deepest gratitude and heartfelt thanks to my advisor, Dr. Lemessa Mergo, for his timely and scholarly help in reading and correcting this thesis. The effort he made in correcting and improving my thesis was beyond expected. His invaluable guidance, corrections and critical remarks from the preparation of proposal to the completion of the thesis were valuable and constructive.

My special appreciation and thanks also goes to all my oral informants (traditional healers), who have invaluable information without their contributions my work would not have been possible. Besides, I would extended my sincere thanks to my father Begna Bedada, my wife Abe Nemomsa, My best friend Tamirat Dinsa, Ato Tadese Bekele as well as all my relatives and friends for their consistent encouragement and support through out of the study time.

List of Table

Table	Page
Table 1: Folk Medicinal Plants whose leaves are Utilized.....	31
Table 2: Folk Medicinal Plants whose Roots are Utilized.....	33
Table 3: Folk Medicinal Plants whose Seeds are Utilized.....	33
Table 4: Parts of Medicinal Plants use for Medicine.....	34
Table 5: List of Informants from DedoDistrict.....	67

List of Plate

Plate	Page
Plate 1: Maxxannee Used to Treat “Dhukkubaallaattii”	35
Plate 2: Plate 2: “Xaaxessaa”, “hamaamoo” and “Muka Foonii” Used to Treat Evil- Eye	37
Plate 3: “Busuqqee” (KalanchoeSpp) Used to Treat “Xannacha”	38
Plate 4: Haqarqaraa” and “Chat” Used to “Garaa Kaasa (Diarrhea).....	39
Plate 5: “DaamaaKasee” (Ocimumlamifolium) and Toogoo.....	41
Plate 6: “Shuultii” (Ramexsteudeli).....	42
Plate 7: “Heexoo” (Embeliaschimper).....	45
Plate 9: Seed and leaf of Qobo (Ricinus communis).....	48
Plate 9: “BuqqeeBofaa” used to treat “Hadhaa”	47
Plate 10: “Lolchiisaa” and “Bakkannisa” Used to Treat “Dhiitoo”	49
Plate 11: “Kusaayee”.....	50
Plate 12: “Ulumaayii”.....	50
Plate 13: Saarii and Ancabbii Used to Prevent “DhukkubaAllaattii”.....	53
Plate 14: Galiigaluuwaanyaadhuu Used to Treat “Sinchii”	54

Abstract

This research was aimed at exploring folk medicinal plants and their utilization among the Oromo of the Gibe region, particularly Shabee Somboo and Dedoo districts of Jimma zone. The research is intended to reveal the interrelationship between customary healing practices and belief system. Health delivery system which gives heavy emphasis to spiritual forces and which is sensitive to natural resources is addressed by the present study. Interview, focus group discussion, observation and document analysis were used to gather data. The Oromo have developed time tested knowledge of their environment including identification of diverse folk medicinal plants which are integral part of maintaining the healthcare services of both humans and their livestock. A total of 40 plant species were identified as folk medicinal plants to treat human and livestock diseases. About 23 diseases were identified from human and livestock ailments. The overall procedure of healing practice indeed is backed by belief system in addition to material quality of the products for the environment. Similarly, ways of administration, parts of plants used, its dosage, transmission and plants frequently used are thoroughly discussed. Accordingly, large percentages of diseases are treated by few plants in combination with others though only some of them are independently administered as a situation of diseases dictate. Indigenous mechanisms of disease treatment are not only confined to healing diseases but also have their own preventive strategy which is very imperative in the domain of healthcare system. The persistence of these practices despite the influence of formal healthcare system indicates that their uses appear to be cultural rather than attributable to limited access to formal healthcare. As a result, formal healthcare system is encouraged to acknowledge and integrate the practice of folk medicine and their practitioners as favorable condition to improve community healthcare system.

CHAPTER ONE

Introduction

1.1. Background of the Study

Every culture has fundamental framework to used, interpret and respond to the historical, socio-political, and cosmic environment. And culture is the reflection of identity, worldview, knowledge and philosophy of one society. One way of reflecting culture is how the society prepares medicine from plants and uses it to protect its domestic animals and community from diseases by indigenous knowledge. Much of an indigenous knowledge system, which is very nearer to nature from the earliest times, is also found linked with the use of traditional medicine in different countries (Wong, 1976; La Cancela et al., 1983).

According to Ermias et al. (2008), folk medicine refers to any ancient, culturally based health care practice different from scientific medicine and it is commonly regarded as indigenous, unconventional, alternative or folk and largely orally transmitted practice used by communities with different cultures. According to these authors, in Ethiopia the long history of using traditional medicinal plants for combating various ailments can be confirmed by referring to the medico-religious manuscripts in the country.

Accordingly, every disease or illness has its own medicine among the Oromo of Ethiopia. Oromo medicinal plants are not merely issues independently related to flora. It is underpinned by spiritual trances and communication with spirit (Workneh, 2001). Human beings are not cured only for mere material quality. Their material world gets meaning based on the spiritual world. Among the Oromo since ancient times plants have been central sources of traditional medicine preparations for human beings and livestock. Historical accounts of traditionally used medicinal plants show that different medicinal plants were in use (Bartels, 1983; De Salvaic 1901 translated by Ayalew, 2005).

WHO (1996) also defined traditional medicine as health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises applied to treat, diagnose and prevent illnesses or maintain well being. According to this source, herbal medicines are finished, labeled medicinal products that contain

as active ingredients above ground or underground parts of plants or other plant material, or combinations thereof, whether in the crude state or as plant preparations. Plant material includes juices, gums, fatty oils, essential oils, and any other substances of this nature. Herbal medicines may contain excipients in addition to the active ingredients. However, medicines containing plant material combined with chemically defined active substances, including chemically defined, isolated constituents of plants, are not considered to be herbal medicines. Exceptionally, in some countries herbal medicines may also contain, by tradition, natural organic or inorganic active ingredients which are not of plant origin. Beside their use in fighting various ailments at local level different medicinal plants are used as export commodities, which generate considerable income.

Generally, traditional methods of healing throughout the world commonly use herbs as part of different society's and their customs. Folk medicinal plants are part of a worldview combining both the organic and the spiritual in healing traditions that seek to maintain both personal and community harmony and equilibrium. Nevertheless, studies are limited in relation to folk medicinal plants and their use in cultures like the Oromo which could necessitate a need for considerable research.

1.2 Statement of the Problem

Nowadays because of various reasons usage of medicinal plants is deteriorating. Above all, the practice of using plant remedies by the community to treat different ailments has been declining from time to time mainly as a result of persistent deforestation. Study which contributes to sustaining medicinal plants is essential in treating human and livestock health as it also orients the effective conservation of these resources and associated indigenous knowledge. Also, we are in web of globalization wherein inclination towards modern biomedicine has been threatening folk medicine. This is contrary to usage of folk medicine generally and a medicinal plant particularly in traditional society from which it is flourished. Sometimes, diseases or illnesses that cannot be cured by modern medicine are cured by folk medicinal plants and traditional healers. And the root of biomedicine is folk medicine (Costa-Lotufo et al., 2005).

Traditional healers in Ethiopia continue to practice outside of the formal healthcare services although they are the main health care providers for the large population. They employing folk

medicine which has two folded advantages; Additional to its curative power, it contributes for environmental protection in a sense that peoples refrain from deforesting medicinal plants. The presence of more medicinal vegetations and rich forest resources are interwoven as witnessed in the study area. So, this research is aimed at understanding the significance of folk medicinal plants in Oromo culture involving local belief systems. Many writers did not give emphasis to the spiritual aspect of these medicines which plays a decisive role in the procedure of healing. Most importantly, no scholar has seen the issue under discussion from folkloric point of view.

Even if traditional medicine plays an important role in Oromo society, knowledge about the characteristics of traditional healing practices and practitioners are limited. In fact, ethno medicinal studies have been conducted in different areas of Ethiopia including the Oromo to document the indigenous medicinal plant knowledge and use by traditional healers (Haile and Delnesaw, 2007; Balcha, 2008; Moa et al, 2013; Elias, 2011). Others articulated that indigenous knowledge surrounding traditional medicine is mainly conveyed verbally and to some extent employs superstitious beliefs and harmful practices because diagnosis requires systematic analysis of cause and effect, an approach which would not be fully exploited in a system. By this they mean causes of diseases are explained in terms of supernatural powers which hardly dispose people towards the search for effective diagnostic technologies (Getachew et.al, 2005; Gyekye, 1997 cited in Workneh, 2001).

Study conducted in relation to *haanquu* (*Embelia shimperi*) among the Macca Oromo of northwestern Oromia (Lemessa et al., 2013) emphasized more on ethno medicinal exploration than folk medicinal plants and their use. As far as my knowledge is concerned research is not undertaken on the latter aspect of knowledge by integrating folk medicinal plants with their underpinning belief system. In other words, the study of folk medicinal plants which accommodates belief system of the community from which they are flourished is still inadequate. The present study intends to fill this gap in knowledge by contemplating southern Jimma zone in the Gibe region.

1.3. Basic Research Questions

- What types of folk medicinal plants do exist in forest covered areas of the Oromo of the Gibe region?
- How do the Oromo link folk medicinal plants with their belief?
- What type of administration is frequently used in customary healing process?
- What types of diseases can be cured by folk medicinal plants?
- How can the current status and utilization of folk medicinal plants be described?

1.4. Objectives of the Study

1.4.1. General Objective

The General objective of this research was to explore folk medicinal plants and their utilization among the Oromo of among the Oromo of the Gibe Region.

1.4.2. Specific Objectives

- To describe types of folk medicinal plants used by the Oromo of the Gibe region.
- To describe the relationship between usage of traditional medicine and societies belief system attached to it.
- To discuss type of administration frequently used in customary healing process.
- To distinguish the types of diseases that could be cured by different folk medicinal plants.
- To describe the current status and utilization of folk medicinal plants.

1.5. Significance of the Study

This study was aimed at assessing the practice and utilization of folk medicinal plants among the Oromo of Gibe forest region. It is an important folkloric study and hold different significances for different bodies. The study of folk medicine is vital since it plays a paramount role in nations' health policy making. The long-term goal of this research therefore is to develop strategies on how to incorporate traditional healing practices into national healthcare policy. Moreover, the study is very essential in supporting traditional healing practices and making indigenous knowledge systems more accessible to community members. The Oromo in general and the

Oromo of Gibe forest region in particular have very rich tradition of herbal medicines to treat various ailments.

Furthermore, the research is important in introducing health care professionals about the role of folk medicinal plants in the lives of their clients by approaching folk medicine as a focal and culturally embedded component of their clients' overall health care. That means, it initiates those scholars who do not give due emphasis to this area to advocate culturally competent health care within the larger health care delivery system which largely overlooks or downplays the significance of folk medicine. Therefore the mechanisms for institutionalization of folk medicinal plants will hopefully be developed.

1.6. Scope of the Study

Though the Gibe region of Ethiopia is known by forests, the scope of my study was mainly focused on two districts. Those districts were Shabe Sombo and Dedo. The researcher selected these districts because they are endowed with abundant natural resources which have potential for medicinal plants. Of the two districts, the researcher again gave specific emphasis on Belete forest and Gidache Forest which situated in Shabe Sombo and Dedo districts, respectively.

1.7. Limitations of the Study

It is obvious that everything we do in our daily activity is challenged by many obstacles. The same thing is true for this research. First and foremost, the time allotted for field work was not enough for such ethnographic study, which needs prolonged observation of both the community in which this research would be conducted and the each and every process of the study topic. Hence, exhaustive observation of the healing procedure and preparation process was challenged. Second, the issue of folk medicine is so challenging because of its secret nature as a result many informants were responding to the researcher not to cover all aspects of folk medicinal plants.

1.8. Research Methods

1.8.1. Methods of Data Collection

This research was basically based on qualitative data that gathered from primary and secondary sources. The researcher used unstructured interview that could give opportunity to raise further questions when he needs to use.

1.8.1.1. Interview

The interviewer made interview with people informally, i.e. without using a structured interview guide of any kind. The researcher has been trying to remember the information he heard from many informants by informal interview and jot down important points which enabled him to reconstruct his study.

The researcher also conducted in depth interview with two key informants. These informants were selected from two districts, Shabe Sombo and Dedo. The key informants were identified by culture and tourism offices and communication offices of respective districts. Thus, the researcher spent much time with the key informants, which enable him to gather invaluable information.

1.8.1.2. Focus Group Discussion

A focus group discussion is a form of group interviewing in which a small group led by a moderator (interviewer) in a loosely structured discussion of various topics of interest. Accordingly, the course of the discussion was usually planned in advance and most moderators relied on an outline, or moderator's guide, to ensure that all topics of interest were covered.

In the process of gathering data based on focus group discussion two focus group discussions were employed in which 14 traditional healers participated to state different aspects of folk medicinal plants and their utilization. Accordingly, one group was organized from *Shabee Somboo* district in which the community living around Belete forest participated. In addition, the another group of focus group discussion was held in *Deedoo* district where individuals were primarily selected based on their proximity to Gidache forest based on the knowledge they have on a folk medicinal plants and their utilization. The place and time for discussion were set based on the interest of the informants.

During the discussions an effort was made to persuade the healers in such a way that their cooperation is great benefit to the country and concomitantly the disclosure of their knowledge. They have been discussing on the issue under discussion together in a way that they have been framed by general questions raised by the field worker. It was important to establish trustworthy rapport and create a setting in which the discussants could share their stories and experiences surrounding the practice and utilization of folk medicine. The researcher by employing focus group discussion got information about types of plants that specifically used for medicine for both humans and animals, how the traditional healers diagnoses procedurally, the dosage to be prescribed and the belief system attached to the herbal medicine.

1.8.1.3. Observation

After getting information about the persons involved in local healing practices, the researcher contacted with key informants with an idea of exchange of knowledge gathered from established system of herbal medicine. The researcher observed key informants when prepare the folk medicine and treat the patients (clients).

The researcher observed the process that followed by the key informants in treating the patients and healing process such as the methods in which they prepared folk medicine, the dosage of folk medicine they prescribe for particular disease and application routes they followed. In line with this, necessary procedures followed in the course of administration were witnessed. By this method, the detail information about the plants and part used in the treatment of different ailments, belief systems attached to the activities were observed.

1.8.1.4. Document Analysis

The researcher had attempted to utilized different written documents available in the study area particularly in Oromia forest and wild animal agency of Jimma branch that deal with forest and different plant species.

Through document analysis the researcher gathered different types of information pertinent to the title accessed in the form of articles, which are directly or indirectly utilized by the local society. The analysis of different documents, which subjected to the forest coverage of the region and its resultant impact on the utilization of folk medicinal plants, became possible after

accessing the data from Oromia forest and wild animal agency of Jimma branch. The researcher also tried to analysis documents has got from the agricultural offices, and the culture and tourism offices of the two districts where the research is concerned.

1.9. Ethical consideration

The researcher have got permission of the participants and made them aware that they are free to withdraw from the study at anytime, without giving a reason. I have ensured that the participants have complete understanding of the purpose and methods to be used in the study, the risks involved, and the demands placed upon them as a participant. That means, participants are given sufficient detail about the nature of the research and the procedures involved by highlighting the objectives of the study, potential risks and benefits. I have informed my informants that the confidentiality of that data will be respected and our relationship also is confidential. Moreover, the research did not use any language of inclination favoring either of the respondents or audiences or any interested group of the research. In addition to this, I held a neutral role as it has made it in this final text in order to avoid ethical issues that may pose in report writing. Indisputably, the researcher remained neutral and avoided biases to the extent possible.

1.10. Methods of Data Analysis

Data gathered through the above methods were transcribed and analyzed after fieldwork. Descriptive method was employed to analyze and summarize the data on the reported medicinal plants and related knowledge. Besides, the data was arranged to reconstruct in a meaningful style.

CHAPTER TWO

Literature Review

2.1. Understanding Folk Medicine

The World Health Organization (WHO) defines traditional medicine as health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines,

spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses and maintain well-being(WHO, 2003:1).

Traditional medicine is the sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing (WHO/EDM/Traditional Medicine/Definitions, modified: Tuesday, 30 October 2001).

The practice of Oromo medicinal plants merges all aspects of Oromo Folklore. If one aspect is missed, it can't be effective. Diseases are not healed merely by material quality of plants. Rather spiritual culture underpins the process of identifying, averting and caring of diseases.

The traditional medical practitioner or traditional healer can be defined as “someone who is recognized by the community in which he lives as competent to provide health care by using vegetables, plants, animal and mineral substances and certain other methods based on the social, cultural and religious backgrounds as well as the prevailing knowledge, attitudes and beliefs regarding physical, mental and social well-being and the causation of disease and disability in the community”.(Rama Shankara et.al, 2012).

Practitioners give patients consultations, make diagnoses then prescribe a mixture of herbs as treatment for almost all illnesses. It is highly related with the knowledge of using folk medicinal plants and awareness of our environment.

The practice of folk medicinal plants around forest region is not only restricted to curing and averting of diseases but also detect. Most of the time, its effectiveness emanates from belief system by which both the healer and the patient are guided. And since this knowledge is confined to few individuals, its transmission most of the time is problematic. Most of the time, healers conceal the knowledge. They are reluctant to transfer their skill.

Human being has been and/or is using plants for various purposes. This extends for consuming to exploiting them for medicinal purposes. Plants of varied types are important sources of medicines, especially in developing countries like ours. In general, plants provide humans with many of their essential needs including health care services.

Medicinal plants as its name indicate is any kind of vegetation that contains drug substance capable of curing or treating human beings or livestock because of their material quality coupled with belief system of the corresponding community. The following notion too backs this idea:

When a plant is designated as ‘medicinal’, it is implied that the said plant is useful as a drug or therapeutic agent or an active ingredient of a medicinal preparation. Medicinal plants may therefore be defined as a group of plants that possess some special properties or virtues that qualify them as articles of drugs and therapeutic agents, and are used for medicinal purposes.

Medicinal plants are important in the area of forest region especially where the biomedicine is not available. This two treatment methods used alternatively in developing continent like Africa. Ngeh J. Toyang et al, 2007 stated this idea as following:

“Livestock and human being raisers and healers everywhere have traditional ways of classifying, diagnosing, preventing and treating common human and animal diseases. Many of these "ethno veterinary" practices offer viable alternatives or complement to conventional, western style veterinary medicine - especially where the latter is unavailable or inappropriate. The use of medicinal plants constitutes major part of ethno veterinary medicine.”

2.2. Prevalence of Folk medicinal Plants

In Ethiopia up to 80% of the population uses traditional medicine due to the cultural acceptability of healers and local pharmacopeias, the relatively low cost of traditional medicinal plants and difficult access to modern health facilities.

Since time immemorial, traditional medicine has played crucial role in combating multiple and complex health conditions affecting the Ethiopian people. It was the only system available for healthcare prior to the introduction of modern medicine for prevention, diagnosis and treatment of social, mental and physical illness (Dawit , 1986).

As clearly stated in above paragraph, peoples are still using folk medicinal plants in spite of the imposition being employed against its usage. First of all, it is acceptable among the community.

Practitioners know the curative power of Folk medicinal plant. On the other hand, it is affordable; traditional healers don't request patients much cost; it is reasonably priced and nearer to the community. Cultural healers those who use folk medicinal plants are well accepted for their skill; they have full interaction with the community.

The use of plants in indigenous societies are multiple and diverse. It is reported that more than 3.5 billion people rely on plants for the treatment of both human and livestock diseases (FAO, 1997). As elsewhere in Africa, indigenous people in Ethiopia, by large employed plant based traditional medicine to get cured from diseases arising from worms, fungi, virus and protozoa (Dawit, 2001).

The debate with regard to the integration of the indigenous medicinal system, specifically its various categories of healers, into the national health delivery system remains a discourse captured by seemingly irreconcilable ways of thinking, cultural behaviors, and sensibilities.

Nonetheless, the quality of the majority of the (forest region) population's lives continues to deteriorate; forests, natural habitats and waterways are compromised; and indigenous resources are exploited by foreign interests and discarded by increasing numbers of the indigenous population. Because many large pharmaceutical companies are now cashing in on the alternative health trend, many are gathering herbs out of the wild at a rapid pace, much faster than people could have done prior to industrialization. This has concerned many environmentalists and herbal proponents alike, as it threatens the every existence of the herbs which can be used for curing many ailments (Kwasi Konadu, 2007:90).

As Konadu has clearly shown, even though biomedicine and traditional medicine are opposing each other they are still running in parallel way. Majority of the population is still relying on folk medicine. But the issue of amalgamating both medicinal systems is not yet resolved. In today's African context, using both knowledge systems is intelligence especially in rural areas of third world where transnational medicines are accessible.

Traditional medicine (folk medicinal plants) and healers are easily accessible and available. Even diseases that are not cured by modern physician are cured in the hands of traditional healers. Since it is nearer to patients, much cost is not requested. But now days, the existence and

originality of folk medicine are at risk. For instance, it is highly commercialized in towns. And a source of medicinal plant is deteriorating because of environmental degradation and large scale farming.

Folk medication is believed to be an important healthcare system, which mainly involve the use of locally available medicinal plants. However, such knowledge and practices are currently under threat mainly because of the depletion of the locally available medicinal plant as the result of the large-scale environmental degradation that has been taking place in its worst form in this area.

The plant and plant materials available from the nearby area are used as medicine. Similarly, local people in various villages gathered native medicinally important plants in different seasons of the year for personal use and whole community uses within the area. So, in this way, the ethno medicinal knowledge plants are interactively linked to local culture and history (Ahmad, et al., 2005). Arshad and Ahmad (2004) gave information regarding indigenous uses of plants for medicinal as well as other purposes by native people.

Most of the people depend on plant resources; however a large fraction of population also depends on agriculture and agro forestry. They collect a lot of medicinal plants. Human existence, grazing and cultivation exert enormous stress on the vegetation and results in environment degradation (Ahmad et al., 2003). Some other causes include ignorance, poverty, unemployment and lack of scientific knowledge for the collection of medicinal plants.

Nearly 80% of the world population depends up on traditional system of health care specially by using folk medicinal plants. Allopathic drugs have brought a revolution throughout the world, but the plant based medicines have its own status (Ahmad, 2003). The local uses of plants as a cure are common particularly in most areas, which have little or no access to modern health services. Hence, due to less communication means, poverty, ignorance and unavailability of medicinal facilities, most people of especially forest region people still forced to practice traditional medicines for their treatment. Now some people especially younger generation is using alternative modern medicines for their treatment and also forgetting about indigenous knowledge of plants. But most of the people especially old people still possess the knowledge about wild resources (Zhang, 1996).

2.3. The Benefits of Herbal Medicine

The popularity of herbal medications have sky rocketed in recent years as more and more people realize that these herbal medications can be used in place of mainstream medication with the same benefits such as treating the problem without all the side-effects that come along with many mainstream medications. However, for those that have yet to see the light when it comes to alternative medicines, then they should realize that the benefits of herbal medicines are becoming the main reasons why people decide to use them.

One of these benefits is that they rarely cause side-effects. In fact, many of these herbal medications are used to treat those that have allergic reactions or allergies in general. They are able to do this through providing a gentle substance in the body that is found in nature that is going to work with the body to get it over the problem that it may have with certain foods or other allergy items.

Secondly, herbal medications are non habit forming. No one is going to hear of someone who has been hooked on herbal medications because they are not going to affect the mind in that way. Other mainstream medications are going to cause the person to become psychological and physical dependent upon the medications that they are taking because of the ingredients that are included in these medications to make them work. The herbal medications do not have any of these ingredients, thus there is no need to worry. These herbal medications are much safer than the mainstream medications that are out there. These herbal medications are found in nature and do not have all these ingredients that cause the person to become dependent upon them or to cause the person to have even more problems such as nausea, headache or just basically making them feel worse than they did when they were receiving no treatment for the problems that they were having.

Herbal medications are more affordable than mainstream medications simply because they are found in nature and are found in abundance. They do not have to go through the processing plants like mainstream medications, which mean that the person is not paying for the tons of time that goes into those that sort and handle these making sure that they are suitable for use. This does not mean in any way that the herbal supplement is not controlled and handled because it is, however, tons of time that goes into making mainstream medication that is needed in order to make it benefit people that take it.

Overall, for each person that is more than likely a specific reason why they are using herbal medications in their lives, instead of mainstream medications and this is the reason that they see as the most beneficial reason to use this in their life (naturalhealingnh).

2.4. Types of Folk Medicinal Plants

Since time immemorial, the Oromo have developed varieties of folk medicinal plants which can be categorized based on many criteria. These are their sources (plants, animals, food, and mineral), aspects (spiritual and material), ways of administration (rinsing, piercing...) and many others. Accordingly, Workneh (2001) has divided folk medicine as follows:

There are two kinds of medicines in Ambo: Oral medicine and medicinal herbs. The former is associated with oral incantations and may be regarded as magical or supernatural whereas the latter is related to physical effects. The second type is interlinked with plant diversity which is essential for human well being in providing a significant number of traditional and modern medications required in healthcare.

2.5. Preparation, Dosage and Administrations of Folk medicine

In the course of preparation of folk medicines minerals, parts of plants and animals body, earth, foods, water and ponds together or individually used. Simple crushing and pounding a particular plant part(s) and homogenizing it in water are the commonly used. The leaves and the roots are frequently used plant parts in the preparation of medications. Soft parts of plants like flowers, stems or leaves are infused and woody parts like bark, seeds, and nuts are decocted. In case of powdering, the plant or the plant-part should be well dried which is done by exposing to sun.

With regard to the preparation of traditional medicine, it highly interlinked with its administration mechanisms. This means, to prepare traditional medicine in a given way, healers take its mode of administration in to consideration. On the other hand, its preparation should also take in to account the mechanism by which necessary nutrients can be exploited. For instance, if active chemicals found in the plants are not dissolved in water, other forms of preparation like boiling with a hot tea, dissolving in alcohol or boiling the plant in hot water is preferred. Contrary to this, very delicate nutrients when boiled with tea can eliminate their curative power. As a result, they are used as they are without changing their content. In relation to this, a single

folk medicinal plant when used with different accompanying things can treat different diseases. This in turn tells us that the traditional healers are well acquainted with the skill of identifying each attribute of individual plants.

In traditional herbal medicine systems, herbal remedies are prepared in several rather standardized ways which usually vary based upon the plant utilized, and sometimes, what condition is being treated. Some of these methods include: infusions (hot teas), decoctions (boiled teas), tinctures (alcohol and water extracts), and macerations (cold-soaking) which are detailed more fully herein. In indigenous Indian medicine systems, medicine men or shamans generally use these same methods in addition to others. Others include preparing plants in hot baths (in which the patient is soaked in it or bathed with it), inhalation of powdered plants (like snuff), steam inhalation of various aromatic plants boiled in hot water, and even aromatherapy. The well-trained herbalist will always thoroughly review the time-honored method in which a plant has been traditionally prepared it holds important information for preparing an effective herbal remedy (Leslie Taylor, 2005).

According to Dawit Abebe & Ahadu Ayehu (1993) too, herbal preparation that involves roots, rhizomes, bulbs, barks, stems or whole parts, have effects on the survival of the mother plants. Rather, the works of Mirutse Giday (1999) and Bayafers Tamene (2000) in which the combined plant materials were reported to have high proportion in herbal preparation fits in to my finding.

With regard to their dosage fingernail and cups are usually used. This in fact is based on the age of the individual treated, severity of the disease and deep rootedness of the disease. As a result many studies showed that lack of accuracy and standardization is a major limitation of the recognition of the traditional health care system (Kebu *et al.*2004) contend that there are variations in amount, unit of measurement of medicinal plants used by healers for the same kind of health problems.

Doses for liquid preparations were prescribed through estimation, in terms of a full, half or one fourth of a coffee cup, depending on the age of the patient being treated. Regarding some herbal

preparations that are considered harmless, the dosage depends on the interest and/or the capacity of the patient to chew a particular plant for a given health problem (*Tesfaye, 2009: 7*).

Often, this dose range is mathematically a bit lower than the corresponding raw herbal dosage, but the increased efficiency of extraction that a controlled setting provides generally allows for a slight reduction in overall raw material weight. Additionally, other factors play a major role in determining dosage, such as the intensity of the symptoms and the number of ingredients in the formula, as well as the potency of the herbs and the relative emphasis of their principles. Just like when using raw herbs by decoction, each item has its own dose range when prescribed as a granule extracts. It can be useful to group the items into low, middle, and high dose ranges, though one's thinking should always be flexible in response to the case. For all these doses, body size of the individual and his vitality is taken into account when determining the proper dose of an herbal preparation. For instance, smaller dose is more often offered to a small person or young child. Adults are given large amount. Some people respond quickly to smaller doses than others.

The dose of herbs, whether capsules, tablets, tinctures, or teas, taken by people seems to be highly related to where they live, and to their belief system about their traditional medicine. In China, pharmacists working with bulk herbs often load up metal dinner plates with handfuls of herbs, each one representing a daily dose. This mound of loose herbs, of all colors, shapes and sizes and interesting odors will then be wrapped up in paper and tied with a red cord. A bundle of 5 of these are then tied together and considered a week's dose. It was assumed that during the week the patient might forget to take a dose, or have some tea left over, and one day no herbs were taken, a day of rest.

According to Dawit Abebe and Ahadu Ayehu (1993) too, the real drawback in traditional medicine system mostly arises from lack of precision in dosage. In relation to that, ways of administration of folk medicines is an important aspect. In this regard, eating, drinking, swallowing, wearing on bodies, tabooing and observing and biting are applied for most diseases. Similarly, another drawback of folk medicine with regard to their dosage standardization was stressed as follows:

In truth, dosage is an issue which is not of great importance with herbal medications. Many modern medical officials attempt to apply dosage standards to various herbal remedies, but this is insufficient since few dosage standards have been set for herbal medications over the centuries. One reason for this is because herbal remedies taken in a complete form will not be able to maintain a standard dosage. In the end, the issue of dosage is one which is best left to synthetic medications, where taking more than what is recommended can lead to undesirable effects.¹

2.6. The Relationship between Modern and Traditional Medicine

Modern medicine play a significant role in detecting and treating a large number of different types of medical conditions, especially the ones caused by bacteria, viruses and other kinds of infectious agents. Folk medicine methods have been around much longer than the modern medicine and they were an important part of the recorded history. Even though modern medicines are effective in the prevention and treatment of many illnesses, it should not be by downplaying the efficiency of for medicines. To say differently, biomedicines have also various dark sides. Sometimes, side effects (which are often dangerous) which result from taking certain medications practically exceed the advantages that one gets from utilizing them. Opposite to this, herbal remedies are perfectly good since they are natural as opposed to inorganic nature of biomedicines.

The most important difference between the modern and the traditional medicine is the way they observe both the health and the diseases. Diseases are biological conditions which are characterized as abnormalities in the function or the structure of certain organs or entire organ systems.

Illnesses are completely different because they also involve certain spiritual, psychological and social aspects of an affected person.

¹ Difference between traditional and modern medicine.
medicinehttp://ic.steadyhealth.com/difference_between_traditional_and_modern_medicine.html
(accessed June 7, 2014)

Modern medicine usually tends to ignore these aspects of a person and that is why most traditional medicine practitioners believe that the art of healing has been lost over the course of the last 100 years. This sort of dissatisfaction led to a significant increase in the number of people who start relying on traditional medicine in order to get rid of their medical problems. All of this occurs in spite of the fact that there is no scientific evidence that traditional methods of treatment may provide one with a satisfying outcome.

There are a large number of people who suffer from a lack of spiritual dimension in their lives. They are unable to connect to some greater meaning and that is one of the main reasons why they often rely on traditional medicine practitioners who may take care of all different dimensions of their lives. These people believe in the fact that one's wellness and overall health do not rely solely on a successful elimination of some disease inside the human body.²

CHAPTER THREE

Background of the Study Area

² Difference between traditional and modern medicine.
medicinehttp://ic.steadyhealth.com/difference_between_traditional_and_modern_medicine.html
(accessed June 7, 2014)

This chapter portrays background of the study area. It sheds light on the population, physical features and location, economy and social institutions of the study area. I felt it is very essential to cover this entire social and natural environment for they clearly tell us the world in which the current study was conducted.

3.1. Brief Overview of Jimma Oromo

The Macha Oromo formed two confederations after they were separated from the Tulama Oromo: the *Afre* confederacy (the confederacy of the four) and the *Sadacha* confederacy (the confederation of the three). After they left Oda Nabe, the Macha Oromo established their new center at Oda Bisil. Oda Bisil was located between the Gedo, Billo, and Gibe rivers. From this new strategic location, the Macha Oromo confederations began to intensify their expansion in all directions into Ennarya, Gumar, Bosha, Janjero, Hadiya, Gurage, Bizamo, Shat, Konch and Gojjam. The *Sadacha* confederation continued its expansion to the Gibe region, settling and establishing the five Oromo Gibe kingdoms in the first half of the nineteenth century (Asefa Jaleta, 2010 and Mohammed Hassen, 1994).

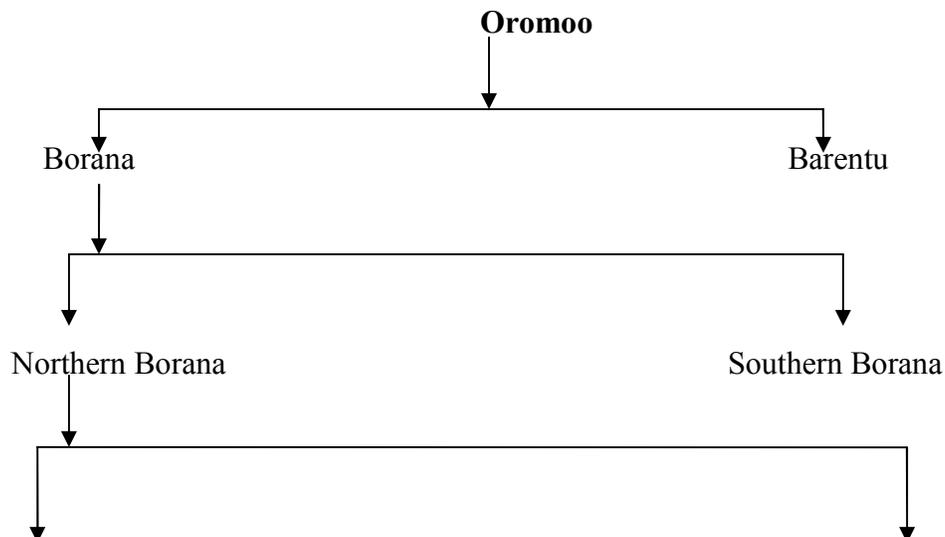
According to a widespread historical narrative (*Seenaa*) recorded in the area, ‘Jimma’ is an eponym originating with a man called Jimma Sirba, who was the first to settle in the area. Although today the name Jimma refers to all of the Oromo of the Gibe, it was said to have originally referred only to five clans (local term: *gosa*), the descendants of Jimma Sirba, who happened to be the first to arrive and settle in the Jimma area, the 19th century Jimma Abba Jifar. These were the Qore, Harsu, Lalo, Bilo, and Badi. These five clans are said to have been consolidated into the kingdom of Jimma Kaka in the first decade of the 19th century, which was later named after its founder, Jimma Abba Jifar. The other four clans, namely Hagalo, Sadacha, Hariro, and Batu, were said to have arrived later and settled in the adjacent areas that were to become the small kingdoms of Gera, Gomma, Guma, and Limmu. These, together with Jimma, constituted the Five Gibe States in the 19th century. A brief introduction follows on the Jimma Abba Jifar and Gera (Abraham Alemu, 2012).

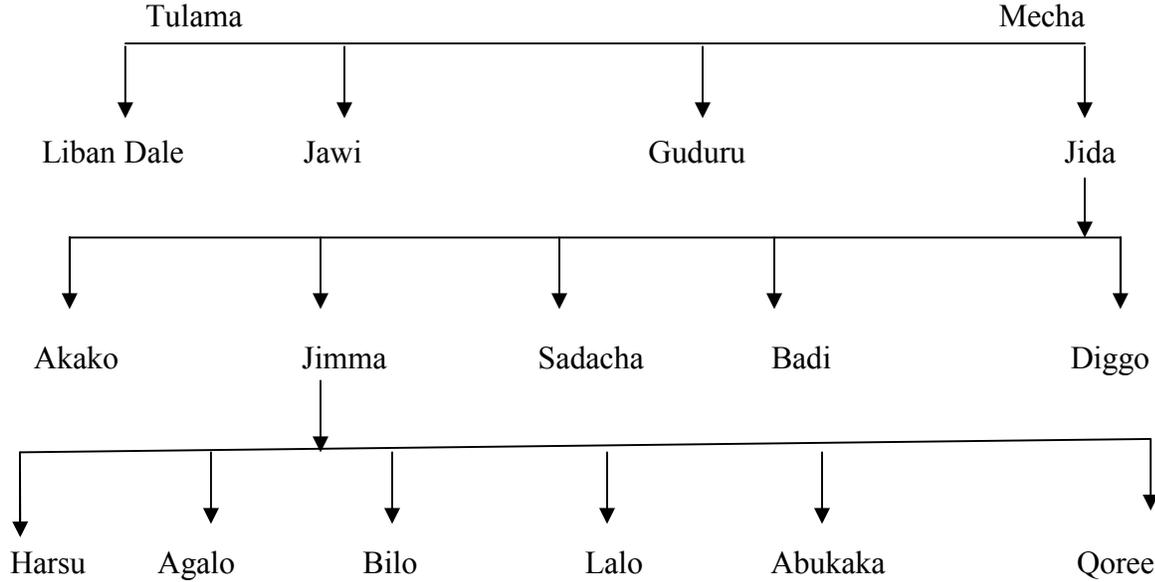
According to legend, a number of Oromo groups (variously given from 5 to 10) were led to Jimma by a great sorceress and Queen named Makhore, who carried a *boku* (usually connected

with the Abbaa bokkuu, or headman of the Oromo Gadaa system) which when placed on the ground, would cause the earth to tremble and men to fear.

At first, the Badi of Saqqa were the predominant clan (which led to the alternate name of *Jimma Badi*), but late in the 18th century another group, the Diggo of Mana, began to extend their domain, conquering the Lalo clan who lived around Jiren, and gaining access to the market and trade center at Hirmata (later called Jimma). Mohammed Hassen believes that the Badi lost their predominant position in part due to raids by King Limmu Ennarea of, but also due to constant infighting. It was during the reign of Abba Jifar I.

Genealogical tree of Jimma Oromo





Source: (Alemayehu et.al, 2006)

3.2. Population and Location

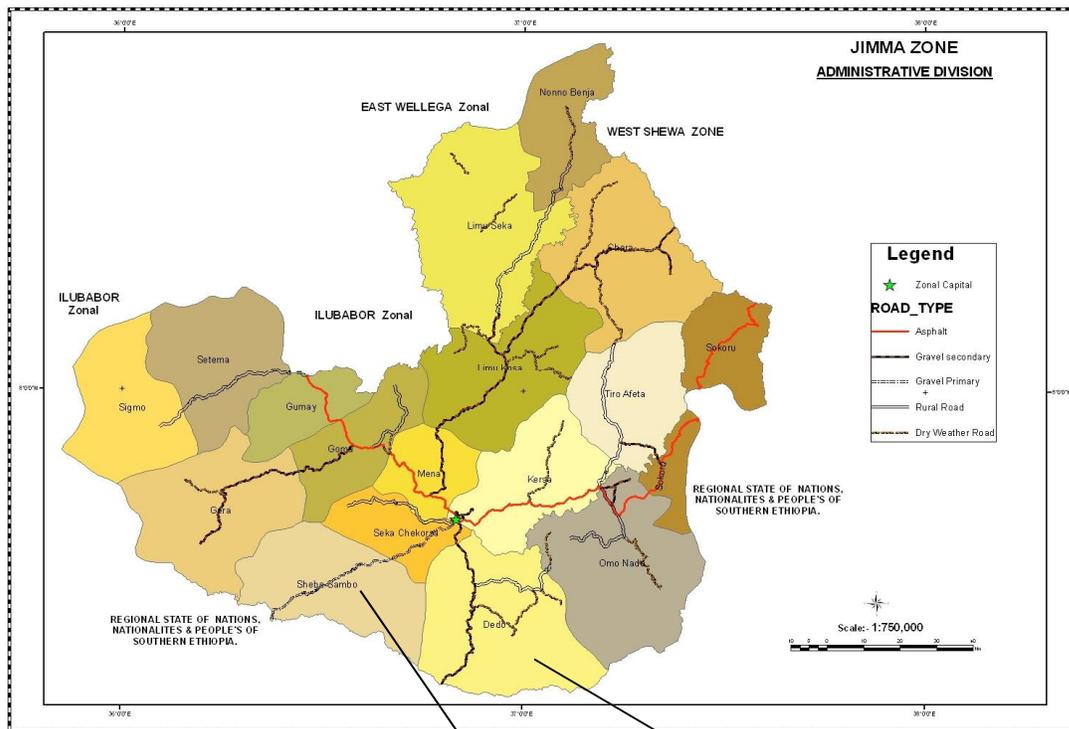
Jimma zone is one of the eighteen zones of Oromia regional state which geographically lies at southwestern part of Ethiopia. Jimma Town is the capital of the zone that is 358km far away from Addis Ababa, capital city of Ethiopia. It covers a total surface area of 19,305.5 km². According to Jimma zone Administration office, the total population of Jimma zone is 3,014,783. From the total population in the zone, (84.66%) is the rural population, which directly depends on agricultural activities for domestic use and exchange of commodities with urban residents. The zone bordered in Northwest by Illu Aba Bora, in Eastwest by Wellega and in West by Shewa zones as well as in south by Southern Nations and Nationalities People’s Regional state.

Geographical Features

In general, topographical features elevation varies from 1000 to 3360 m above sea level with average maximum and minimum temperatures in range of 25–30°C and 7–12°C, respectively. Annual rainfall of the zone is one of the highest in the country reaching up to 1200–2800 mm per year. The predominant economic activities involve mixed farming, which broadly includes cultivation of cereal crops, cash crops including primarily coffee and production of livestock.

Social Services

According to Jimma Zone Health office there are 499 health posts, 111 health centers and 3 functional hospitals with 3,332 different health professionals. Jimma zone has an estimated of 1,851,140 heads of cattle, 825,304 sheep, 202,448 goats, 72,084 horses, 53,098 donkeys and 27,350 mules populations. According to the Zone agricultural and rural development office there are about 99 animal health clinics in the zone which are being run by 19 Doctors of Veterinary Medicine and 235 different animal health professions. The current animal health services coverage reaches 66% (Un-published data, Jimma Zone agriculture and rural development office, 2



Source: Bureau of Finance and Economic Development of Jimma zone

Shebee Smbo

Dedo

3.3. Dedoo District

Dedo District which is located at the southwest of Jimma town. It is surrounded by Qarsaa District in the North, Southern Nations, Nationalities and Peoples Region in South, Oomoo Naaddaa District in East and Saqqaa Coqorsaa District in West. The data I collected from the officials reveal that the total area of the District is estimated at about 144km². From this total area temperate is (60%) and highland (22%) followed by desert (18%).

The Government Communication Affairs of the district reported that, Dedo encompasses 56 kebeles and the total population of the District is estimated at about 326,000. Out of this 15, 9740 are male while the females constitute 166,260. The majority of the inhabitants were Muslim with 92.98% of the population while 5.42% of the population Orthodox Christianity and 1.47% were Protestant.

The five largest ethnic groups reported in Dedo are the Oromo (78.87%), the Yem (8.75%), the Dawuro (8.54%), the Amhara (1.47%), and the Kaffa (0.94%); all other ethnic groups made up 1.43% of the population. Afaan Oromoo is spoken as a first language by 87.03%, 7.3%, Dawuro 2.55% speak Yem and 1.6% speak Amharic; the remaining 1.52% speak all other primary languages.

There is the so called government forest which is protected by the government agency. This forest are used for different purposes such as medicine, honey, fodder, fire wood, construction, furniture, charcoal, timber and being shelter for wild animals. Dedo District also known for having various types of wild lives like lion, leopard, pig, warthog, civet cat, antelope, hippopotamus, hyena, antelopes, cheetah, tiger, crocodile monkey, ape, colobus monkey and porcupine. Different types of bird species are also there. Even though these resources can be utilized for tourist attraction purposes, the residents are not beneficiary till today. Domestic animals like cattle, horse, mule, donkey, sheep, goat, and poultry are widely reared.

Locally protected, springs, wells and rivers are the major source of drinking water in the district. Only about 73% of the urban and 5.7% of the rural populations are supplied with potable water. In Sissimaa forest which found in the District there are tree species like birbirsaa (*Podocarpus gracilior*), waddeessaa (*Cordia Africana*), qilxuu (*ficeus vasta*), hoomii (*Pigium Africanum*), heexoo (*Hagenia abyssinica*), qaraaroo (*Aningeria Adolfic Feriderici*), gaattiraa (*Juniperous procera*). Xaaxxessaa (*Allophylus spp*) harbuu (*Fixasperata*). Coffee, Khat, teff, maize, Sorghum and vegetables are major local cash crops. Army worm, pig, aphids, warthog, shoot fly, weevil, ape and stalk borer are major crop pests. Short fallowing, crop rotation, inter-cropping, and application of manure and chemical fertilizers are employed to maintain soil fertility.

Additional to that, gibee, hoffollee, gurraachaa and Kasoo Rivers are well known. Not only this, Dedoo is rich in lakes like Haroo Abbaa Waaqoo, Durgee, Saalmayee and Daachoo. It is also possible to mention Si'oo Siddisaa, Bosee and Kasoo waterfalls. The District also has tourism potential for it is endowed by historical places like the palace of Abbaa Maccaa Donochoo, Sheekkota Eellanii and Sheekkota Manusaa. Topographically, mountains, plateaus, hills, plains and valleys (Unta and Gojeb) characterize the district. Altitudinally, it extends between 880 and

2400 meter above sea level. Erima, Haro Gebis, Walla, Derar Korma, etc. are the major mountains of the district.

This District has different socio-economic activities and basic infrastructures. Twenty five elementary, one junior and one senior secondary high (7-10 grade) schools with 7,603 registered students accounted for about 161 teaching staffs (41 females) are available in the district. Similarly, 4 clinics and 4 privately owned rural drug vendors with 9 health assistant, and a veterinary clinic and veterinary health post with 2 animal health assistance and 2 vaccinators are available in the district.

There was no mining activity in the district. But iron, coal, oil shell and metallurgical coal deposits are available in the district. As to industry, there were only 35 privately owned grain mills in Dedo. Dedo had about 70 km all weather and 34km dry weather roads, a semi automatic telephone station and an agent post office at sheki town, i.e., district's capital.

About 63.1%, 13.6% and 9.3% of the district's total area are arable (38.4% is under cultivation), grazing and forest lands respect, while the remaining is attributed to swampy and marshland, degraded and built-up areas. There are 53 Farmer's Association and 10 service cooperatives with 29,781 (1,387 females) and 18,429 (469 females) members farmers respectively in the district.

3.4. Shabe Sombo

Shebe Sonbo district located (Jimma zone) at about 110 km North of Jimma town, which is the capital of the Zone, in Oromia National Regional State and Jimma town is located at 468km from Addis Ababa. Shebe Sonbo district is surrounded by Seka Chokorsa District in the North, Southern Nations, Nationalities and Peoples Region in south and west and Gera District in East. The physiographic land feature of the study area is formed by the volcanic activities, erosion and deposition, and the underlying geology with some local structural influence. The area is characterized by mountains, highly rugged and dissected topography with deep slopes and the lowest parts of the area is characterized by valley floor with flat to gentle slopes. The elevation of the area ranges from 1350m to 2750m a.s.l.

The Government Communication Affairs of the district reported that, Shebe Sonbo encompasses 21 kebeles and the total population of the District is estimated at about 112,267. Out of this 55,888 are male while the females constitute 56,379. The majority of the inhabitants were Muslim with 61% of the population while 37.3% of the population Orthodox Christianity and 1.7% were Protestant.

There is the so called government forest which is protected by the government agency. This forest are used for different purposes such as medicine, honey, fodder, fire wood, construction, furniture, charcoal, timber and being shelter for wild animals. Shebe Sonbo District also known for having various types of wild lives like lion, leopard, pig, warthog, civet cat, antelope, hippopotamus, hyena, antelopes, cheetah, tiger, crocodile monkey, ape, colobus monkey and porcupine. Different types of bird species are also there. Even though these resources can be utilized for tourist attraction purposes, the residents are not beneficiary till today. Domestic animals like cattle, horse, mule, donkey, sheep, goat, and poultry are widely reared. In Shebe Sombo District there are some forest areas which are confined by Government. Among these forest areas, Belete Forest covers a wide area. These forest areas are known by divided in to two places of forest areas.

These are Gera and Shebe Sonbo center. Shebe Sonbo center cover 35,815.66 hectares of forest area and Gera center cover 122,611.221 hectares of forest areas. At this time, the forests protected by the cooperation of the contiguous of society and they are 124 associations and 7 cooperative around the forest area. The communities around the forests are beneficiary from this forest by growing and gathering forest coffee (Forest coffee certification program).

In this forest there are many species of trees like foreign trees species like, Gaatiraa faranjii (*Capressus luistemica*), Paayinees Paachuullaa, Baargamoo (*Eucalyptus*), Giraaviliyaa, and indigenous trees like ,Badeesa, Wadeessa (*Cordial Africana*), Heexoo (*Haygenis abyssinica*), Ambbabeesaa (*Albizia gumifera*), Muka Guraachaa (*prunus africana*), Bakkaniisa, (*Corton mycrostochis*) Birbirssa (*Podocerpons falctus*), Baambbuu, Gaatiraa habashaa (*Jumipres proceria*), Qararoo, Ejersa, Daannisaa, Lookoo, Sombboo (*Ekebrisia cepeneris*), Reejjii, Ambaltaa, Gajjaa, Bottoo Baayyaa, Askiraa, Laaftoo (*Acacien abssshia*), Bosoqa, Lolichiisaa, Kaariiyoo, Omoo, Harbuu (*Ficus sur*) and Eebicha. This District has different socio-economic

activities and basic infrastructures. 37 Primary schools, one junior and one senior secondary high school. According to Shebe Sonbo district Health office there are 20 health posts, 6 health centers. Shebe Sonbo District has an estimated of 107,036 heads of cattle, 42,192 sheep, 21,988 goats, 1,825 horses, 1,887 donkeys and 1,207 mules. According to the District agricultural and rural development office there are about 4 animal health clinics in the zone which are being run by 1 Doctors of Veterinary Medicine and 11 different animal health professions.

CHAPTER FOUR

Results and Discussions

4.1. Folk medicinal Plant Varieties in Forest Areas of Jimma Zone

The informants from their fertile and time tasted experience of using folk medication have taught the researcher to identify several folk medicinal plants based on how the customary medication systems is applied. Accordingly, Table 1, 2 and 3 demonstrate 40 different plant species along with their vernacular and botanical names, parts used for medicine, diseases treated, and method of using medication that considers both animals and human beings.

Table 1: Folk medicinal plants whose leaves are utilized

Local Name	Scientific Name	Disease		Administration
		Human being	Live Stock	
<i>Maxxannee</i>	<i>Cyathua Cylindica</i> <i>Mog.</i>	<i>Dhukkuba</i> <i>Allaattii</i>		<i>Oral</i>
<i>Xaaxessaa</i> <i>Hamaamoo</i>	<i>Allophylusspp</i>	<i>Ija Namaa</i>		<i>Oral</i>
<i>MukaFoonii</i>	<i>Hallerialusida</i>			
<i>Haqarqaraa</i>	<i>C. Jeffery</i>	<i>Garaa kaasaa</i> (Diarrhea)		<i>Oral</i>
<i>Xinaaddama</i> <i>Jimaa</i>	<i>Ruta Chelepensis</i> <i>I.</i>			
<i>Xaaxessaa</i>	<i>Allophylusspp</i>		<i>Miichii</i>	<i>Oral</i>

<i>Sayyoomaa</i>	<i>Vernonia hymerolepis A. Rich</i>	<i>female's menstrual bleeding</i>		<i>Oral</i>
<i>Bakkaniisa</i>	<i>EnglerinaWood fordioides</i>	<i>Ear pus (malaa gurraa)</i>	<i>Tushkaa</i>	<i>Oral</i>
<i>Qomoynoo</i>	<i>Brucea antiday senterica J.F Mill.</i>		<i>Tushkaa</i>	<i>Oral</i>
<i>Adaamii</i>	<i>Eupherbia abyssis nia Gemal</i>			
<i>Daamaakasee</i>	<i>Ocimumlamifoliu m</i>	<i>Malaria</i>		<i>Oral</i>
<i>Toogoo</i>	<i>Justicia diclip terio-</i>			
<i>Giixoo heexoo</i>	<i>Emebelia Shemperi</i>		<i>Golobaa</i>	<i>Oral</i>
<i>Muka Bofaa</i>	<i>Psychotria kirkii Hern</i>		<i>Cinnaa</i>	<i>Oral</i>
<i>Hagangannoo</i>			<i>handarraa</i>	<i>External</i>
<i>Qobboo</i>	<i>Ricinuscommunis</i>	<i>Qaaqqee Mataa</i>		<i>External On the skin</i>
<i>Hoomii</i>	<i>Pygeumafricanum</i>			
<i>Adasii</i>	<i>Myrtuscommunis</i>	<i>Laamshessaa</i>		<i>External On the skin</i>
<i>Geeshee</i>	<i>Rhamnus prinoides L. herit</i>			
<i>Loolchiisaa</i>			<i>Dhiitoo</i>	<i>External</i>
<i>Sii galuu</i>			<i>Kutii</i>	<i>External</i>
<i>Dhangaggoo</i>	<i>Rumex abscincase</i>			
<i>Buqqee Bofaa</i>	<i>Kalan coe Spp</i>	<i>Hadhaa</i>		<i>External</i>
<i>Kusaayee</i>	<i>Lantana trifolla</i>			<i>External</i>
<i>Hidda haaloo</i>	<i>Cusumis sp.</i>	<i>Michii</i>	<i>Laamsheessa</i>	<i>(washing) By steaming</i>
<i>Daamaakasee</i>	<i>Ocimumlamifoliu m</i>			
<i>Ulumaayii</i>	<i>Ekebergia capensis</i>			

Table 2: *Folk medicinal plants whose Roots are utilized*

Local Name	Scientific Name	Disease		Administration
		Human	Livestock	
<i>Busuqqee</i>	<i>Kalanchoe Spp</i>	<i>Xannacha</i>		<i>Oral</i>
<i>Bakkanniisa</i>	<i>EnglerinaWood fordioides</i>	<i>Cobxoo</i>		<i>Oral</i>
<i>Shuultii</i>	<i>Rumexnepalensis spreng</i>	<i>Male sexual dysfunction</i>		<i>Oral</i>
<i>Qullubbii adii</i>	<i>Allium Sativaum L.</i>	<i>Malaa gurraa and Common Calf</i>	<i>Malaagurraa and Bokoksaa</i>	<i>Through Ear</i>
<i>Qabarichoo</i>	<i>Echinopd kebericho</i>		<i>Gollobaa</i>	<i>Oral</i>

Table 3: *Folk medicinal plants who's Seeds are utilized*

Local Name	Scientific Name	Disease		Administration
		Human being	Livestock	
<i>Abasuuda Gurraacha</i>	<i>Nigella satva L.</i>	<i>Malaa Gurraa</i>	<i>Malaa Gurraa And Common cold</i>	<i>Through Ear</i>
<i>Siinfaa</i>	<i>Lepidoum Sativam</i>	<i>Hadhaa</i>		<i>Oral</i>
<i>Cenaaddaama</i>	<i>Ruta Chelepersis</i>	<i>Common Calf</i>	<i>Common Calf</i>	<i>Sniffing</i>

From the above three tables it is plain to comprehend that large percentage of diseases (for both human being and livestock) are treated by mixing two or more plants.

This in turn indicates that indigenous healers are well equipped with the knowledge of not only individual plants but the properties of plants when mixed together. To put differently, the community has admirable understanding of the curative assets of plants that grow around them. On the other hand, most of the medicinal plants were prepared through homogenizing in water by crushing, pounding, decoction and concoction and then widely used. Some of medical plants are prepared by mixing with food, butter and coffee. Healers usually treat patients by mixing folk medicine with water.

With regard to the administration, indigenous healers frequently employ oral administration. Washing, smoking, rubbing, steaming and sniffing are also usually employed. Fresh plants are generally used for bathing remedies, which are added to bath water and the patient soaked in it.

From the field work or informants, traditional medicines which the local people of the study site have been using for years can be categorized and discussed in three categories. Those categories are orally administered external anointment or washing, sniffing, and steaming.

Table 4: parts of medicinal plants use for medicine

Parts Used	Number of species	
	Total	% of Total
Leaf only	32	80%
Root only	5	12.5%
Seed only	3	7.5%
Total	40	100%

As one can realize from the above tables, leaves were the primary source of medicine in terms of the number of species (80%) of total parts of plants species followed by the usage of root (12.5%). 7.5% of the medicinal plants have been derived from the seed of plants. In line with this, some of the plants were found having more than a single medicinal use.

In other hand, there was a time when the whole parts a plant became utilized for a single disease.

4.2. Mode of Utilization of Folk medicine in Forest Areas of the Gibe Region

4.2.1. Oral Medications

From the researcher's Observations and informants responses, it is easily discern that among other methods of drugs administration the orally administered type takes the lions share and frequently used. From the informant's responses most of the folk medicinal plants leaves, roots, barks, juicy parts, and sometimes the seed parts are used in treating patients by using different methods of preparation, time to make the medication ready to be used, and different dosage types.



Plate 1: Maxxannee Used to Treat “Dhukkuba allaattii”

In order to make a medicine from this plant the folk medicinal healers have been using the root of this plant for treatment purpose. This medication is used for “*Dhukkuba Allaattii*”.

According to my informants, this type of disease usually affects children that are below eight years. The cause of the disease is the shadow of the wing of eagle. As to the informants when the wing of eagle overshadows on a fetus while the fetus is still in the womb of the mother the disease began to happen. Once the shadow of eagle overshadows the fetus, the symptom of the disease began one year after its birth. The symptoms could be loss of appetite, inability to sleep, underweight and eventually if not treated soon, the child's fate will be death.

The informants also stated their believe as this illness is not easily detected by modern health care system. They informed that the diagnosis of the physicians usually illustrates as this disease happen due to malnutrition. Because of this misdiagnosis, they could prescribe wrong medication

based on the diagnosis and this makes the disease undetectable. This in turn might led the patient to die. However, the traditional healers used the folk medicinal plants to cure the disease.

The traditional healers often followed the following procedures to treat a child attacked by the disease already mention above. The procedures to be followed are: after identifying the disease healers gathered *Root of "Maxxannee"* that has to be crushed, grounded and diluted with water and then administered the patients to take one cup orally. The medication must be taken at 1:00 PM or around mid night. This might be relies on the belief of the society and the healers. According to their belief, the eagle that caused the disease lies on a tree around the mid night or exactly at the time, the patient takes the medicine. This enables a patient to be cured.



Plate

2: "Xaaxessaa", "hamaamoo" and "Muka Foonii" Used to Treat Evil-Eye

"Muka Foonii" (*Halleria lusida*), "xaaxessaa" (*Allophylus* spp), "Hamaamoo" and "Maxxannee Haaloo"

These are types of plants that are being used for the treatment of the disease called 'Ija Namaa'. According to the informants a disease caused by the so-called the eye of human beings occurred when a people hesitated by evil eye sees a child or adults who eating or drinking either of the food like milk, egg and meat. This kind of disease is most of the time occurred on children. As to informants, if the evil eye individual sees a child who eating or drinking, he/she soon began to vomit and to be stopped that particular food for several times that became the cause for the disease. The folk medicinal healers have an effective remedy for this social evil.

To treat the patients the healers collect a pair of leaves from each folk medicinal plant and pounded it then they diluted it with water. After doing all these processes they ordered a patient to drinks it half of the coffee cup in the night, and the residual part of the medication to be externally anointed on the belly. Here what astonishing is that the way in which the traditional healers used to identify whether the medication accurate by observing the color of the squeezed leaves. Based on the result observed the healers decide to administer the medication or not. That means if the color the liquid gained from squeezed leaves turned to green it does mean the disease is not an evil eyed but if it is turned to red it realizes as the disease is evil eye. In such a way, the cause of the disease could be detected. After they identified the cause, the healers start to processes the medication in order to cure the patient.



Plate 3: Busuqqee (Kalanchoe Spp) Used to Treat “Xannacha”

Root of “Busuqqee” (Kalanchoe Spp)

This plant is a type of juicy plant with soft, very easily breakable trunk and with thick leaves. It has high concentration of liquid. The plant’s root is being used by folk healers to cure the disease they called “Xannacha”. This is a type of disease that swells different parts of human’s body; For instance, neck, belly, legs, back of their body. It is very painful and cannot be cured easily. According to informant’s knowledge, if a patient decided to treat himself through surgical operation in hospital the only option the patient has in hospital is to go through operation. Nevertheless, traditional healers can easily cure without performing operation.

The informants told to the researcher as the plant called “*Busuqqee*” (*Kalanchoe Spp.*) used for its curative value. To be cured from the disease called “*Xannacha*” the patient has to use the folk traditional medicine as prescribed by healers. After the root of dried “*Busuqqee*” crushed and pounded it diluted with water which a patient ordered to be use. Accordingly, in the evening the patient ordered to take half-coffee cup of the medication. The other day morning the patient is expected to add half-coffee cup of the medication before breakfast. This helps the patient to get recovered from its illness after triple of days. But, if the patient needs to be getting freed from the illness the patient should take the medication for nine consecutive days.



Plate 4: “*Haqarqaraa*” and “*Chat*” Used to “*Garaa Kaasaa*” (Diarrhea)

Leaves of “Haqarqarahaa”, “Xinaaddaama” (Ruta cheleporsis L.) and “Chat”

These plants have different structures and height, and also color. “*Haqarqarahaa*” is a short tree; “*xeenadama*” is a type of plant that can be grown around housing garden and makes a very alluring smell. The traditional healer’s integrately used these three plants to treat “*Garaa Kaasaa*” (Diarrhea). “*Garaa Kaasaa*” (Diarrhea) is the disease most of the time happens on children. Diarrhea is the second leading killer of children. Nearly one in five children under the age of five dies as a result of dehydration, weakened immunity or malnutrition associated with diarrhea. But it is a preventable and easily treatable disease. (WHO 2013 Report) .The food does not stable in the stomach and comes out without benefiting the patient. According to the informant’s knowledge, if it persists the fate of the patient will be death.

To cure this disease traditional healers have gathered leaves of “*Haqarqarahaa*”, “*xinaaddaama*” (*Ruta cheleporsis L.*) and “*chat*” pounded together and then diluted with water until it is mixed. Then a cup of medication is administered. After a few minutes when the medication began working the patient belches and defecated simultaneously. If it is so, medication succeeded and the person gets recovered.

“*Baala Sayyoomaa*” (leaf of *Vernonia hymenolepis*)

This is a type of plant that is relatively long and tinny and vacuum and used for firing. Besides that, people used it for religious purpose. In “*meskel*” ceremony it is used as for making fire.

Based on the data from the informants this plant has been used to treat female’s untimely menstrual bleeding. This is to mean that a woman who suffers from menstrual bleeding that comes before or after the normal period time and bleeds continuously. The traditional healers crashed and pounded the leaf of “*Soyyoomaa*” diluted it with water and orally administered for seven consecutive days. The dosage is one coffee cup per day.

One of the informants told to the researcher as his wife got the medicine and get recovered from untimely bleeding. He also told that his wife could get children.

Root of “*Bekkanisa*” (*EnglerinaWood fordioides*)

According to the informants this plant is used to treat Gonorrhoea what the local people called it “*cobxoo*”. The cause of the illness as the informants told the researcher is when the man/ women urinate on the place where the dog urinates before. Etically however, it is scientifically proven that the bacteria causing gonorrhoea survives on moist surfaces. The bacterium that causes this disease requires very specific conditions for reproduction and it cannot live outside the body for more than a few seconds. The procedure of making the medication is crashing and grinding the root of “*bakkannisaa*” (*EnglerinaWood fordioides*), while it is fresh and diluting with water. The dosage has to be half coffee cup in the first day night and the next seven days the dosage increases to a cup of coffee. The reason that the victim takes half cup of coffee for the first time based on the informants is that since the medication is strong the person’s body has to be adapted. The medication affects the patient while he/she takes for the first time and made him/her defecated. The victim gets recovered immediate ely after a weak.



Plate 5: “Daamaa Kasee” (*Ocimum lamifolium*), and “Toogoo”

Leaves of “Damakase” (Ocimum lamifolium), “toogoo” and “haqarqarahaa”

These plants are highly effective in fighting the highly devastated disease called Malaria. The traditional healers informed the researcher that the leaves of these three plants collected together, crushed and pounded them, and diluted with two cups of water. As soon as the preparation process ends, in that particular day the healer administered one water cup of the medication to the patient. According to the informants since malaria is not totally cured in modern hospitals, the advantage of the traditional medicine outweighs. The reason is that once the patient takes the medication he/she cures permanently.

“Abasuuda Gurraacha” and “Qullubbii adii” (garlic)

Both plants are used for spicing food, and traditionally used for curing many diseases. But, the former is categorized in seed plants, black in color, tiny seeds. The later is a root plant, white fleshy root and emits strong smell. This public knowledge is free for every person in any society and can be used without consulting anybody. This fleshy plant is being used as a main input for the preparation of modern medicine.

According to the informants the seed of “*Abasuuda gurraacha*” and flesh of the garlic crushed together and mixed with the butter of goat. This mixed medication especially the liquid part is highly effective for “*malaa gurraa*” or *ear pus*. The dosage is three droplets per night and administered for seven consecutive days.

“Damee kichuu bakkaniisaa” (the liquid part of EnglerinaWood fordioides)

As it has been described earlier this plant is a type of tree that grows tall and thick and its branches and leaves covered wide areas. It is also used for several diseases that affect humans and animals. This plant particularly the liquid from the leaf has been used for *ear pus* and highly effective. It is extracted from the leaf and administered three droplets per night for seven days



Plate 6: “Shuultii” (*Ramexsteudelii*)

Root of “Shuultii” (*Ramexsteudelii*)

This is a green plant that does not have a trunk and grows about 20 centimeter from the ground. Its roots are used for curing male sexual dysfunction by traditional healers. This medication is effective in order to cure *sexual dysfunction* and make the man effective in performing sexual activity. The person can have sexual appetite or desire but due to the disease his sexual organ cannot erect. Healers use the root part of “shuultii” (*Ramexsteudelii*) to treat the disease. The root crushed and cooked with type of soup made from flesh of hen or cock or if the condition does not allow having a soup as an alternative it can be cooked with lentil. The person eats the meat and drinks the soup and the medication works immediately. If the medication fails to function after a long period of time, in the future the person can prepare the same medication and use it.

Leaves of “Qomonyo”, “Bakkannisa” and “Adaamii”

These three plants are different in structure, size and the weather condition they prefer to grow. The former two can be grown in the local area of the informants but the later is mainly grow in desert but this does not mean that it is not available in the study area. These three plants leaves combined together to fight against the animal disease called “Tushkaa”

This disease occurs when summer season is long and sunlight become severe. The major symptoms of the disease are contracting animal's skin and making them difficult in moving freely as usual. According to my informants, treatment of "Tushka" disease is prepared from leaves of "Qomonyoo", "Bakkannisa" and "Adami's" milk. In doing so, the healer collects these plants and grind together. Then mixing with water and drenching will be the next step. The treatment must be before the animal goes grazing. In such a way the animals can be cured from the disease called 'Tushkaa'.

The Root of "Xaaxessaa"

The root part of this plant plays an important role in curing the disease called "Michii". This disease affects Oxen and pack animals like Horse, Donkey and Mule. The main cause of "michii" is putting the yoke off from the Oxen's shoulder immediately after finishing ploughing as the shoulder of the oxen is too hot. Thus, putting the yoke on the ground is forbidden; rather one is required to lean the yoke. The other cause is packing pack animals with hot and fragrant food stuff. This disease contracts the shoulder of the oxen and back of pack animals and unable them to stand. To prevent this ailment, the owner should not pack aromatic things.

If it is unavoidable, one should feed (little amount) the animal from these things before packing. An animal affected by this disease should be drenched the root of "Xaaxessaa" plant by drudging. In case of lesion, the same plant is dipped.

Leaves of "Loogii", 'Xaaxessaa', 'Buqqee' and 'Algee' plant

These plants gathered together in order to treat animals that affected by the disease called "sinchii". "Sinchii" is the disease most of the time affects cattle. It is caused by cold weather condition. The cattle having this disease are known by their rough coat; affect their wool; they fail to urinate. High shivering and inability not to be stretch their legs. According to the informants even their meat also seems burned when those cattle are slaughtered. The primary treatment of this disease is protecting cattle from grazing or herding morning dough which causes "sinchii". Additionally animals should be halted from drinking very cold water especially in the morning. Rather, the herder needs to give them dry straw early in the morning.

On other hand, in order to prevent this serious disease the owner of cattle should drench one bottle of “*Loogii*” plant by grinding its leave once per six months in the form of vaccination. But, for this disease they are prepare “*Xaaxessaa*”, “*Buqqee*” “*loogii*’ and “*Algee*” as a medicine, by mixing each other. In addition to that, this disease stops blood circulation. Therefore, heating the body of animal by fire enables their blood to activate the affected cattle’s blood circulates normally. For “*Snichii*” is contagious, it is advisable to treat the affected animal by separating it from the others.



Plate 7: “*Heexoo*” (*Embelia schimper*)

Leaves of “*Giixoo*” and “*Heexoo*” (*Embelia schimper*), and Root of “*Qabarichoo*”, and Garlic

Different parts of the stated plants used in treating the diseases known as “*Gollobaa*”. “*Qabarichoo*” and Garlic roots and “*heexoo*” and “*giixoo*’s” leaves can be used for the preparation of the medicine that can be cured the mentioned disease.

“*Gollobaa*” is rampant when drought is prolonged and cattle are stayed on sunny areas for an extended period of time. Animals affected by this ailment cannot be fattened even though they feed well rather the animal becomes thin and weak despite it eats well. Their fur is removed from the skin and their tears are often dropped from their eye, and even characterized by swollen red eye. These animals are restless and shake their heads repeatedly. Mucus is dropped frequently from their nose followed by being weak to the extent of forbidding moving. The plants like ‘*Giixoo*’ ‘*Qabarichoo*’, ‘*Heexoo*’ and garlic are mixed jointly to douse the animal.

The leaf of “*Muka bofaa*” and Root of *Algee* Plant

These are plants with different structures and size that used for treating animal disease called “*Cinna*”. “*Cinna*” is a disease euphemized as ‘*waan aduu*’ or “*abbaa jabbii*” or “*Abbaa Sangaa*” for it is taboo to name the disease directly. Accordingly, it affects cattle during season when animals are beefed up.

The animal (mostly a bull) caught by this disease stops chewing cud and do not forage. The animal’s coat turns rough. After these symptoms are identified, the animal must be halted from drinking water for it kills within a short time by aggravating the disease. Soon, the animal should be supplied the leaf of “*muka bofaa*” and root of *Algee* plant with the solution of salt.

The leaf of “*Hagangannoo*”

The leaves of this plant, “*Hagangannoo*” are used for the treatment of disease that is known as “*Handarraa*”. This disease often affects sheep and goat. If a sheep or goat attacked by this disease some kind of water is concentrated in their intestine to result enteritis which leads them to diarrhea. “*Handarraa*” is caused because of poor hygiene and malnutrition. To treat an animal which attacked by this disease the traditional healers drench the animal by a material that made from the mixture of the leaf of “*Hagangannoo*” and the soil that found beneath fire place (*badaa ibiddaa*) which is often red in color.

4.2.2. Externally Applied Folk medications

As the disease happens on/in different parts of the human and animal bodies, the traditional healers also categorized dedicational plants that are applied in different parts accordingly. This categorization can be washing and anointing. Below the researcher tried to discuss the medications that are applied externally.

Leaf of “*Qobboo*” (*Ricinus communis*)

This plant is relatively medium in size as well as porous plant with wide leaves. It serves for fueling and oiling purpose, and in rural areas people use it for lightening their home.

The leaf of “*Qobboo*” is also used for medications purpose. To treat the disease that affect the skull of man’s head a traditional healers treat using the leaf of this plant. The healers crushed and dried the leaves of “*Qobboo*” on sun light and roasted after it dried. Moreover, it re crushed and

mixed the powder with butter. Getting prepared in this way, the healers used to treat “*Qaaqee mataa*”. This disease affects the skull of the person by hindering the skull hair not to come out and make highly painful sore on the affected area. The medication applied on the affected area early in the morning sun shine for seven days. The informants told to the researcher as the hair of the victim begins to grow after seven days if it treated by traditional healers.

Leaf of “*Homii*” is also used to treat “*qaaqee mataa*”. This plant is a very tall, straight and attractive indigenous plant with a narrow leaves.

Leaves of “Adesii” and “Gesho”

“*Adesii*” is one of the indigenous plants that can grow big. “*Gesho*” is another plant that widely known for the growing local drinks like “*tela*”, “*Areqi*”, and “*Daadhi*” and it has narrow green leaves. Saur and testes sour. The leaves of both plants can be used for the disease known as “*Laamshessaa*” i.e. that paralyzes some or all parts of the body and makes the person unable to move.

In the preparation process, a healer collects the leaves of both plants then pounded and mixes it with water. The patient expected to take half of a tea cup in the morning and half tea cup in the evening. Besides, in the same evening the person lying around camp fire and his body getting heated and the medication that is made from both “*Adasii*” and “*Geshoo*” have anointed to his body. Water which is mixed with salt over night is prepared in order to clean the applied medication for the coming 19 days. According to the healers after 13 days, the patients began to move some parts of his body like his/her hands to nourish his/her self.



Plate 8: “*Buqqee Bofaa*” used
to treat “*Hadhaa*”

Plate 9: seed and leaf of “*Qobboo*”
(*Ricinus communis*)

Root of “*Buqqee Bofaa*” and “*Sinfaa*”

These plants are locally known for different purpose. The former seems pumpkin and the later is look like “*teff*”. The later sometimes planted with “*teff*” for its medication purpose. Both plantations are helping for the purpose of preparing medication for the disease its self is called “*Hadhaa*”. It stings a person while the person works on the field. It starts swells one part of the body and then grows to the other part. According to the informant since the illness is externally painful, the victim sometimes prefers death or suicide him/herself. The preparation process of medication from these plants are the seed of “*Buqqee Bofaa*” toasted on fiire then with “*Sinfaa*” seed grinded and both mixed with salt. The medication wrapped with “*Buqqee Bofaa*” leaf directly tied to the infected area for 45 minutes. These 45 minutes is the time of misery since it is indescribably painful. The time should be evening. After 45 minutes the medication untied and the victim is allowed to take a sleep. In the early morning the pus get collected and the area swelled. The healer pierces the swell and the pus bursts out and the patient could achieve relief. The healing process could continue. If it doesn’t heal in this way, the option of modern physician is amputating the infected area.



Plate 10: “*Lolchiisaa*” and “*Bakkanniisa*” Used to Treat “*Dhiitoo*”

Leaves of “*Bekkanisa*”, “*Hidha Martuu*” and “*Lolchiisaa*”

These plants are used to treat 'Dhitoo'. The disease that puffs up one part of the animal and the animal scratches, rub, bites, and licks the infected area. The healer grinded or crushed the leaves of the three plants and anoint the infected area until the animal's sore dries.

Leaf of "Sigaluu", "dhangaggoo" (Pumex nepalensis spreng) and "Buqqee Bofaa"

According to traditional healers these three plants are highly effective in treating the dangerous animal disease called 'Kutii'. The animals having this disease are their tail against tree always. It may result in cutting of their tail if not diagnosed and treated on time. The main source of this disease is lice (parasite which live on all species of animals, especially on young and weak or sick animal). The animal scratches itself, agitated and is irritated. Lice often are found at the base of the tail, neck and ears. Therefore, the leaf of "sigaluu", "Dhangaggoo" (*Pumex nepalensis spreng*) and "Buqqee bofaa" are mixed and sprayed on this parasite.



Plate 11: "Kusaayee" (Lantana Trifolla)

Leaf of "Kusaayee" (Lantana trifolla)

It is a dwarf plant that takes wide area during its growing. It is famous for its good smell, particularly for washing utensils that used for collecting and preserving milk and milk products. It also adds flavors for the products.

This plant is highly used for livestock medications that is caused due to the disease known as "Lamshessa" paralyzing disease that hinder them to move. The healer washes the entire body of the infected animals for three days and it often effective according to the informants.

4.2.3. Steaming and Sniffing

Steaming and sniffing are the administration process in which medication can be taken either through the nose and mouth or on their external body of an assailed human being and livestock. There are different plants that are being used for the above purpose. The plants used both for livestock and human beings. Those plants are stated as follow:



Plate 12: “*Ulumaayii*” (*Eebergia Capensis*)

Leaves of “togo”, “Hiddii Gurrattii”, “Daamaakasee” (*Ocimum lamifolium*) and “Ulumaayii”

These plants which have different size, height are being used for “*Michii*”. It is believed that “*Michii*” is traditionally caused by when a person ate some type of food specially, foods that are spiced and fatty, and then exposed to direct sun light without cleaning their hands. The symptoms of this illnesses expressed in easily sweating while travel and work, and even when the infected person eat his/ her lunch or dinner.

The above plants crushed and pounded then mixed together, and cooked in extreme heat. While the steam is on fire, the patient covers all her/his body except her/his face and the cooked medication all is allowed totally to enter to his/her covered body. To this effect the medication put under his/ her garment coverage. This process resulted in the sweating of a patient. It is believed that through this sweat a disease came out from the patient.

In the coming morning before she/he goes out she/he obliged to take a bath unless a patient can severely harm by the medication itself that led a patient to the extent death.

“Cenaadama” seed, garlic and “Abasuuda Gurraacha”

These plants are different in size, type and content and mostly used for the purpose of treating head ache. The preparation is 10 seeds of “*Cenaadama*”, few of “*Abasuuda Gurraacha*” and 3 piece of garlic then grinded and sniffed in both nasal cavity turn by turn. In addition to these, “*kebericho*”s root after dried if a patient sniffed it can help to prevent common cold.

Root Of “Qabarichoo” (Echinops kebericho) and leaf of “Bakkannisa”

Both root and leaf of the above stated plants have great significance in treating the disease called “*Bokoksaa*”. The disease happens when a live stock eats some eating grasses which make a live stock’s abdomen to swell. This kinds of disease common during the month of May. The leaf of “*bakkanisa*” and “*kebericho*”s root crushed and made the animals to sniff it.

4.3. Folk medicinal Plants for Disease Prevention

“*Prevention is better than cures*” the wise proverb that reminds everybody to take pre action than getting medication. It does have many benefits that also minimize cost. It is very clear that if a person prevents before the problem (disease) on set many complicated things will be easily solved. It is cost effective, simple, easy and wise way of controlling a disease. This prevention strategy is the current issue of Ethiopian health policy, and many scholars, policy makers and governmental officials are exerting power to realize the prevention policy. Likewise, the traditional healers advocate prevention, and they use folk medicinal plants for prevention. For instance, the traditional healer most of the time give folk medicinal plant to prevent the disease called *Dhukkuba Allatti*. This disease is caused by the bird called Eagle or which is called by the community “*Risaa*”. This Eagle overshadows its shadow when a woman is pregnant and the shadow of this Eagle’s wing directly affects the fetus in the womb. Baby’s being gotten in such a way, gradually attacked by the disease called “*Dhukkuba Allaattii*” and if not treated the fate of the baby will death. To treat such baby’s, traditional healers collected about three types of plant and prepare effective medicine. The healers believe that to prevent this disease, it is advisable to give a cup of this medication as soon as a woman has got pregnant. In this way, they could be a mother freed from any threat of the disease.

The other severe disease in the study area is malaria. This disease can also be treated after the bite of the female anopheles mosquito. But, the most effective and efficient strategy is preventing. The traditional healers collect leaves from “*Daamaakasee*”, “*Togoo*” and “*Saarii*” while the leaves are fresh. They are pounded together and mixed with water. After getting mixed all the family members got drink a cup of the medicine for three consecutive days. In this manner it is possible to prevent the disease very early. Besides to this the same medication can also be preventing diarrhea by killing the worms that have potentially exposing to the disease.

The healers experienced that the same preventing strategies can be applied to their animals. According to the informants belief what exposes the animals to different diseases is thinners (their emaciated physical appearance). So, to get prevent such problems they prepare different medicine from different plants and make their animals take before the onset of this physical appearance. The leaves of plants like “*Reejjii*”, “*Noppoo*”, “*Daamaakasee*”, “*saarii*” and “*anchabbii*”. These all plant’s leaves collected in their fresh state pounded and mixed with water and salts after the preparation the animals are invited to drink. This strategy is one of the better ways that helps to prevent the exp osing factor of many diseases.



Plate 13: “Saarii” and “Ancabbii” Used to Prevent “Dhukkuba Allaattii”

In addition to preventing diseases before their onset, they also have strategy to cure some diseases that doesn’t give time and may be fatal. They have traditional expertise that they use while the diseases that need urgent medical conditions. Snake biting is one of the issues that need immediate treatment. According to the belief of the healers if the patient doesn’t urgently get medicals attention his or her fate is death. Here, the healers uses first aid treatment that helps to prevents of the poison from disseminating to the whole parts of his/her vein. To do so, the patient is required to take juice from Lemon and the same fruit is applied to the specific area of bite.

The reason according to the informants is the sour part of the juice (what science called citric acid) helps to block the dissemination of the poison and make it remained in biting area. This mechanism is very helpful to give time for the healers in order to prepare the actual medication that really cures the patient. The healers called the medication “*Galee galuu waa nyaadhuu*” freshly gathered and crushed mixed with water give a cup of medication for five consecutive days.



Plate 14: Galee galuu waa nyaadhuu Used to Treat “Sinchii”

The other strategies applied to animals. “*Sinchii*” is the very urgently killing disease animals. It is mostly caused to happen during grazing early in the morning plus when they drink water in the evening time. The symptoms can be contraction of their body and shivering. What makes the disease very dangerous is that when unnoticed the animal get died even within a day. The healers as soon as they noticed the symptoms and fired that it is that it is “*Sinchii*”, they prepare like a camp fire near the diseased animal to get the animal heated. Besides, butter wrapped with leaf of “*Bakkannisaa*” pounded through oral (mouth). Immediately, the animal gets relief. The above issues indicate that the traditional healers have the veteran and irreplaceable experience of preventing curing and noticing and treating their fellow humans and their animals. (*Informants: A/Biyya*)

4.4. Dosage Issues in Relation to Folk medicinal Plants

As in various parts of Ethiopia, the knowledge of traditional healers in *Shebe sombo* and *Dedo* Districts, the use of measurement of dosage to treat various disease was not standardize as

modern medicines dosage. The traditional healers use different measurement of dosage, mostly they use their finger lines and finger nails for the measurement of the amount to be taken and different measuring materials like spoon, coffee cup, tea cup, and water cup are common for those remedies, which are taken orally. However, these measurements are not accurate enough to determine the precise amount. For medicinal plants that are taken topically they do not have clear cut dosage. (Sofowora, 1982) and (Dawit, 1986) have also discussed lack of precisions and standardization as one drawback for the recognition of the traditional health care system.

The measurement used to determine the dosage are not standardized and dose given depend on the age, physical appearance and health conditions; that is children are given less dose than adults, physically strong individual take more dose than weak individual depending on the type of disease. Though such prescription difference was practiced, still the amount prescribed by healer for both children and adults might not conform to the slandered prescription as in modern medical literature.

According to the discussion made with the healers of the Districts less administer treatments that are taken internally to pregnant women, for children below one year of age and people under comma. Because, if perhaps, they are forced (obliged) to give the medication for children less than 1 year of age or pregnant mothers, the healers don't give the medication for the third party. That means the healers themselves give the medication under their control with restrict care. According to the informants, since babies under one year are not able to reflect their problems and their organs are very delicate and easily hurt, they usually prefer to refer to modern health institution. Even when they prescribe dosage for adults, it may go beyond the dosage and here they order to take milk, because, they believe that milk has neutralizing power by its nature. *(Informants: Haji Kamal, Wolde and Amino)*

4.5. Mode of Folk medicinal Knowledge Transmission

As it is widely that known indigenous or non- indigenous knowledge could be transmit from generation to generation through different ways. The knowledge of traditional healers that the researcher assessed is also not different from this mechanism. The transfer of knowledge could takes place in many forms. Of those mechanism, the transfer of traditional healers through the

parents of the current healers of our societies in which we are living as well as from other traditional healers and from his or her own experiences.

Knowledge from parents passed to the children while their father or grandfather prepared the medication. Through the interaction the father or grandfather transmitted his knowledge to his son or grandson. The father or grandfather tells or/and shows their son or grandson, which kind of plants and which part of the plant, the dosage and every details of the medication to the trainee. According to the informants the main motive they perform such activities are: firstly, to protect their own family and their society from danger. Secondly, to preserve traditional knowledge by transmitting from generation to generation. Accurate and effective person in healing a patient by using folk medicinal plants any healers should have to carefully follow the order that is told or commanded by his or her parents. Besides, the price of the medication must be based on the estimation of the prior parents. The informants told to the researcher if the above order is not fully followed or respected the medication doesn't effectively work.

The other learning strategy is from society in which a person lives. The healers while performing different day to day activities then the trainees use the opportunity to grasp their knowledge. Opportunities that brought them together like coffee ceremony and different social events could be the gate of learning. Here, what is important is the knowledge transfer is not based on the willingness of the healers but the trainee exerted an effort to snatch every detail from the healer. The healers are not happy to share the knowledge. At last, those knowledge seekers become highly qualified through time from their experience and observation.

One of the informants from *Shebe Sombo* told to the researcher that he once get sick, which blotted his belly and travelled to Addis Ababa in order to get medication. He gets treatment but in vain. At last he overheard that the traditional healers for his specific illness is in Yem special district one of the districts in south nation and nationalities and people's. As soon as he gets the information he got treatment by those traditional healers. The medication was very effective that after taking two cups of coffee then he immediately get recovered. The patient not only recovered from his illness but also he gets permanent knowledge that could heal similar illness from the healer.

The person who gave treatment also told to the patient the type of plant that is used to specific illness and every detailed procedure to be followed to prepare the medication and the man now become one of the traditional healers. Such a person who willingly shared his knowledge is very rare. The researcher himself faced such a challenge when he conducted the data that most of them were not volunteer to specifically tell the names of the plants, and the reason they produced. Similarly, if they tell the researcher or other person which type of plant is a remedy for which disease, everybody make the medication. But, the informants strongly believe that in order to get effective treatment there must be prepared by selected (anointed) persons. They considered themselves as if they are selected to prepare folk medicine, and also believed in such a way as other healers have to be selective such as those who have cultural knowledge, socially respected and knowledgeable about different plant species. Otherwise, the power of healing of dedicational plants decreases. But the researcher through his observation and analysis assumed that one reason might be the issue of economic and social respect but not due to the above stated factors. Because if everybody becomes a healer, it is quite clear that the income of the healers suffers and no one goes to them. This by implication decreases their social dignity and respect. Though they didn't allow transmitting the knowledge for a long time, at the end of the day or after aged they become willing to give their accumulated knowledge for their children or other close relatives. This is why this indigenous knowledge still persists.

4.6. “Milkii Ilaallannaa” as Intertwined Factor in Folk medicinal Utilization

The traditional healers can be male or female, there is no gender based classification to be a healer. What matters is not being maleness or femaleness. A person with adequate knowledge of healing plants and fertile experience in preparing the medication can be involved. But, the females are not mostly involved in this activity. The reason according to my informants is female are mostly interested in domestic activities than the outside. Secondly, those who transfer knowledge mostly inclined to the males. The females are limited to domestic activities. Though the informants believed that the door is open to both genders the practicability shows that there is a gender based division of labor hinders or discourages the female not to go out of home and give attention to non domestic jobs. The system doesn't allow to females and doesn't empower them to be what they want to be. In the nut shell, the person who is qualified to be traditional

healers has to have knowledge that is knowledge of plants that can heal the illness and the preparing procedure plus knowledge of specific culture, having good personality, and socially accepted in the society. This can highly benefit for the psychological makeup of the client.

Not all days are favorable for the preparation of medications. Wednesday and Friday are favored when the informants asked they, these days are “Caggino” or Lip days. But, there are few exceptions to this. Some emergencies like Snake bite, diarrhea, and rabies are exceptional. The healers if there is no prepared medication they can prepare and use any time.

In other condition, some healers believe that the day before they go to collect the plant, it is a must to refrain from sexual acts even with their wives. The reason is that it is less likely to get those plants which are used as a remedy. Besides even if the plants are available the power of healing will be very less. But, on the contrary of the above idea, though there is a sexual act with his wife and if he cleanse himself (takes shower) and get cleaned things will be good and can get those plants for the healing purpose. There is a brief of prayer in the morning on the coffee ceremony. By saying, “*Yaa Waaq qoricha umte ijakoo banaa godhi, natti mul’isi. Baalan kutuu fi hiddan qotu qoriicha godhi. Harkakoos qoricha godhi. Kan dhibames fayyisi*” this means, Oh God! the creator of medicinal plants, please uncover the cover and show me what I search for and make medication those leaves that I am going to collect. (*Informant: Sh/ Jamal and H/ Kamal*)

When the person goes to the forest, if the person meets other person or animals this determines or affects their success in collection of the medication. They call this “*milki ilaallannaa*”. For instance, if he meets a black dog or a single person on his own way, this indicates a bad fortune and he compelled to go back and may be back after few hours. Especially if the snake crosses his way, it is a must to back, but if he can kill the snake this could be a good fortune and he will be blessed with a right type of medication.

The possible explanation according to the healers is that the bad spirit that caused the patient to ill is on that snake. This “*milki ilaallannaa*” can also be happen while the person is backing. Here, it can be treated in two ways. One, if the person he/she meets is socially unfavorable,

thieves, drunkards he never talk to them. But, if talking to him/her is a must, he primarily preferred to put the parts of the medicinal plants on the clean place and greet him/her and then take it. This is reasoned out by the healers that the power of medication would be less otherwise. In this way they get the medicinal plants and get preparing and give them in two ways. One is highly or strictly controlled and only given directly to the beneficiaries. Second, it can also be given through the parents or significant others of the beneficiaries.

To sum up, the medication though it plays its parts in the process of healing, what highly matters is the attitude of the beneficiaries of towards the healers and the healing power of the medication.

Cost Estimation for the Service Given

The informants told to the researcher that those traditional treatments obliged the beneficiary to pay for the service they get. It is not only the matter of getting or not getting money, it is beyond that. According to the data gathered from those informants, the traditional healers in order to prepare an effective and to the target type of leaves when he or she goes to get collect the plants the person has to be happy in his mind and soul and so is when preparing. Otherwise, the power of healing of those medication decreases. The second point lies on the side of drug users. Here, the things mostly depended on the belief or psychological makeup of the beneficiaries. The beneficiaries think that since they did not (are not) pay for the medication, it is less likely that the healing power of medications are very poor. Besides, the beneficiaries do not take according to the prescription of traditional healers. In other sense if they pay the money they value their medication and strictly take as prescribed. They also believe that it cures. They do believe that such an attitude by itself cures (psychological preparation or first aid) is working.

The third reason is, the healers when they go out to collect the medication for some illnesses like evil eye, they are to hold the money they get from the person to be treated in their left hand, and the plant at their right hand. Their very explanation is that the spirit that causes the person ill sits on the leaf or plant that is to be used for medication. When the healers have the money with his left hands while collecting the plants, the spirit shuns from the healer, but if not the healer could be hurt. For the above three reasons those people who are ill or who have diseased animal and live stock is expected to pay. The healers produce evidence that in order to maintain their

relationship with their client, and the ability of their client to pay the intended moneys. The richer patient or the client who have much property has expected to pay good payment, i.e. payment usually depends on the ability to pay. The second type is the estimation that is set a head of time by the experienced healers who thought (trained) others. Those experts argue that cost estimation is for those who give training to them. For example the traditional healer who responded to this question get learned from his father the type of plants and the process of preparation and every detail of them, this includes the cost.

In addition, the pre trainers made the newly trainees to vow not to ask money that exceeds the estimation. Therefore, they take the costs that are pre estimated by their fathers. They fear the curse of their late father in order not to increase the cost (informants: *Temam and Hailu*).

The third point, raised from the focus group discussion was that the cost has to be estimated by prepare of the medicine those estimators' try to set the cost based on the type of disease, plant and the distance they go to collect the plants. Here, by the beneficiaries agreed up on the estimated cost. Some paid pre and the rest is paid after the treatment. Even there is a time when the patient could pay more than their agreement as they pleased because of the treatment. The healers can take the other money and it is not breaking the agreement. Eventually, though there is different cost estimation among the healers there is a common denominator that they all agree up on it. It is a must activity that the client has to pay before getting service.

4.7. Current Status and Future Fate of Folk medicinal Plant Use

According to traditional healers, global plants can be classified in to three main categories. The First category of plants is those plants that are rich in healing power. Second, those which are poisonous and the third are neutral.

The traditional healers admitted that about 30 to 40 years back half of their specific area covered by different indigenous forests. By then it was very easy to collect medicinal plants even near or in their particular plot of lands. But, sadly nowadays those plants are getting disappeared even to collect some of the plants it needs along travel, many days and it costs a lot of money. They reasoned out that the causes can be high population, expansion of agriculture needs of residential

area that follows population expansion, the attitude of the people towards plants, the reforestation of plants by government mainly focused on the imported (non indigenous plants) which is very new for the traditional healers. So this new imported plants are damaging the indigenous plants. The traditional healers have not experience that the new plants used for medication purpose. Thus, according to them they worry about that indigenous plants used for traditional purpose will be extinct.

The other problem is the modern health system and the modern professionals implicit or explicitly attack traditional medicine could be one reason. Here, the paradox is the modern professionals though they publicly declare and discourage that the folk medicines and their dosage are not scientifically researched, surprisingly the physicians (modern health professionals) themselves by the time they get perplexed with modern medicine by hidden they are forced to meet the traditional healers either for themselves or for significant others. This can show us that how our modern health system is directly or indirectly influencing the traditional healing system and the traditional healers. Despite this sense of rivalry, since the primary purpose of both institutions is to keep the wellbeing of the community modern treatments should be blended with traditional medical treatments to realize better patient satisfaction.

The healers put the solution that springs from their long time experience. Now, they proposed that it is a must strategy to select and keep plants for re plantation purpose for medicinal plants. In addition to this, working hand in hand with workers, if it is believed that there is a gap in knowledge in the folk medicinal healers' side, they said that they are ready to learn from the modern knowledge and fill their gap.

Traditional healing system survived from many challenges for several years and still benefiting the communities mostly in the rural areas where they are not easily get access to modern medication and it would be better to complimentarily using this aspect of societal material culture.

The storage of the knowledge is solely depended on the collective memory of a few persons within the communities. It is kept under the guardianship of old men and women. This kind of

transmission a risk since human custodians can be damaged by mortality. Thus essential information can be lost and future generation will be depended on other's assumption as a result; the mysterious nature of knowledge of indigenous healers obstructs the transfer of the practice. Changing environmental factors have in some cases led to some imperative medicinal plants becoming meager and to the appearance of new diseases.

With regards to the future fate both forms of knowledge continues to survive parallels. It is highly attached with the value system of the community and it is difficult to eliminate it from their mind. Second, health centers are not available everywhere. Especially, peripheral villages cannot access on time; their animal can be died on the journey.

The other reason is diseases that biomedicine doctors are sometimes unable to diagnose are treated by local healers successfully. More importantly, taking animals to far health centers consume a long time which is precious. Lastly, the cost required is costly. Hence, the community continues to prefer local healers since they are near and part to them.

Conclusion

This research deals with how human and Livestock disease can be treated by folk medicinal plants among the Oromo of Gibe region mainly in major forest areas. It also deals with their utilization. The study area is rich plant diversity which enabled the traditional healers to have a good experience and knowledge about the folk medicinal plants. The data gathered from informants show that majority of the plant medications are taken orally. Herbal medicines prescribed by healers are either preparation based on single plant or a combination of several plant parts. Most of the reported preparations are drawn from combination of plant, i.e. most of them involve the mixture, single medicinal plant used rarely. The form of administration is mostly oral administration. The fresh plant parts are used for the preparation of medicine. When fresh plant parts are unavailable, dried parts are also used. Folk medicine deals with people's knowledge, skill, methods, practices and beliefs about the care of themselves and their animals. All the process starting from collecting folk medicinal to plants, Preparation, administration, estimating and deciding prices have their own belief system. Using medicinal plants helps to protect the environment and contributes for environmental conservation since medicinal plants (trees) are planted for future use. Similar to that, these medicines are natural and authentic. Practitioners follow laws of nature and use natural method of treatment. As a result, they do not pollute the environment. There is no adequate national health policy that can promote indigenous healers and their practices. The people of the study area still have a strong belief in the efficacy and success of herbal medicine. The results of the present study provide evidence that medicinal plants continue to play an important role in the healthcare system of this ethnic community.

This study states folk medicinal data of the medicinal plants used by the people to cure different diseases. Moreover, this study could promote a practical use of botanicals and must be continued focusing on its pharmacological validation. Further detailed study on folk medicinal information, chemical studies and screening for medicinal properties will provide cost effective and reliable source of medicine for the welfare of humanity.

Recommendation

In the study area risk comes to medicinal plants due to the consumption of these plants for different purposes. The main threat for medicinal plants is deep-rooted in agricultural expansion. The community of the study area should be participated in conservation and management of

different plant species that used for folk medicine. Encouraging the local community to grow medicinal plant where possible, especially in home gardens, in crop field, around the fences, in coffee farms after the best and more effective folk medicinal plants are selected or identified.

The indigenous knowledge and skill of traditional medicine practitioners must be supported and guarded. This could be the way through which such people could exercise their knowledge fearlessly. Establishing Traditional Healers Association, by providing land for cultivating medicinal plants, funds and assisting their activities with professional guidance helps to conserve the fast eroding medicinal plants of the area.

There should be authentic collaboration between local administrators and healers. Additional to that, there need to be solidified relationship between conventional doctors and indigenous healers by which they can learn from each other to enhance the health and productivity of human being and their animals. In addition to that, using/utilizing medicinal plant helps our country to feel confident and to assuage web of dependency since it is our making and cultural/identity reflection. More importantly, it reduces national dept of foreign exchange of the country and folk medicine is cost-effective methods of obtaining effective remedies and adequate health coverage for these experts is nearer to the community than anybody. Finally we folklorists also are needed to develop proposal and involve in the process ensuring the relationship between these two bodies.

Table 5: List of Informants from Dedo District

No.	Name	ex	age	Education Level	kebele
1	Tamam A/sambi	M	50		Dima serte
2	Abdo Sh/Aliyi	M	50	Grade- 8	Sola
3	Abdo Sh/Nuru	M	48	Grade- 4	wala
4	Amin Mohamed	M	40	Grade -10	Dilbi
5	A/Biyya A/ Gojam	M	68	-	Omo Yala
6	Nuraa Muktaar	M	56	Grade - 4	Odo gurati

7	Haji Mohamed A /Biyya	M	60	Grade - 5	Mara Alame
---	-----------------------	---	----	-----------	------------

Table 6: List of informants from Shebe Sombo district

No	Name	Sex	age	Education Level	Kebele
1	Sabir A/Nura	M	65	-	SomboDarruu
2	Sh/ jamal A/ Rashad	M	71	Grade -8	Atiro Gafere
3	Hailu Merga	M	38	Diploma	Mirganno Boso
4	Nazimu A/ Sambu	M	46	Grade - 10	Saboka dabiye
5	Hajii kamal A/ Nabso	M	66	Grade-8	Yanga Dogoma
6	Wolde Gezahegn	M	41	Grade -12	Urgeyi
7	Aminoo Nasir	M	53	Grade- 8	Shabe Daso

Reference

- Abbink, J.1993. *Me'en ritual medicinal and other plants: A contribution to south-west Ethiopian ethno-botany. Journal of Ethiopian studies*, 26(2):3-5
- Ahmad, M. 2003. *Narrating Local Identity among the Southwestern Oromo of Ethiopia: Case of the Jimma and Gera. African Study Monographs*, 33 (1): 17-47,
2012. Department of Ethiopian Literature and Folklore, Humanities Faculty,
- Ahmad, M. Khan and R.A. Qureshi. 2003. *Ethno botanical study of some cultivated Plants of chhuchh region (District Attock). Hamdard Medicus XLVI (3): 15-19.*
- Ahmad, M. Aziz, M.A. Khan and M. Zafar. 2005. *Household remedies of herbal Cosmetics in District Attock Pakistan. Proceeding of the national conference on Conservation of natural resources of herbs and medicinal plants for commercial Exploitation, AFP Islamabad, pp. 39-54.*
- Alemayehu Haile 2006. *History of the Oromo to the Sixteenth Century. Second Edition. Finfinnee: Berhanena Selam Printing Enterprise*

- Asafa Jalata. 2010. *Oromo People hood: Historical and Cultural Overview*.
University of Tennessee, Knoxville
- Balcha Abera et.al .2006. *An ethno botanical study of medicinal plants used in Kilte Awuls District, Tigray region of Ethiopia. Journal of Ethno biology& ethno botanical Medicine*
- Costa-Lotufo, Mahmud T. , Arjumand A., Diego V., Paula C., Cláudia P., Maria E., Manoel O. 2005. *Studies of the anticancer potential of plants used in Bangladeshi folk medicine. Journal of Ethnopharmacology*, 99(1): 21–30
- Elias Ahimed Sadik et.al.2011. *Aspect of Common Traditional Medical Practice Applied for Under-Five Children in Ethiopia, Oromia region, Eastern Harargie District, Deder Woreda,*
- Ermias Lulekal, Ensermu Kelbessa,Tamrat Bekele and Haile Yineger.2008. *An ethno botanical study of medicinal plants in Mana Angetu District, southeastern Ethiopia. Journal of Ethnobiology and Ethnomedicine*, 4(10):7-10
- G.W.B. Huntingford.1955. *The Galla of Ethiopia; the Kingdoms of Kafa and Janjero*.
London: International African Institute, 1955, p. 26
- Getachew Adis et.al. 2002. *Perceptions and Practices of Modern and Traditional Health Practitioners about traditional medicine in Shirka District, Arsi Zone, Ethiopia. Journal of health Development*. Vol. 16 no 1.
- Haile Yineger and Delenasew Yewhalaw. 2007. *Traditional medicinal plant knowledge and use by Local Healers in Sokoru District, Jimma Zone, south western Ethiopia. Journal of Ethno biology and medicine*.
- Ji H, Shengji P, Chunlin L. 2005. *An ethnobotanical study of medicinal plants used by the Lisu people in Nujiang, northwest Yunnan, China. Economic Botany* 2005, **58**:253-264.
- Konadu, Kwasi. 2007. *Indigenous medicine and knowledge in African society*. Routledge Publisher.
- La, Cancala and Victor De. 1983. *An Analysis of Culturalism in Latino Mental Health*.
Folkmedicine as a case in Point. *Hispanic Journal of Behavioral Science*, 5(3); 251-274
- Lemessa Mergo. et.al. 2013. *Ethno medicinal Exploration of Haanquu Fruit Among The Oromo of Ethiopia. International Journal Research In Sociology and social*

- anthropology*. Panjab University, Chandigarh.
- Mirutse, Giday. 1999. *An ethno botanical study of medicinal plants used by Zay people in Ethiopia*.
- Moa Megersa. et.al. 201. *An ethno Botanical Study of Medicinal plants in Wayu Tuka District, East Wollega Zone of Oromia Regional state, West Ethiopia*.
- Ngeh J. Toyang, Jacob Wanyama, Mopoi Nuwanyakpa, Sali Django. 200. *Ethno veterinary A practical approach to the treatment of cattle diseases in Sub- Sahara Africa*. Agromisa Foundation and CTA, Wageningen.
- T.Gemedo-Dalle, Brigitte Maass, and Johannes Isselstein . 2005. *Plant biodiversity and ethno Botany of Borana pastoralists in southern Oromia, Ethiopia*. *Economic botany*, 59(1)
- Ragunthan Muthuswamy and Abay Solom Mequanent. 2009. *Ethnomedicinal Survey of Folk drugs in Bahirdar Zuria district, North Western Ethiopia*. *Indian journal of Traditional Knowledge*, 8(2): 281 - 284
- Rama, Shankar. et.al. 2012. *Traditional healing practice and folk medicines used by Mishing community of North East India*
- Wong, Wesley.1976. *Some Folkmedicinal Plants from Trinidad*. *Economic Study*, 30; 105- 142.
- Workineh Kelbessa. 2001. *Traditional Oromo attitudes towards the environment: An argument for environmentally sound development*. Addis Ababa.
- Yineger H: *A study on the ethnobotany of medicinal plants and floristic composition of the dry Afromontane forest at Bale Mountains National Park, Ethiopia*. M.Sc. Thesis. Addis Ababa University. 2005.

Website Sources

Difference between traditional and modern.
medicinehttp://ic.steadyhealth.com/difference_between_traditional_and_modern_medicine.html
(accessed June 7, 2014)



Picture

1 and 2: Members of FGD on Discussion From Shebe Sombo District.



Picture 3: Members of FGD from Dedo District on Discussion.





Picture 4 and 5: key Informant, on the process of healing