

Attitude of modern medical practitioners towards the integration of modern and traditional medical practices in Ethiopia

Etiyopya'da modern ve geleneksel tıp uygulamalarının entegrasyonuna karşı modern tıp uygulayıcılarının tutumu

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SUMMARY

AIM: The present study was aimed to assess the attitude of modern health practitioners towards the integration of modern and traditional medical practices in central Ethiopia.

METHODS: A cross sectional study was conducted on 92 modern health practitioners working at selected health facilities in Ambo town using structured questionnaire from January 22 to February 15, 2009. The data was edited and were entered in Epi Info Version 6.0 and analysis was conducted using Statistical Package for Social Sciences version 16.0.

RESULT: A total of ninety two modern medical practitioners were included in the study. About 72.8% of modern medical practitioners accept traditional medical practice and 65.2% believed the necessity of education for the use of traditional medicine. Most modern medical practitioners (64.13%) think that traditional medicine has advantages over modern medicine in that it is cheap and accessible to most of the people. On the other hand, lack of standard and qualified dose (71.7%), toxicity (46.7%), lack of knowledge on scientific disease processes (46.7%) and liability to contaminations (35.9%) was mentioned as disadvantages, respectively. Forty seven (51.0%) preferred modern medicine operating alone and 43.4% preferred integrated health care services. Fifty six (60.9%) said cooperation of the two system have positive impact on patient satisfactions.

CONCLUSION: The study showed that the majority of the modern medical practitioners prefer modern medicine operating alone and some modern medical practitioners support the idea of integrative medicine though collaborative work so far is limited. The modern medical practitioners believe that adequate scientific research on traditional medicine and training of traditional medical practice are important for the integration of the two services.

Key words: Modern medicine, traditional medicine, alternative medicine, Ethiopia.

ÖZET

GİRİŞ: Bu çalışma Etiyopya'daki modern ve geleneksel tıp uygulamalarının entegrasyonuna karşı modern tıp uygulayıcılarının tutumlarını belirlemeyi amaçladı.

YÖNTEM: Ambo şehrinde, seçilmiş sağlık tesislerinde çalışan 92 modern sağlık çalışanı üzerinde, 22 Ocak-15 Şubat 2009 tarihleri arasında yapılandırılmış anket kullanılarak çapraz kesitsel bir çalışma uygulandı. Veriler düzeltilerek Epi Info Version 6.0 programına girildi ve analizler SPSS 16.0 versiyonu kullanılarak değerlendirildi.

BULGULAR: Toplam 92 modern tıp uygulayıcısı çalışmaya dahildi ve %72.8'i geleneksel tıp uygulamalarını kabul ederken; %62.2'si geleneksel tıbbin kullanımı için eğitimin gerekliliğine inanıyordu. Çoğu modern tıp uygulayıcısı (%64.13), insanların çoğunun ulaşabilmesi ve ucuz olması bakımından, geleneksel tıbbin modern tıba göre avantajlı olduğunu düşünüyordu. Diğer yandan standart ve etkili dozun olmaması (%71.7), toksisite (%46.7), hastalık sürecine dair bilgi olmaması (%46.7) ve kontaminasyon sorumluluğu (%35.9) dezavantajlar olarak kabul edilmektedir. Kırkyedi kişi (%51) sadece modern tıp girişimlerini tercih ederken, bireylerin %43.4'ü entegre sağlık sağlık servislerini tercih etti. Elli altı kişi (%60.9), iki sistemin işbirliğinin hasta memnuniyeti üzerinde pozitif etkili olduğunu savundu.

SONUÇ: Çalışma, modern tıp uygulayıcılarının çoğunun sadece modern tıp işlemlerini tercih ettiğini; bazılarının ise bugüne kadarki ortak çalışmalar sınırlı olsa da, entegratif tıp fikrini desteklediklerini gösterdi. Modern tıp uygulayıcıları, geleneksel tıp ve geleneksel tıp pratiği eğitimi üzerinde yeterli bilimsel araştırmaların, iki hizmetin entegrasyonu için önemli olduğuna inanmaktadırlar.

Anahtar kelimeler: Modern tıp, geleneksel tıp, alternative tıp, Etiyopya.

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INTRODUCTION

Traditional Medical Practices (TMPs) 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 [1]. Due to its intrinsic and unique quality as well as wide approach it become acceptable and affordable and continues being the best alternatives in the world to solve health problems, particularly for rural areas. Modern health care system alone could not meet the health need of the entire population of the world; recognizing this, WHO launched the policy of urging its member's states to promote and integrate traditional medicine in to their national health care system [2]

TMPs and modern systems of medicine were developed by different philosophies in different cultural backgrounds. They look at health, diseases and causes of diseases in different ways. These differences bring different approaches to health and diseases. However, both systems deal with the same subject – human being. The old and modern arts of healing should exist together. In traditional medicine, medicine is defined as an area of human knowledge concerned with restoring health. It is, in the broadest sense of the term, the science and practice of the prevention and curing of human diseases, and other ailments of the human body or mind. However, it is often used only to refer to those matters dealt with by academically trained physicians and surgeons [3]. TMPs are a practical care, well rooted in the local culture, and the relationship between the patient and therapist is simple and close. Traditional medicine healers are familiar with social and cultural background of the people and accessible, respected & expensed. On the other hand, modern medical practitioners (MMPs) are reluctant to serve in rural/remote areas due to different reasons [4].

TMPs have maintained its popularity in all regions of the developing world and its use is rapidly spreading in the industrialized countries [5]. In China, for example, traditional herbal preparations account for 30%-50% of the total medicinal consumption. In Ghana, Mali, Nigeria and Zambia, the first line of treatment for 60% of children with high fever resulting from malaria is the use of herbal medicines at home. World Health Organization (WHO) estimates that in several African countries traditional birth attendants assist in a majority of births [6]. In countries like is south west Asia, well

integration of traditional and modern medicine is experienced suggesting that traditional medicine plays great role in solving many problem standing besides current health care [2].

Despite its existence and continued use over many countries, and its popularity and extensive use during the last decade, traditional medicine has not been officially recognized in most countries [5]. Consequently, education, training and research in this area have not been accorded due attention and support. The quantity and quality as well as the safety and efficacy of data on traditional medicine are far from sufficient to meet the criteria needed to support its use worldwide. One of the reasons for the lack of research data is due to health care policies [8].

In Ethiopia, traditional medicine still remains to be the only available health service for majority of the Ethiopian population [9-11]. Traditional medicine practioners don't ignore modern medicine practices and they look for their counter parts to get more information about the problem. But practitioners of modern medicine have usually ignored and avoid contact with traditional healers. It is also postulated that MMPs considers it as a practice that serves no purpose and in their view its' continued existence is merely because of lack of access to modern health care service. Such negative attitude of MMPs may stem from misgiving about its biomedical values and probably from many reasons [11, 12]. Such negative attitudes may possibly stem from misgivings about its biomedical values and probably from many other factors [7].

Efforts have been made to integrate the two systems in different countries. Clearly the success of such step would depend largely on willingness of physicians to work with their traditional counter parts. In the past, only few studies have been done in Ethiopia to assess the view of MMP on idea of integration of TMP and MMPs [13].

Therefore, this study will be aimed at investigating the attitude and practices of MMPs towards integrations of TMPs & MMPs in the contemporary health care delivery system in Ambo Hospital & Selected health facilities in Central Ethiopia. It is also hoped that this will help in promoting positive elements of TM and it's integration with MMP as well as in formulating policy that include both practices for optimum health care service and coverage.

PARTICIPANTS AND METHODS

Study Setting

The study was conducted in selected health facilities in Ambo town which is found in West Shoa Zone of Oromia regional state in central Ethiopia. Ambo town is located at 125 km away from Ethiopian capital Addis Ababa. The study was conducted in three health facilities; Ambo hospital, Ambo health center and poly higher clinic. A study was conducted from January 22 to February 15, 2009.

Study design

A cross-sectional study was conducted to assess the attitude of modern health practitioners towards the integration of MMPs and TMPs by using structured self-administered questionnaires. All modern health practitioners working in Ambo hospital, Ambo health center and poly higher clinic that present during study period and voluntary to be included in the study were participated in the study. Accordingly, a total of 92 modern health practitioners; 65 from Ambo hospital, 16 from Ambo health center and 11 from poly higher clinic were included in the study.

Data Collection

A structured and pre tested questionnaire was prepared to collect the information. The validity of the questionnaires was assessed through in-depth discussion with experienced professors working in College of Public Health and Medical Science of Jimma University. Two weeks before the actual data collection period, testing of the questionnaire was conducted, on 5% of the study population, on modern health practitioners working at Jimma University Specialized Hospital and necessary modification was done before being applied on the study population as a whole. A brief explanation was given to respondents about objective of the research before the data collection.

The questionnaires fall in to three categories. The first part deal with the attitude of practitioners towards traditional medicine in general (acceptance of traditional medical practice, its important, etc). The second part contains the opinion of modern medical practitioners regarding the advantage and disadvantage of the traditional medicine. The third series of questions deal with attitude towards the integration of traditional and modern medicine.

Data was collected by trained college students using a pre-tested self-administered questioner. Data

were collected by administering a structured questionnaire and the questionnaire was enclosed in an unmarked envelope. The questionnaire was developed in English, then translated into local languages (Amharic and Afan Oromo) and back-translated into English to check for accuracy. Interviewers were fluent in both local languages and English. Furthermore, the data collection was supervised and coordinated by supervisors, who were university staffs at Jimma University. The questionnaires were checked by supervisors at the end of each day during the survey, for omission of incomplete answers and for coding the responses.

Statistical analysis

The collected data was cleared, categorized, and coded accordingly. The edited data was then entered in Epi Info Version 6.0. All data collected were then analyzed using the Statistical Package for the Social Sciences (SPSS), version 16.0 software. Data was presented using frequency tables. Descriptive statistics such as mean, frequencies and percentages were used to describe and summarize the data.

Ethics

The study was approved by the Ethics Committee of Jimma University. Verbal consent was obtained from the respondents. In addition, the health facilities administrators were informed about the objective and importance of the study. The respondents were convinced to tell accurate information for the data included in the questionnaire. During data collection respondent was informed first about the purpose of the study and was assured that the information given would be kept strictly confident and used for research purpose only.

RESULTS

Socio-demographic characteristics

Ninety two (92) modern health practitioners (65 from Ambo hospital, 16 from Ambo health center & 11 from poly higher clinic) were participated in the study. The majority, 58 (63%) of them were males. Of these, 30 (32.6%) were in age group of 20-24 years. The mean age of the participants were 28.2 (SD±9.8). Thirty four (37%) were Nurse. Most of the participants, 45 (48.9%) had professional experience less than five years (Table 1).

Attitude of Modern health practitioners (MHPs) towards traditional medicine

About 72.8% of MHPs accept traditional medical practice and 65.2% believed the necessity of education for the use of traditional medicine. Majority of them (67.4%) have visited traditional healers at least once in their life time to seek treatment. Most of MHPs (73.9%) believed in the importance of traditional medicine for maintaining health care service. About 67% of MHPs responded that use of traditional remedies should not be limited to patients without conventional medicine and 78% of respondents agree with idea that government should support traditional healers.

Table 1. Socio demographic characteristics of MMPs

Socio- demographic characteristics		Number	Percent
Sex	Male	58	63
	Female	34	37
Age	15-19	3	3.26
	20-24	30	32.6
	25-29	27	29.35
	30-34	6	6.52
	35-39	8	8.7
	40-44	10	10.87
	>45	8	8.7
Religion	Orthodox	30	32.6
	Muslim	11	12
	Protestant	42	45.65
	Waqefata	7	7.6
	Others	2	2.17
Qualification	Physicians	6	6.5
	Pharmacist	3	3.26
	Nurse	34	37
	Lab technician	17	18.5
	Druggist	6	6.5
	Others	26	28.26
Year of service	<5	45	48.9
	5-10	21	22.8
	10-15	13	14.13
	>15	13	14.3

Fifty nine (64.13%) respondents said traditional medicine had advantages over modern medicine in that it is cheap and accessible easily. However, 13 (14.13) of the MHPs said traditional medicine have no advantages over modern medicine. On the other hand, 71.74% of the respondents said lack of standard and qualified dose of traditional remedies are one of the disadvantages of traditional medicine.

Moreover, 46.74%, 46.74% and 35.87% of MHPs said that toxicity is common with their use, no knowledge of scientific disease processes and they are liable to contamination as disadvantages respectively (Table 2).

Table 2. Opinion of MMP regarding the advantages and disadvantages of traditional medicine.

Characteristics	Number	Percent
Opinion of MHPs on advantage of TM		
Cheap and accessible	59	64.13
Acceptable by community in popular	45	48.91
Used, for disease not managed by modern drug	28	30.43
Useful for treatment of mental disease	12	13.04
Needs minimal training	18	19.56
No advantage over medicine	13	14.13
Opinion of MHPs on disadvantage of TM		
Lack of Knowledge of determining doses	66	71.74
No knowledge of scientific disease processes	43	46.74
Toxicity is common with their use	43	46.74
They are liable to be contaminated	33	35.87
No knowledge of contra indication	32	34.78
Un reliable diagnostic techniques	31	33.7
Have doubtful efficacy	29	31.52

Attitude of Modern health practitioners towards the integration of traditional and modern medicine

Modern health practitioners were asked on the preference of health care service. Forty seven (51.0%) preferred modern medicine operating alone and 43.4% preferred integrated health care services. Seventy five (81.5%) of MHP support cooperation of the two systems and 31 (33.7%) had collaboration with their counterparts of traditional healers. Fifty six (60.9%) said cooperation of the two system have positive impact on patient satisfactions. Most of the respondents (40.2%) ask their patients sometimes

about traditional medical history in addition to other medical history and 38% of them treated patients referred by TMPs to them at least once in their years of services. About 43% and 22% of respondents recommend patients to use traditional medicine and referred them to TMP respectively (Table 3).

The MHPs were asked for solution of improvement of integration of the two systems and cooperation of two counter practitioners. Sixty (65.2%) indicated scientific research on traditional medicine is important for the promotion and development of integration or cooperation of modern and traditional medical practice. Training of the healers (56.32%) and government assistance of traditional healers (41.3%) were strongly felt to be important for improvement of the service given by traditional healers as well as integrative service and should focus on dosage determination and quality preparations.

Table 3. Attitude of MMPs towards the integration of modern and traditional practices.

Characteristics	Number	Percent
Attitude towards integration		
Support of cooperation with TMPs and integration of two system	75	81.5
Have any collaboration with TMPs	31	33.7
Cooperation have positive impact on patients satisfaction	56	60.8
Practices		
Ask patients about traditional medical history	37	40.2
Treated patient referred by TMP's	35	38.0
Recommend patient use of TM	40	43.5
Prescribed traditional remedies for patient	20	21.7

DISCUSSION

Increased cross-cultural communication has resulted in the exposure of many indigenous forms of traditional medicine to new, more modern, medical environments. Various responses may and have occurred to the presence of differing approaches to health care. These range from

complete rejection of TM by modern medical practitioners and of modern medicine by TM practitioners, to a parallel existence with little communication over patient care, or to ultimately forced understanding, subsuming and integration of one model by the other. None of these approaches is ideal precisely because none confers adequate respect on the practices of the other. This results in a weak utilization and exploration of the benefits presented by each model [3]. Harmonization of traditional and modern medicine emphasizes the importance of respectful co-existence. Within the model of harmonization, there is the requirement to develop and hold a good understanding of the other approaches to health care. The purpose of this broader education base is not simply to yield a better understanding of differing practices, but primarily to promote the best care for patients by intelligently selecting the most facilitating route to health and wellness [14]

In Ethiopian, traditional medical system is characterized by variation and is shaped by the ecological diversities of the country, socio-cultural background of the different ethnic groups as well as historical developments which are related to migration, introduction of foreign culture and religion [7,17]. Previous studies showed the existence of traditional medical pluralism in the country [18-21]. Slikkerveer identified three medical sub-systems in the highland of Eastern Ethiopia, namely, Cushitic Folk Medicine, Arabic Medicine and Amahara Medicine, which constitute the present indigenous health care system in the area [21]. Due to poor access to health services, especially in the rural areas, the majority of the Ethiopia people rely mainly on traditional medicine for their primary health care needs [15]. Nevertheless, the system has been neglected and its therapeutic potentials as well as adverse effects have not been thoroughly studied scientifically [5]. Moreover, the integration of the practice of traditional medicine into the formal health system has not been seriously considered. Progress made so far in this direction in other countries has allowed for a wide utilization of traditional medicine and better recognition of its practitioners as heritage benefiting the majority of their people [16]. However, in Ethiopia, policy makers are reluctant to accept traditional medicine and there is a critical lack of cooperation between traditional and modern/conventional medical practitioners.

The present study attempted to access the attitudes of MHP towards working with THPs in solving the health problem of communities. The

study revealed that most modern health practitioners (67.4%) have utilized traditional medicine at least once in their life time. It was further confirmed that the practitioners are in favor of utilizing traditional medicine even when conventional care is available. More over 73.9% of MHPs believed the importance of traditional medicine in maintaining health of developing countries like Ethiopia. Due to this they agreed with government support of traditional healers. However, the same practitioners recommended the need of training for traditional healers in dosage determination, quality preparation of medicaments, side effects of remedies as a crucial component in the improvements traditional health practices similar to previous study in Ethiopia [7].

Several disadvantages of traditional medicine were mentioned by the modern health practitioners that are not incoercible by appropriate training, dialogue and establishment of feasible controlling system. Majority of respondents (71.7%) said lack of standard dose is one of the disadvantages of traditional medicine which corroborate previous study [13]. In this study 64.1% of MHPs said TMPs practice is cheap and easily accessible which means that the communities could get it by affordable cost whenever they need similar to previous studies in the country [7, 22, 23]

When asked about the preference of health care service over the half of MHPs preferred modern medicine operating alone and 43.4% preferred integrated health care services. This is in agreement with previous finding by Bishaw [22]. However, Abebe et al [18] indicated that MHPs in Ethiopia stand against the promotion of traditional medicine and its integration with modern health care delivery system. Ragnathan et al also showed that most of the MHPs preferred their own method of healthcare delivery system [23]

According to this study, 60.9% respondents have positive attitudes towards the impact of incorporation on patient satisfaction. Similarly one study in USA [24] showed that most physicians (57%) thought incorporating THPs therapies would have a positive effect on patient satisfaction and 48% believed that offering CAM therapies would attract more patients to clinic. Moreover, about 40% of the respondents ask their patients sometimes about their traditional medical history in addition to other medical history before treating them. Asking of patients about traditional medicine may reduce worrisome and unpredictable interactions between medicinal herbs and modern drugs that may take place and could increase or decrease the pharmacological or toxicological of either or both

components. Previous study have shown that about 85% of hospital patients in Addis Ababa Ethiopia utilized traditional medicine at least once in their life time and 24% used same for the illness to which they sought modern medical assistance(16). Therefore patients should be asked and advised against taking pharmaceutical drugs along with traditional preparation. In addition to this about 43% respondents referred their patients to traditional healers or recommend patients to use traditional medicine for some disease that don't managed by modern drugs. This result is supported by results obtained from study done in two Zambian cities (9) which shows 44% of MHPs reported having referred patients to THPs.

Experiences from many countries in south East Asia suggest that integration of traditional and modern health care systems can solve much of the problems by providing basic health service for the people in developing countries. In these countries, both systems are equally developed and supplement each other. However in many African countries incorporating traditional medicine in to main stream medicine is not a national priority [26, 27]. But according to this finding the attitude of MHPs towards integration was encouraging even if the practical involvement in practice of integration is limited. In addition to these ,the attitude of MHPs in all study health facilities were supportive but most MHPs in Ambo hospital didn't ask their patients about traditional medical history compared to MHPs in other two health facilities. This is might be due to increasing number of patients in the hospital and the practitioners were busy to ask.

The findings of this study should be interpreted with some limitations. As it was cross-sectional study, it is susceptible to recall bias. It is not possible to determine to what extent the results of the study are generalizable to other populations drawing upon this study based on only on health facilities in one town. Thus, we think that the results of this study can only be generalized to a limited extent. Despite the above limitations, the study addressed an important issue regarding attitude of modern health practitioners towards the integration of MMPs and TMPs in Ethiopia.

CONCLUSION

In conclusion, the study showed that the majority of the MHPs prefer modern medicine operating alone and some MHPs support the idea of integrative medicine though collaborative work so far is limited.

The MHPs believe that adequate scientific research on traditional medicine and training of TMPs are important for the integration of the two services.

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