INDIGENOUS HERBAL MEDICINAL KNOWLEDGE AND HEALING PRACTICES:

The Case of Setema District in Jimma Zone, Ethiopia.

BY: DINBERU TESHOME MAMO

THESIS SUBMITTED TO THE COLLEGE OF SOCIAL SCIENCES AND HUMANITIES, DEPARTMENT OF SOCIAL ANTHROPOLOGY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR MASTERS OF ARTS DEGREE IN SOCIAL ANTHROPOLOGY

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COLLEGE OF SOCIAL SCIENCES AND HUMANITIES
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JANUARY, 2021
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Declaration

I declare that this research is my original work and has not been submitted to any university for the fulfillment of the requirements of any degree and that all references/source of materials used for the thesis have been properly acknowledged

Name: Dinberu Teshome Mamo Signatures_____

Date _____

We certify that we have read and tested this thesis entitled "Indigenous Herbal Medicinal Knowledge and Healing Practices: The Case of Setema District, Jimma Zone". We recommend that it submitted as fulfilling MA thesis requirements in Social Anthropology.

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This thesis entitled “Indigenous Herbal Medicinal Knowledge and Healing Practices: The Case of Setema District in Jimma Zone, Ethiopia” is submitted by Dinberu Teshome for the partial fulfillment of the requirement for the Masters of Arts Degree in Social Anthropology. This thesis complies with the regulation of the University and meets the required standards.

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Acronyms

AIM-African Indigenous Medicine

BMW-Biomedical Workers

CAM-Complementary Alternative Medicine

EM-Explanatory Models

EPHI- Ethiopia Public Health Institute.

FGD- Focus Group Discussion

IK-Indigenous Knowledge

IM- Indigenous Medicine

IMH-Indigenous Medicines and Healing

KI- Key Informant

KIBW-Key Informant of Biomedical Worker

KICM-Key Informant of Community Members

KIIH- Key Informant of Indigenous Healer

WHA-World Health Assembly

WHO-World Health Organization

Glossary of Local Terms

Aafiya/Fayyaa: Aafiya is Arabic term for good health.

Daadoo: A traditional system of temporal rotational labor in which members of a community support each other reciprocally in labor intensive agriculture work.

Daboo: A traditional social support system where local community members cooperate to support the needy.

Dubatannaa (Naqataa): Betrothal Marriage

Fuudhaa: To marry for male

Qoricha Aadaa: Local term which literally means medicine

Sanamaki:Local term which equivalent to indigenous medicine

Suruma:Local term which equivalent to indigenous medicine

Abstract

Ethiopia is a home of many ethnic groups, cultures, and beliefs which in turn have contributed to the high diversity of indigenous health care knowledge and practices. Oromo people have used indigenous herbal medicine for a long period facing health problems of the societies. Societies are using indigenous medicine by preparing from different plants found in their surroundings. The aim of the present study was to investigate and analyze the indigenous herbal medicinal knowledge, beliefs, and healing practices in the Jimma zone, Setema district. Secondary data were reviewed for the conceptual framework. The primary data were gathered through observation, in-depth interviews, and focus group discussion and the Woreda's Indigenous Herbal medicinal Knowledge and healing practices were qualitatively analyzed. Fieldwork was conducted between February and March 2020.The source of knowledge of these indigenous medicines was originated from the grandparents and holy Quran. Most of the time the modern health institutions (clinic, pharmacy, and hospitals) refer to indigenous healers for diseases like hemorrhoid tumors and evil sprite. Societies have high respect for indigenous medicines. The indigenous medicine administration is: drenching(drinking), chewing or eating, putting the drugs on the head with other additives like butter, topical application of the drug on the part, tying the drug on diseased part of the body, or some of the drugs are used as smoke or direct smoking. The process of the treatment is first identifying the symptoms, like itching, high pain, bleeding on the area (anal part), by using cotton the drug will be applied for three to four days. Prepare indigenous medicine from plants' stem, leaves, roots, and plant oil Used to treat diseases like blood pressure, diabetes, and cancer, to treat feet fungus, to treat eye, ear, uterine disease, syphilis, hemorrhage, skin diseases, rabies, and other diseases. The dose given to the patient was based on the age of the patient and given based on a small spoonful or large spoon. Therefore, People use both indigenous medicine and Biomedicine to alleviate their health problems. Indigenous medicines were highly supported in the study area due to religious, economic social factors. There are varieties of indigenous knowledge and a variety of indigenous medicinal plants in the study area. Due to lack of capacity (workplace or land, capital, equipment or machine) and assistance given to them by local Government attention and assistance provided to them was very weak. The responsiveness of the local administrators was very weak in terms of legal issues for the certificate, and workplace.

***Keywords**: Healing, Herbal medicine, Indigenous knowledge, Treatment*

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CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

Anthropologists have always been interested in health. This interest has recently been systematized and synthesized into the area of specialization called "medical anthropology'' (Ember and Ember, 2004:3). Now a days an increasing number of medical research projects and public health interventions involve medical anthropologists (Pool and Geissler 2005). According to Helman (2007:1) Medical Anthropology is about how people in different culture and social groups explain the cause of ill health, the type of treatment they believe in and to whom they turn if they do get ill. It is also the study of how those beliefs and practice relate to biological, psychological, and social change in the human organism in both health and disease.

Illness and the need to treat the sick are common to human societies. However, many factors influence the experiences of health and illness. The natural environment, genetic inheritance, and above all socio-cultural and economic circumstances interact with one another, in complex ways, to influence the health of any human population (Brown 1998:1).

Traditional Medicine refers to "the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses" (WHO, 2000:1). Indigenous medicine and healing is a major contributor to the healthcare needs of citizens of many countries, especially in developing countries and among the rural poor.

Ethiopia is a home of many ethnic groups, cultures and beliefs which in turn have contributed to the high diversity of traditional or indigenous health care knowledge and practices. The people heavily relied for centuries on indigenous medicine for various physical and mental disorders. About 80% of the population in the country still depends on traditional medicine as their major primary healthcare system. Indigenous medicine practice by indigenous healers constitutes use of natural substances composed of plants, animals and minerals as indigenous remedies besides spiritual healing and bone setting (Amha 2015:6).

The potential significance of indigenous medicine has been given due considerations by the government as reflected in the national policies and legal frameworks for research and development, regulation, and conservation. Ethiopia Public Health Institute (EPHI) has the mission to develop validated traditional medicine product packages and delivering evidence-based information through research thereby contribute to protect and promote the health of people. The strategic directions set for the promotion and development of traditional medicine also facilitate the utilization of its beneficial aspects in the health care service.

Ethiopia, with its diverse topography, has a rich endemic element in its flora approximately thousands of higher plant species, and a diverse heritage of traditional medical practices (Balcha Abera 2003:86). The aim of this study is to investigate the indigenous herbal medicinal knowledge and healing system in Jimma zone Setema District.

1.2 Statement of the Problem

According to Dawit and Ahadu, (1993) as cited in Gidey (2010) maintaining health through traditional medicine in general and utilization of medicinal plants, in particular, is almost as old as the history of humankind. This is true in Ethiopia where nearly 80% of the population still relies on plants to prevent and cure various health problems (Gidey 2010:1799). Indigenous Medicine and Healing has been a historical and dynamic knowledge and practices among many cultures and societies to which many nations are making greater use even today.

According to WHO (2002), about two-thirds of the global population relies on Indigenous Medicines and Healing (IMH) for their health care needs with up to 80 percent of the population of Africa depending on this health system. IMH has also been noted to provide healthcare services to the larger populations of many African countries including Ethiopia, Kenya, South Africa, and Ghana (Asante, 2013). In developing countries favoring traditional medicine is mainly due to the inaccessibility of modern medical system, economic and cultural factors (Abbiw, 1996). According to Konno (2004), easy accessibility, efficacy on treatment, and affordable cost in getting health services are the main reasons.

In the Ethiopian context, there seems to be no village, town, or city where indigenous medicine is not involved in the provision of health care, since it is an integral part of the local culture and accessible to the majority of the population, efficient and less costly alternative care. Anthropological studies conducted in Ethiopia related to indigenous herbal medicine include

(Nuru Kadir (2019) and Wagaye Wade (2016) they focused on herbal medicine and healing practices and they are closely linked to their socio-cultural value.

The research conducted by Nuru (2019) MA thesis titled'' Indigenous Knowledge of Health Care and Healing Mechanisms'' Among the Afar people: the case of Dewe community, Ethiopia. The fieldwork was conducted from 2018 June to July 2018. The findings indicated that the Dewe community view of health, illness, and healing mechanism is closely linked to their socio-cultural values. The general focus of this study was to explore the embedded nature of Indigenous medicine within the socio-cultural and religious values of the Afar.

The research conducted by Wagaye Wade (2016) MA Thesis entitled "Indigenous Knowledge of Herbal Medicine and Healing Practices" among the Gamo people in Dorze dere, southern Ethiopia. The fieldwork was conducted between February and March 2016. Wagaye (2016) found that, the oral nature of indigenous herbal medicinal knowledge and practice poses a challenge that the knowledge is at risk of extinction after some generations unless otherwise documented. The general focus of this study was to investigate and document indigenous knowledge of herbal medicine and healing practices among the Gamo people.

Another historical overview of medicinal plants in Ethiopia Most of these studies was ethnobotanically focused on the nature and application of plants used within the indigenous medical system and pharmacological analysis. They ignored the socio-cultural and they did not give attention to the rooted nature of indigenous cultural values aspects within indigenous healing practices.

There are studies conducted in Ethiopia on the use of traditional medicinal plants by indigenous people in Mekele town, the capital city of Tigray regional state of Ethiopia by Gidey 2010:1800 using Descriptive and quantitative survey method was used in this study to reveal the medicinal plant and how are people using them in the town of Mekele. The research conduct by Balcha 2003:87 on medicinal plants used in traditional medicine in Jimma zone, Oromia southwest Ethiopia. The research used an ethnobotanical survey conducted in six districts of Jimma zone Oromia Regional State, Southwestern Ethiopia to document commonly used medicinal plants used for the treatment of common diseases. The study was conducted from 20 January to 30 April 2000. A structured questionnaire was used to collect the specimens and record pertinent information on their use and according to this study result thirty-nine medicinal plants were recognized for the treatment of various diseases.

In addition to this the research conducted by Marsha Ashagre,2011 on Ethnobotanical study of Medicinal plants in Guji Agro-pastoralist, Blue Hora District of Borana Zone, Oromia Region, Ethiopia using approaches by gathering information from informant's categorization by indigenous people based on their indigenous knowledge. In the second approach, the researcher was described and classified through repeated curious visual observation techniques of ethnobotany as described by Martin (1995). Unlike these studies, however, the researcher has used the Ethnographic design of qualitative research procedures for describing, analyzing, and interpreting culture-sharing groups' shared patterns of behavior, beliefs, and language that develop over time. In addition to this, the researcher is conducting different topology, society culture, norms, and beliefs and there were no or little researches conducted in the study area. Therefore, the researcher is aimed at filling the above-mentioned gaps by researching the Jimma zone particularly Setema woreda.

Research questions

1. What are the healing services available to clients in the study area?
2. How is healing practiced in the study area?
3. How do healers transfer indigenous knowledge of herbal medicine from generation to generation?
4. What influences people to go for Indigenous medicine in Setema woreda?

1.3 Objectives of the Study

1.3.1 General Objectives

The general objective of this study is to investigate and analyze the indigenous herbal medicinal knowledge, beliefs, and healing practices in the Jimma zone, Setema Woreda.

1.3.2 Specific Objectives

- To identify the major healing services in Setema woreda.
- To describe how indigenous medicines are practiced in Setema woreda.
- To describe how the indigenous herbal medicinal knowledge is transferred in the study area.
- To explain why clients/patients opt for indigenous medicine.
- To explain the challenges related to the usage of indigenous medicines in the study area.

1.4 Methods and Data Sources

1.4.1 Research Design

The ethnographic design was employed in this study. Ethnography is qualitative research procedures for describing, analyzing, and interpreting culture-sharing groups shared patterns of behavior, beliefs, and language that develop over time (Creswell, 2012:462).

Most of the time, anthropologists prefer to use qualitative methodology to get the detail and reliable data from their study participant (Bernard, 2006; 24). therefore, to do this, they go out and stay in the field to collect the data; they stay in the field to make second socialization with the study community; they watch and listen, they take notes, bring it to home, and thematically organize and analyze data. Hence the researcher chose qualitative methodology to explore the views, perspectives, beliefs, and practices of study participants. I also employed an ethnographic design which requires extended fieldwork and careful observation and interaction among the member of the study community.

1.4.2 Data Sources

A) Secondary Data

Secondary data is concerned the researcher tries to collect data from published materials like books, articles, organization's manuals, and reports of Setema woreda Culture and Tourism Office.

B) Primary Data

Observation

I made observations of the medical practices at biomedical (clinic, pharmacy, and hospitals) as well as indigenous medical services in Setema district. There were several modern health institutions in the study area. So, I secured permission from concerned authorities and was able to access and observe their practices. In these field notes, the researcher records, in a semi-structured way (using the same prior question that the inquirer wants to know), activities at the research site, Qualitative observers may also engage in roles varying from a non-participant to complete participant (Creswell 2009:181). Observation is one of the appropriate methods to gather valuable information in anthropological studies. Thus, observation is used as an

instrument of data gathering. To conduct observations the researcher tried to observe several times people who prepare traditional healers and people who are using indigenous medicines. The Herbalist practices disease identification, procedure treatment, Dosage identification, drug storage, and the dose given to the patient, and the amount of birr the patient wants to pay for the medicine. I also observed the interaction between herbalist and patient/client in the healing practice. This observation helped me to cross-check the validity of data gained through interviews. The healer prepares drug secretly and not willing to show details.

Interview

The researcher conducted face to face interviews with participants. Semi structure or in-depth interviewing is a scheduled activity. The interview is open-ended, but follows a general script and covers a list of topics. In a situation where you won't get more than one chance to interview someone.

An in-depth interview was employed to collect data from indigenous healers‟ who were experienced in IMK. The researcher conducted this interview with key informants like indigenous healers (KIIH) and their clients, key informants from a community member (KICM), Key informants from Culture and Tourism office (KICT), and key informant from the biomedical worker (KIBW). The interviews were conducted in the Afan Oromo language. The interviews were conducted on a face-to-face basis in order to prove more about the issue and observe the reaction of the participants over certain issues under interview Therefore, the interview guide questioners were developed based on the findings of the preliminary interviews with the indigenous healers via these methods. The method was employed based on an in-depth interview with some selected 21 key informants who are knowledgeable. Nine of the informants were healers (KIIH), four from patients (KICM) and four community members (KICM), two Culture and Tourism office (KICT), and two also from biomedical workers (KIBW). I have conducted an interview in the local language and during my interview; I have used both Video records and note-taking.

Focus Group Discussion

Focus groups are recruited to discuss a particular topic anything from people's feelings. The group moderator gets people talking about whatever issue is under discussion. The participants in a focus group should be more or less homogeneous and in general, should not know one another. I faced one challenge in implementing FGDs in this research. For the cause of pandemic Covid19, Participant herbalists and Community member were far apart from each another to participate themselves for discussion in groups. With this challenge in mind, I organized the discussion to maintain a distance of two meters herbalists at one of the herbalist's compound where other herbalists were relatively nearby. The discussion with community members was held around their compound as they were gathered by the kebele leader. The culture and tourism officers were conducted at the office without any challenge.

I had organized three FGDs. These were FGD-1 (Herbalist) consists Seven individual participants, FGD-2 (community member) consists of Eight individual participants, and FGD-3 (Culture and Tourism office) consists of Seven individual participants (see the profiles of the discussants in Annex III). Participants of FGD consist of individuals of both sexes and different age groups of similar background.

1.4.3 Sampling and Informants

In the Setema district there are 22 kebele (21 rural and 1 town kebele); to research the entire kebeles in Setema district it is difficult due to financial, logistics, and time constraints. Therefore, two kebeles are selected by using nonprobability sampling which is purposive sampling and The Herbalists are identified based on the information obtained from kebeles leaders by using snowball sampling. In addition to this gathering data from the whole population from all kebeles of the district is difficult so that using convenient sampling 21 key informants selected for the study. Three Focus group discussion FGD1 (Key Informant of Healer), FGD2 (community elder), and FGD3 (Key Informant of Culture and Tourism office) used to sample for this study.

1.4.4 Data Analysis

Data collected in the focus groups and the in-depth interviews and field notes of systematic observation were compared and contrasted. All Video recorded interviews and focus group discussions were transcribed into English. Then carefully listened to the video recordings while

simultaneously reading the transcribed interviews and focus group discussions. Then carefully read and read the original transcriptions and elicited patterns and themes, descriptions, and categories which data from observation through note-taking used to support and enrich our sources. Finally, the whole data were analyzed in a thematically organized way pursuing the original description of the field notes to suppose meanings and reach a conclusion.

1.5 Ethical Consideration

To collect primary data for this study the researcher was supported by a letter written from the department of Social Anthropology, Jimma University. Before starting collecting required data the researcher undertook discussion with the woreda administrations and officials to ensure the woreda administrators and local community about the objectives of the study were only for academic purposes. This helps the researcher to smoothly approach Setema woreda cultural and Tourism office and the key informants for the interview by reaching on consensus to collect the required data and the success of the study.

1.6. Scope and Significance of the Study

The scope of this study is conceptually delimited to the indigenous herbal medicinal knowledge, beliefs, practices, and healing system and geographically limited to societies in Setema woreda directly related to the use of indigenous medicines.

It helps the researcher to enhance the research experience, capability, and develop knowledge of how to conduct research. This study also helps the researcher as a partial fulfillment to acquire a master's degree. The recommendation of the research is also to help Setema woreda culture and tourism office to understand the indigenous herbal medicines and advice to take the necessary measures to improve the use of indigenous medicines in the area. The finding of the study is to help insight for other researchers who are interested to go through a detailed study for the future. Finally, the research would be important for policymakers to undertake further study to transform and promote these indigenous medicines. Furthermore, this study is important for society to get information about indigenous medicines in the study area.

1.7. Limitation of the Study

The study has its limitations. The first major limitation I may encounter is the sparsely populated structure of the study area, and difficulty to get participants in one place, due to the covid19 Pandemic disease. Another limitation I faced is shortage of time and financial resources. Besides,

there have been some factors that may challenge the fieldwork and data collection, such as infrastructural problems like lack of transportation.

1.8 Fieldwork Experience

I worked for eight years at Setema woreda as expert of conflict resolution on land use job position. During these years of my experiences, I am very familiar with the people of Setema woreda and all kebele managers and elders from the society while I was discussing on different conflict resolution issues. In addition to this when moving from Jimma to Setema for my study I did not face personal life challenges because of my family's home town and the selected key informants are people I am very familiar with the but I did not well-informed what types of indigenous medicines they were using.

For instance, before two years I met Sheikh Kamal Lata (pseudo name of KIIH-4) on transportation bus while he is certified with indigenous medicine from regional health bureau. Currently, Sheikh Kamal Lata was one of my key informants for my study.

1.9 Organization of the Paper

The paper is organized into six chapters: the first chapter deals with the introduction consisting of the background of the study, statement of the problem, the objective of the study, the significance of the study, the scope of the study, and the organization of the paper. The second chapter emphasizing on review of related literature, which is briefly discussing the definition and concepts of indigenous medicines in Ethiopia particularly in the Jimma zone. The third chapter consists of Background the Study Area, the fourth chapters are analysis and, interpretation of the data, fifth chapter Discussion, and finally the sixth chapter is a summarization of major findings, conclusion and puts possible recommendations.

CHAPTER TWO

2. RELATED REVIEW OF LITERATURE

2.1 CONCEPTUALIZATION

This section reviews literature related to the research question under study. It begins by explaining the conceptual framework of indigenous herbal medicinal knowledge, beliefs, and healing practice. It presents a brief account of the different types of health care system and major Theoretical schools of thought in medical anthropology. In the end, the empirical studies related to herbal medicine and healing practice as well as the Ethiopian policy is reviewed.

2.1.1. Indigenous Knowledge

The literature on indigenous knowledge does not provide a single definition of the concept. This is in part due to the differences in the background and perspectives of the authors, ranging from social anthropology to agricultural engineering (World Bank 1998:1). Indigenous knowledge (IK) refers to the unique, traditional, local knowledge existing within and developed around the specific conditions of women and men indigenous to a particular geographic area (Grenier1998:1).

> Indigenous knowledge can be defined as a network of knowledge's, beliefs, and traditions intended to preserve, communicate, and contextualize Indigenous relationships with culture and landscape over time. One might distinguish "knowledge" as factual data, "belief" as religious concepts, and "tradition" as practice, but these terms are often used imprecisely and interchangeably to describe Indigenous epistemologies. Indigenous knowledges are conveyed formally and informally among kin groups and communities through social encounters, oral traditions, ritual practices, and other activities (Bruchac 2014:1).

Indigenous knowledge is the local knowledge – knowledge that is unique to a given culture or society. IK contrasts with the international knowledge system generated by universities, research institutions, and private firms. It is the basis for local-level decision-making in agriculture, health care, food preparation, education, natural resource management, and a host of other activities in rural communities (Warren 1991).

Knowledge is a product of education; it is sets of information, facts, ideas, skills, expertise, and awareness or familiarity acquired by a person through education or experience for the theoretical or practical understanding of a subject. Knowledge will also refer to a socially accepted

understanding of a subject, which offers an individual or a group the ability to use it to attain a specific goal (C. Ezeanya-Esiobu, 2019:3). Indigenous knowledge has gained attention and acknowledgment as another form of science that can be used to explain phenomena and socio-cultural realities of diverse African societies.

> Africa was indeed a birthplace of science as we know it, and that indigenous knowledge capabilities to cope with the environment and create value have a long history in the continent. We also know that as early as one hundred thousand years ago, there were the beginnings of written symbolic language in the form of triangles and horizontal lines, also in ancient South Africa, based on the geometrical carvings that have been found. By the Aksumite era of Ethiopian history, however, we have a wide range of ceramic products in the form of shallow thin-walled bowls, deep bowls with rims, basins, pots, jars, jugs, storage pots, braziers, legged vessels, beakers, semi-globular round-bottomed bowls, cooking pots, pedestal vessels and bird-shaped vessels, the product of indigenous innovation and skill. Other ancient structures in present day Aksum, Gondar and Labella include (Emeagwali, Shizha 2016:3-4).

Indigenous people are located around the world in places such as in Australia, New Zealand, the Americas, Asia, and Africa. Although found in diverse geographic regions, indigenes constitute particular cultural groups, use indigenous languages, adhere to their own political systems, and maintain particular social patterns such as ancestral traditions concerning the seasons of planting, reaping and storing (M.G. Hewson, 2015:8)

African medical IK conceives of illness as an imbalance or disequilibrium in the mind and body. This means, in western terms, that when people suffer from social, psychological, physical, economic, environmental or spiritual problems, they often experience psychological distress that can cause pain at many levels. Such pain is caused by disequilibrium within the body/mind/spirit complex, the presence of spiritual impurities, and/or intrusions. In order for healing to occur, equilibrium must be re-established, and the patient must be cleansed of spiritual intrusions and impurities (M.G. Hewson, 2015:81).

2.1.2 Herbal Medicine

Herbal medicines as defined by World Health Organization (WHO) refers to herbs, herbal materials, herbal preparations, and finished herbal products that contain whole plants, parts of plants, or other plant materials, including leaves, barks, berries, flowers, and roots, and/or their extracts as active ingredients intended for human therapeutic use or for other benefits in humans and sometimes animals (Josephine Ozioma 2019:193). Herbal medicine forms a substantial part

of traditional medicine. According to WHO's definition, HM includes "herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients, parts of plants, other plant materials or combination thereof". There is increasing demands for medicinal plants, both in the developing and developed countries (WHO 2009:1).

Herbal Medicine has the potential to elicit the same type of adverse reactions as synthetic drugs; the body has no way of distinguishing between "natural" and man-made compounds. Herbal Medicines consist of who extracts of plant parts (roots, leave) and contain numerous potentially active molecules (Aronson 2009:3). Plant derived materials or products with therapeutic or other human health benefits which contain either raw or processed ingredients from one or more plant. In same traditions material of inorganic or animal origin may also be present, although for the purpose of this document, the focus will be on plant material only (WHO1998:6).

In many communities and families, Herbal medicine is an available, affordable, effective and culturally acceptable health care modality (WHO 1998; 15). Herbal Medicines may be used as self-medication for many condition.However.in most cases, the use of Herbal medicines needs to be guided by qualified practitioners whose practice brings economic benefits should ensure quality of herbal medicine services and thus protect the public (WHO 1998:19).

Herbal medicines are also referred to as herbal remedies, herbal products, herbal medicinal products, phytomedicines, Phyto therapeutic agents and phytopharmaceuticals. The use of herbal medicines in an evidence- or science-based approach for the treatment and prevention of disease is known as (rational) physiotherapy. This approach to the use of herbal medicines contrasts with traditional medical herbalism which uses herbal medicines in a holistic manner and mainly on the basis of their empirical and traditional uses (Barnes, Anderson and Phillipson 2007:4).

> The World Health Organization (WHO) defines herbal medicines as "Finished, labeled medicinal products that contain as active ingredients aerial (above ground) or underground parts of plants, or other plant material, or combination thereof, whether in crude state or as plant preparations" (WHO, 1991). McCaleb and collaborators (2000) define herbs as "Plants or plant parts that are used in fresh, dried, or extracted form for promoting, maintaining, or restoring health (Bascom Angella 2002:3).

Herbal medicines are widely used for prevention and also for the treatment of physical ailments. Herbs (as well as animal parts) are effective for healing numerous physical ailments, such as headaches. They are also thought to be effective for many social problems such as protecting the

home, dealing with jealous people, attracting a desirable mate, becoming pregnant, and for helping dying patients and their family members (M.G. Hewson, 2015:81).

2.1.3 Healing System

According to Ember and Ember (2004) as cited in Wagaye (2016) healing is a complex process that starts with a patient's experience of something being wrong and proceeds to some form of diagnosis and then possibly treatment. Cultural ideas and practices are fundamental in the healing process and societies vary enormously in the ways that the healing process proceeds (Wagaye 2016:19). Danton (1978) cited in (Dejene 2013:125) identifies two basic beliefs that are prevalent about how faith healing works. One is healing occurs primarily through psychological processes. The second is the belief that stresses the intervention of God in the healing process. The indigenous healer is defined as an educated or layperson who claims the ability or healing power to cure ailments. He could have a particular skill to treat specific types of complaints or afflictions and might have gained a reputation in her/his community or elsewhere. The indigenous healer may base his power or practice on religion, the supernatural, experience, apprenticeship, or family heritage (Wubet et al 2011:2).

> Besides, the healer will often negotiate with the patient over a payment to be made in the future. In all cases, if the treatment did not result in improvement, the patient paid nothing beyond the initial payment. This was the case even when patients lived with, were cared for, and fed by the healer during treatment. Healers do not charge for medicines administered (Leonard 2002:2).

2. 2. Concept of Health, Disease and Illness

Medical anthropology is the primary discipline addressing the interfaces of medicine, culture, and health behavior and incorporating cultural perspectives into clinical settings and public health programs. Health professionals need knowledge of culture and cross-cultural relationship skills because health services are more effective when responsive to cultural needs (Winkelman 2009:3). Cultural knowledge is also important for addressing public health mandates to assess communities' health needs, develop appropriate health policies and programs, and ensure adequate and culturally competent health services. The health needs of communities vary widely, requiring an understanding of each community's perceptions of health and illness to develop appropriate services. Health, illness, and healthcare-related aspects of societies are articulated as cultural systems (Kleinman (1978:86).

2.2.1 Health

Anthropologists generally see 'health' as a broad construct, consisting of physical, psychological, and social well- being, including role functionality (Ember and Ember, 2004: 3). As is the concept of culture, the notion of health is difficult to define. According to the charter of the World Health Organization, health refers not merely to the absence of disease but a state of physical, social, and psychological well-being (Brown 1998:11).'Health' is a multidimensional and holistic concept, which includes physical health, psychological health, social health, and spiritual health (Helman 2007:127).Culture affects our perceptions and experiences of health and illness in many ways, and these perceptions and experiences change as culture changes. Health problems of any group can be affected by a multitude of cultural variables, some very basic (Sobo 2010: 11). Medical Anthropology emphasizes social constructivist approaches to understanding health problems, illustrating the roles of social and cultural processes in defining, interpreting, and responding to Maladies.

2.2.2 Illness

"Illness" can refer to a variety of conditions cross-culturally. In some cultures, it is limited to somatic experiences; in others, it includes mental dysfunction; in others, it includes suffering due to misfortune, too. That is, some medical systems deal with human struggles related to love, work, finances, etc. Social, somatic, emotional, and cognitive troubles often are not separated at all but quite intertwined and even fused (Sobo 2004:3).

The illness and Sickness concept shows the importance of the understanding personal experience of malady and the consequences of social responses for our sense of wellbeing. Illness the personal experience of a problem in wellbeing involves much more than a disease (Winkelman 2009:36). Sickness is an inclusive term that includes all unwanted variations in the physical, social, and psychological dimensions of health. Robert Hahn defines sickness as "unwanted conditions of self or substantial threats of unwanted conditions of self"(Brown 1998:11). Illness refers to a person's perception and lived experience of sickness or being 'diseased'. That is, in a socially devalued state including but not limited to, disease. It includes a psychological and social dimension.

According to Foster as cited in Dejene (2013), the causation theory consists of the conception of Health and the causes of disease and illness. He also distinguished the difference between

personalitic and Naturalistic system. The personalistic explanation of illness is a condition in which illness is purposefully caused by supernatural forces or by human beings like Sorcery and Witchcraft. On the other hand, the naturalistic system explains disease causation in impersonal and more systematic terms (Dejene, 2013:1). Generally, 'illnesses to represent 'what the patient feels when he goes to the doctor', and 'disease' for 'what he has on the way home from the doctor's office'. 'Disease, then, is something an organ has; illness is something a man has'. Illness is the subjective response of an individual and of those around him to his being unwell (Helman 2007:126)

2.2.3 Disease

Disease refers only to the 'objective' clinical manifestation of abnormality of physical function or infection by the pathogen in an individual of the host.

It is a biological phenomenon. Kleinman (1978) also defines disease as a malfunctioning in, or maladaptation of, biological and /or psychological experience and meaning of perceived disease. Disease refers to a scientifically identified health threat caused by bacterium, virus, fungus, parasite, or another pathogen.

2.2.4 Health Care

Most health care systems contain three social arenas within which sickness is experienced and reacted. These are the popular; professional; and folk arenas (Kleinman 1978:86).

According to the World Health Organization (2010), health care is the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in humans. Health care is delivered by practitioners in medicine, chiropractic, dentistry, nursing, pharmacy, allied health, and other care providers. It refers to the work done in providing primary care, secondary care, and public health. Health care is conventionally regarded as an important determinant in promoting the general health and wellbeing of peoples around the world (Nuru 2019:25).

2.3 Medical System and Pluralism

The Medical system of a society consists of the totality of medical subsystems that coexist in a cooperative or competitive relationship with one another. Medical systems are shared beliefs

and behavior about the prevention and treatment of illness in society (Lavinson 1997, Sobo 2004). Kleinman (1978’86) noted that the medical system is a cultural system that includes people's belief and their pattern of behavior and the role of cultural rules in guiding. All human societies create a medical system of one sort or another. The medical system consists of beliefs and practices that are consciously directed at promoting health and alleviating disease. Medical systems are usually plural manifesting cooperative or competitive coexistence (Bear et al, 2003, Helman 2007). Medical systems are how people endeavor prevention, relieve and heal suffering and disease. Medicine is a part of the culture and like any other aspect of culture (Bhasin 2007:8).

Medical pluralism may be defined as the synchronic existence in a society of more than one medicine system grounded in different principles or based on different worldviews (Bhasin 2007:16). Medical pluralism became clear. This concept suggests that different societies have different society’s health-care system cannot be studied in isolation from other aspects of that society, especially its social, religious, political, and economic organization (Helman 2007:81).

Kleinman (1980) illustrated this medical pluralism in showing that complex societies have three overlapping sectors or health care systems:

- The popular (lay) sector involving culturally-based personal and familial beliefs and practices
- The folk sector involving cultural ethnomedical traditions and specialists
- The professional sector involving legally sanctioned professionals

Elaborating more on each sector Helman (2007:81-90) argues that the popular sector is the lay, nonprofessional, and non-specialist area of the society, where the family is the main arena of healthcare. Here, the author notes that self-treatment/self-medication, advice from relatives, friends, and neighbors, and consultation with other laypersons, form the main sources of healthcare information as well as healing practices. Experience is the main source of knowledge among members belonging to this sector. The popular sector primarily involves what people, without recourse to specialists, believe and do about health care.

The folk sector consists of individuals who are specialized in some forms of sacred or secular or both healing practices but who do not form part of the formal medical system. These include

religious and spiritual healers, natural and physical healers (such as herbalists, midwives, and masseuses), and psychological healers (diviners, fortune-tellers).

The professional sector is the legally recognized and organized sector of healthcare where medical practices are governed by codes of ethics and conducts. Members of this sector enjoyed some prestige. They include nurses, doctors, and all other paramedical professionals. Largely, this sector is often based on Western scientific medicine known as biomedicine. Practitioners under this sector operate with computers and complex equipment. Helman asserts that this sector in most societies, is elevated to a higher status than the others and it is also funded by state resources. All three sectors identified under the theory of healthcare pluralism (Kleinman 1980; Helman 2007) may be said to exist in my study area, namely the popular sector, indigenous herbal healing, and biomedical healing system. The study population accesses all these three sectors of healthcare systems.

2.3.1 Medical Syncretism

Syncretism is a term that made its way to medical anthropology from religious studies which means “unifying or reconciling different or opposing schools of thought” (Geissler and Pool, 2005:41). The process of developing these patterns ‘‘medical syncretism.’’ ‘‘Syncretism,’’ defined as ‘‘the combination or blending of elements from different religious (or cultural) traditions’’, is a term usually applied to religious phenomena. Nevertheless, it is also suitable to describe the blending of biomedical with indigenous concepts.

2.4 Theoretical Frame Work

Different theoretical orientations in a different time and places are proposed in medical anthropology to explain the complex interaction between health, culture, and society: among which the major ones are discussed as follows;

All Society has medical systems that provide a theory of disease etiology, methods for the diagnosis of illness, and prescriptions and practices for curative or palliative treatment. According to Brown as cited, Horacio Fabrega defines ethnomedical inquiry as "the study of how members of different cultures think about disease and organize themselves toward medical treatment and the social organization of treatment itself" (Brown 1998:14).

Medical Anthropologists studying ethnomedical systems have focused on five major areas of research: ethnographic description of healing practices; comparison of the ethnomedical system; explanatory models of health and sickness; health-seeking behavior; and the efficacy of ethnomedical systems (ibid). Ethno medicine is itself defined as 'ethnomedical' since the focus of the inquiry is the elucidation of indigenous concepts of sickness and its treatment. Interesting enough is how this examination or ethnographic study of indigenous concepts of sickness and disease emerge and how cultural aspects and aspirations have in this. Ethno medical perspective focuses on health beliefs and practices, cultural values, and social roles (Nkosi 2012:85).

Explanatory models (EMs) are notions about the causes of illness, diagnostic criteria, and treatment options. In a clinical encounter, the Explanatory models can be elicited from Practitioners, patients, and family often differs. The ensuing communication and negotiation of decisions for managing illness led to the cultural "construction" of illness. To the extent that disparity among explanatory models continues because of cultural, ethnic, or class differences, communication remains problematic (Kleinman 1978:87).

2.4.1 Personalistic and Naturalistic Disease Causation Theory

Foster and Anderson proposed an alternative way of classifying lay illness etiologies, especially in non-Western societies. They differentiate between a personalistic and naturalistic system.

Forster's (1976) notion of 'personalistic' serves as a useful starting point in describing the traditional medical system. In such a system, illness and misfortune can be caused by the purposeful manipulation of supernatural powers so that the religious and medical systems are intermeshed (Oloyede 2010:78). Personalistic etiologies are based on the idea that the volition or the intervention of an extra-natural force causes misfortune. The treatment of personalistic illness is the specialty of the traditional healer who conducts healing ceremonies aimed at appeasing angered gods or spirits or counteracting the influence of witches or others who possess the power to cause illness. On this point, one needs to point out that in as much as a deity, a human witch or sorcerer, or non-human agents such as an evil spirit or ancestor can use powers beyond those of everyday experience to harm living human beings or control their behavior, the converse applies in that the same powers can be proactive and assure success in life to those who possess them. Given this, the medical practitioner in this system, referred to, generally as the traditional healer is "someone who is recognized by the community in which he or she lives as competent to

provide health care by using vegetable, animal and mineral substances and certain other methods based on the social, cultural and religious background 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.

A personalistic medical system is one in which disease is explained as due to the active, purposeful intervention of an agent, who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit), or Supernatural (a deity or other very powerful being). The sick person is a victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone (Foster 1978:775). This theory attributes illness to causative agents which are considered to be intelligent beings. It is particularly common among most non-western societies. Even if a person may know that mosquito bite causes malaria, he or she often thinks and believes the cause of the illness is due to the power and evil work of such agents as evil spirits, sorcerers, witches, ancestor ghosts, curses made by elders, the wrath of supernatural beings, etc.

> The most prevalent and important theories of illness found cross-culturally in premodern societies involved theories of supernatural illness causation that involve personalistic assumption, meaning that some personal agent acted aggressively to cause the malady. These notions of personalistic cause, such as embodied in the concept of an evil witch or ghost causing illness, are based on assumptions not recognized by modern medical science as being valid. Although framed in supernatural terms regarding the powers of unusual humans or evil spirits, these theories may nonetheless represent important psychodynamic, social, and physical processes relevant to health (Winkelman 2009: 239).

Most personalistic illnesses can be treated only by traditional healers because they know the proper rituals part of which include gathering the appropriate herbal plants. While one can presume that cultivated plants are likely to be somewhat different in their properties from those gathered from the natural habitats, it is also clear that certain values in plants can be deliberately enhanced under controlled condition of cultivation (Oloyede 2010:80). In contrast to personalistic systems, naturalistic systems explain illness in impersonal, systemic terms. Disease is thought to stem, not from the machinations of an angry being, but rather from such natural forces or conditions as cold, heat, winds, dampness, and, above all, by an upset in the balance of the basic body elements (Foster 1978:775).

> This theory is also commonly referred to as western or scientific medicine. This attributes diseases to such impersonal, scientifically proved agents like viruses,

> bacteria, fungi, parasites, etc., and toxic substances. This theory explains the causes of diseases on naturalistic terms; i.e., diseases are natural occurrences, not supernatural things. Non-western cultures also use naturalistic disease theories. Some people for example believe that eating or drinking hot or cold substances may create a health problem.

2.4.2 Externalizing and Internalizing Medical Belief System

In less-developed countries it is generally the case that sickness patterns are dominated by infectious and parasitic disease, malnutrition, and traumatic injuries; a major portion of sickness episodes consist of self-limiting sicknesses and medical rationality is not determined by the scientific standard of proof. Some of the success of indigenous healers and the persistence of traditional medical beliefs and practices (Young 1980:105). Particular beliefs about sickness and health persist because people find them useful and convincing. That is to say, the beliefs enable people to decide on (Young 1976:147).

> The Internalizing systems give prime importance to biological or physical signs. Furthermore, illness is not conceptualized as a social problem unlike in the externalizing system. Illness in internalizing medical belief systems is an individual problem. Externalizing systems on the other hand approach illness as a social and ascribe importance to events outside the ill person's body (Dejene, 2013:3).

Externalizing systems concentrate on making etiological explanations for a serious sickness, here, pathogenic agencies are usually purposive and often human or anthropomorphized. Diagnostic interests concentrate on discovering what events could have brought the sick person to the attention of the pathogenic agency. The healer's therapeutic powers are typically expressed in his ability to enter into etiology-narratives to compete against purposive agencies and his access to anodynes.

In internalizing systems physiological explanations are indispensable for organizing medical strategies. Distinguished from examples such as Ayurveda and Unani medicine because it concentrates on micro-level processes (Young 1976:148). Internalizing systems develop when these circumstances change that is as the division of labor grows increasingly complex and leads to the transformation of the homogeneous and self-sufficient community.

> Young classified belief systems about ill-health as either externalizing or internalizing. Externalizing belief systems concentrate mainly on the etiology of the illness, which is believed to arise outside the sick person's body, especially in their social world. Thus, in trying to identify a cause for the individual's illness,

> people closely examine the circumstances and social events of his life before he fell ill such as tracing the cause of an illness from a grudge between two people, which led to feelings of resentment, then to some pathogenic act (such as witchcraft or sorcery), which then led on to the illness itself. Many of the lay models of illness etiology from different parts of the world and are described as externalizing types of explanations.
>
> In contrast, internalizing belief systems concentrate less on aetiological explanations and more on events that occur (and arise) inside the individual's body, and they always emphasize physiological and pathological processes as explanations for how and why some people get ill. This is the perspective of the modern scientific medical model. Its strength lies in its detailed perception of physiological events within the individual body, but its weakness lies in ignoring the social and psychological events that preceded the onset of symptoms while the reverse is true of the externalizing systems (Helman 2007:139-140).

The externalizing medical belief system externalizes the origin of illness outside the human body linking causation to the attack of spirits and the damaged social relations with members of a community. It is strongly related to morality and religion. The internalizing one, on the other hand, puts much emphasis on the physiological signs of illness and the focus is on what is going on inside a patient (Young, 1976; 1980).

Therefore, my study guided under the externalizing medical belief systems. Because people closely examine the circumstances and social events of his life before he fell ill.

2.4.3 Domestication and Indigenization Explanation

Domestication and particularly the indigenization theme provides approaches alternative to the dichotomous analysis, they are used to make sense of the implications of empirical data from Addis Ababa (Dejene 2013:4-5). Domestication, which has become a prominent theme in the socio-anthropological study of the flow of culture. The first and earliest approach to the study of CAM entertained a dichotomy between traditionalism and modernity and predicted that a gradual process of modernization would eventually bring about the abandonment of traditional, non-scientific medical practices. Therefore, Domestication, the force behind this integration, is a process by which the foreign is rendered familiar and palatable to local tastes. This process comprises combining elements of an imported entity such as food, clothing, philosophy, religion, or medicine with elements of the local culture (Fadlon 2004:70-71). she focuses on two major processes through which domestication can be observed: dissemination, by which the discourse of CAM reaches the public via the popular press; and professionalization, where CAM colleges and clinics create a new conceptualization of the body and CAM.

Indigenization applies to the process of adaptation to the local social and cultural environment that western biomedicine undergoes when it became part on the non-western medical system.The movement of medicine or techniques from biomedicine into another context process. In the actual situation of African communities, biomedical knowledge and practice are often indigenized and adjusted to local needs and expectations (Geest 1997: 906).

> Medicines are indigenized everywhere in the world, not only in Africa. Driven by mistrust in the medical profession and science, in the West, especially where public health services are insufficient, such as in the USA, people rely increasingly on the Internet to shop for medicines as well as for medical information, which is often at variance with established biomedical views and which frequently includes other, 'exotic' medical treatments. Similarly driven by mistrust in faltering government health provision as well as by lack of law enforcement and by aggressive drug marketing, people in developing countries rely on pharmaceuticals bought from shops or exchanged between neighbors **(**Pool and Geissler 2005: 101).

From a public health perspective, one problem of indigenization is that medicines, absorbed in to local context and disconnected from the Doctor-patient relationship, are often used in unintended ways (Pool and Geissler 2005:102). Therefore, my study guided under the theme of indigenization theory.

2.5 Empirical Literature

2.5.1. Overview of Global Indigenous Medicine

CAM is attracting more and more attention within the context of health care provision and health sector reform. Many factors are contributing to the widespread use of indigenous medicine/CAM. But some important issues must be addressed if their potential is to be developed successfully.

There are many indigenous medical systems, including indigenous Chinese medicine, Indian Ayurveda, and Arabic Unani medicine. A variety of indigenous medical systems have also been developed throughout history by Asian, African, Arabic, Native American, Oceanic, Central, and South American, and other cultures. Influenced by factors such as history, personal attitudes, and philosophy, their practice may vary greatly from country to country and from region to region. Needless to say, their theory and application often differ significantly from those of allopathic medicine (WHO 2002:7).

Depending on the therapies involved, Indigenous medicine/CAM therapies can be categorized as medication therapies if they use herbal medicines animal parts, and/or minerals or non-medication therapies if carried out primarily without using the medication as in the case of acupuncture, manual therapies, qigong, tai ji, thermal therapy, yoga, and other physical, mental, spiritual and mind-body therapies((ibid). The terms "complementary" and "alternative" (and sometimes also "non-conventional" or "parallel") are used to refer to a broad set of health care practices that are not part of a country's tradition, or not integrated into its dominant health care system.

Acupuncture is an indigenous Chinese medicine therapy. But many European countries define it and traditional Chinese medicine in general as CAM because they do not form part of their health care traditions. Similarly, since homeopathy and chiropractic systems were developed in Europe in the 18th Century, after the introduction of allopathic medicine, they are not categorized as indigenous medical systems or incorporated into the dominant modes of health care in Europe. Instead, they are regarded as a form of CAM (WHO 2002:8).

2.5.2. Complementary and Alternative Medicine in the United States.

These CAM approaches are still strongly based on the universals of religious healing but have developed many professional dimensions as well. General secularization trends, religious healing practices have persisted and even grown in popularity. The spiritual and religious approaches to healing are supported by the growth of the holistic health movement, which considers spiritual health among the many dimensions or levels of human health (Winkelman, 2009:179).

Contemporary American concerns with alternative medicine are deeply rooted in North American history and culture Alternative approaches resulted from aspects of early American society: isolation from Europe, diverse healing traditions in a multicultural immigrant base, and independent and self-reliant tendencies. These fostered a reliance on local resources as cost-effective alternatives to expensive imported drugs (ibid).

> Native American herbal traditions were incorporated in an official nineteenth-century U.S. pharmacopoeia. Many alternative traditions today have roots in eighteenth-century herbalism, religious practices, and other healing traditions marginalized by biomedicine. Alternative treatment approaches appeal to American traditions of freedom of religion and rights to choose. These are reflected in religious connections that still exist within the health food and herbalist practices. A focus on naturalism provides the emphasis for notions of

balance and harmony that extend into cosmic and supernatural frames of reference (Winkelman, 2009:180).

2.6. African Indigenous Medicine

African Indigenous Medicine (AIM) consists of an accumulated body of knowledge about the treatment of disease and causative models for explaining disease. It is also true to say that indigenous medicine refers to' 'those practices and knowledge, defined by culture, belief, and environment before conventional medicine". African indigenous medicine has not been static over the ages and has regional variations, and successes as well as failures (Emeagwali 2016:161).

According to Abdullahi (2011:116), as cited in Wambebe (2018), many products based on Indigenous medicinal knowledge are an important source of income, food, and health care for many inhabitants of developed and developing countries. In fact, due to their availability and affordability, the traditional medicines and therapy systems of developing countries provide health care to the vast majority of these countries' populations. Before the establishment of conventional medicine traditional medicine was the dominant health system for millions of people in Africa (Wambebe 2018:3).

According to Abdalla as cited in African indigenous Medicine, Pathology and illness are often accounted for in terms of both super natural-centered propositions and naturalistic, empirical ones. Within this accumulated system of ideas, are diagnostic techniques and procedures that may blend personalistic, supernatural, and naturalistic accounts (Emeagwali 2016:161). there is some common ground concerning Africa traditional Medicine and mainstream.

Herbal medicine and essential oils are the most popularly used forms of indigenous, complementary, and alternative medicine therapy worldwide. However, in some countries, other natural products such as animals, minerals, other materials may also be used (Wabebe 2018:4).

2.6.1 Strategies and Declaration Adopted Indigenous medicine at Global level.

In many 2002, the World Health Assembly (WHA) launched the global WHO strategy on traditional medicine 2002-2005(WHO, 2002); it was adopted at the 66th session of the WHA by its Resolution WHA 56 .13 on indigenous medicine in 2003.in 2008, the 61st WHA adopted resolution WHA 61.21 on WHO global strategy and plan of action on public health, innovation,

and intellectual property. The resolution set the research priority agenda in Indigenous medicines for the people of the Africa region (Wabebe 2018:9).

Besides, the WHO convened the first WHO congress on Indigenous medicine that took place from Nov.7, 2008, in Beijing, China, and adopted the Beijing Declaration on traditional medicine. The declaration encourages governments to create or improve national policies on Indigenous medicine. It also promotes improved education, research, and clinical inquiry into traditional medicine, as well as improved communication between health-care providers (Wambebe 2018:9).

WHO Traditional Medicine Strategy: 2014–2023 at a WHO high-level meeting held at the Macao Special Administrative Region of China. Participants in Macao including national health authorities from the African Region recognized that the WHO Traditional Medicine Strategy: 2014–2023 provides useful guidance to countries in the formulation and implementation of their respective national policies and regulations and called for the adoption and adaptation of the strategy by member states. The traditional medicine strategy has three strategic objectives: (1) building the knowledge base through national policies; (2) strengthening safety, quality, and effectiveness through regulation; and (3) promoting universal health coverage by integrating services and self-health care into the national health system (WHO, 2014a, and b).

2.6.2. Strategies and Declarations Adopted by Health African Leader for Development Indigenous Medicine.

The fifth ordinary session of the African Union Conference of African Ministers of Health held in Windhoek, Namibia, in April17-21, 2011 on the theme "the impact of climate change on health and development in Africa "discussed the End of decade review report on African Indigenous medicine (2001-2010). the implementation of the; plan of action in the first decade succeeds in promoting the development of African Indigenous medicine in member states. The plan of action for implementation of AU's second decade of African Indigenous medicine was adopted by a special conference of African ministries of Health in Geneva, Switzerland, in May 2012(Wambebe 2018:11).

2.7. Indigenous Medicine Practice and Policy in Ethiopia.

As Dejene cited (Pankhurst 1990:113) Medical historians indicate the existence of a literature of traditional medicine in the local languages of Geez and Amharic that dates back to at least the

second half of eighteen century. This literature contains thousands of prescriptions for a wide range of diseases. However, the medico religious manuscript of traditional medicine did not make clear distinctions between the medical and extra medical aspects of disease in the eyes of western ontology. The disease is not treated in any different manner from other problems of human beings. The literature for instance contains prescriptions not only for

the treatment of epilepsy, syphilis, rabies, kidney trouble, hemorrhoid, sterility, snoring but also magic formula to assist in dealing with various concerns such as averting the evil eye and overcoming demons (Dejene 2017:72).

> The Ethiopians, since time immemorial, have been familiar with a wide range of diseases and medical complaints for which they had long-established names, both in their ancient classical language, Ge'ez, and in other indigenous tongues of the country. Scrutiny of Ethiopian ecclesiastical texts, the majority of which are unfortunately still mainly accessible only in foreign collections, indicates that traditional Ethiopian healers also possessed a wide variety of cures. Many of these, like those in long-established civilizations in other parts of the world, came from the Vegetable Kingdom. These included leaves, roots, flowers, and seeds or fruit of locally grown plants, which, in Ethiopia, varied greatly with altitude and hence climate. The Animal Kingdom was at the same time represented by certain insects used in medicine and the Chemical Kingdom by various salts.

In Ethiopia, up to 80% of the population uses Indigenous medicine due to the cultural acceptability of healers and local pharmacopeia, the relatively low cost of traditional medicine, and difficult access to modern health facilities (Kebede and Alemayehu, 2006:1). Religious practices play a large part in the healing process for Ethiopians such as praying and going to church. Holy water for Orthodox Christian (called tsebel in Amharic or' Zemzem' in the case of Moslems is frequently used for a Wide Variety of illnesses. Healing in Ethiopia Indigenous medicine is not only concerned with curing of diseases but also with the protection and promotion of human physical and spirituals, social, mental, and material wellbeing (Ibid).

It is widely believed in Ethiopia that the skill of indigenous health practitioners is given by God and knowledge on indigenous medicine is passed orally from father to a favorite child. Healer obtains their drugs mainly from a natural substance and in descending order of frequency, these constitute plant, animal, and mineral. Indigenous medicine is sold in every open market in Ethiopia and Households, especially in rural areas. These medicines are usually sold to the public together with other materials such as spices, salt, and other food items.

2.7.1 Review Policies

> Formal recognition to Indigenous medicine Ethiopia was given in 1942(proc.27) where the legality of the practice is acknowledged as long as it does not have negative impact on health. This was reaffirmed in the 1943and 1948(proc.100) medical registration proclamations articles in the Ethiopian penal code (512/1957) and civil code (8/1967) provided guidelines for the practice of indigenous medicine,
>
> Registration and licensing were introduced in 1950.During the Derg period of 1970 and 1980 the country's health policy emphasized disease prevention and health service development in the rural area.Nov.1979, the office for coordination of traditional medicine was established. There are many gaps between policy and actual practices. There are clearly deficits in the organized approach towards ensuring an optimal contribution of traditional medicine to national health system. For example, there were no regulation to the safety, and efficacy, licensing, as well as the registration and guide line for clinical trials involving Indigenous medicine, more over there is no training institute exists on Indigenous medicine. There is evidence suggesting a declining trend in the number of indigenous resources of medicinal plant, this calls for an urgent action to document and preserve the Indigenous medicinal knowledge before it disappear from the country (Kebede et al 2006:130).

Traditional medicine is an integral part of everyday life for the majority of people in Ethiopia. Therefore, it is important to draw lessons from cross-cultural research in order to come up with appropriate regulatory framework with promotes the advancement of traditional medicinal knowledge on the one hand and that safe guard's public health on the other (Dejene, 2017:83).

2.7.2 Challenges of Herbal Medicine

First, inadequate organization Arrangements at the National level for the institutionalization of Indigenous medicine in the national health system. Second, scantly Research Data on the safety, Efficacy, and Quality of indigenous medicine. Third, inadequate modalities for strengthening capacities of Human resources. Fourth, National policies and legislation, Fifth favorable investment environment (wabebe 2018:40-41).

Although Indigenous medicine plays an important role in Ethiopia, the healing practice and practitioners were neither integrated into the national policy of health nor got support from the government however, in 1942 formal recognition to indigenous medicine was given under proclamation No,27/1992; which demanded the registration of indigenous medical practitioners in the country (Dejene 2013:170).

Another challenge is Cultural Competence level range from destructiveness or ethnocentrism, Incapacity, and blindness through varying degrees of skill represented in the concept of cultural awareness, sensitivity, responsiveness, competence, and proficiency (Winklman 2009:10). cultural competence which includes both individual and organizational capacities, behavior, attitudes, and policies that effectively address cultural differences through the use of cultural knowledge and intercultural skills.

CHAPTER THREE

DESCRIPTION OF THE STUDY AREA AND THE POPULATION

3.1 Introduction

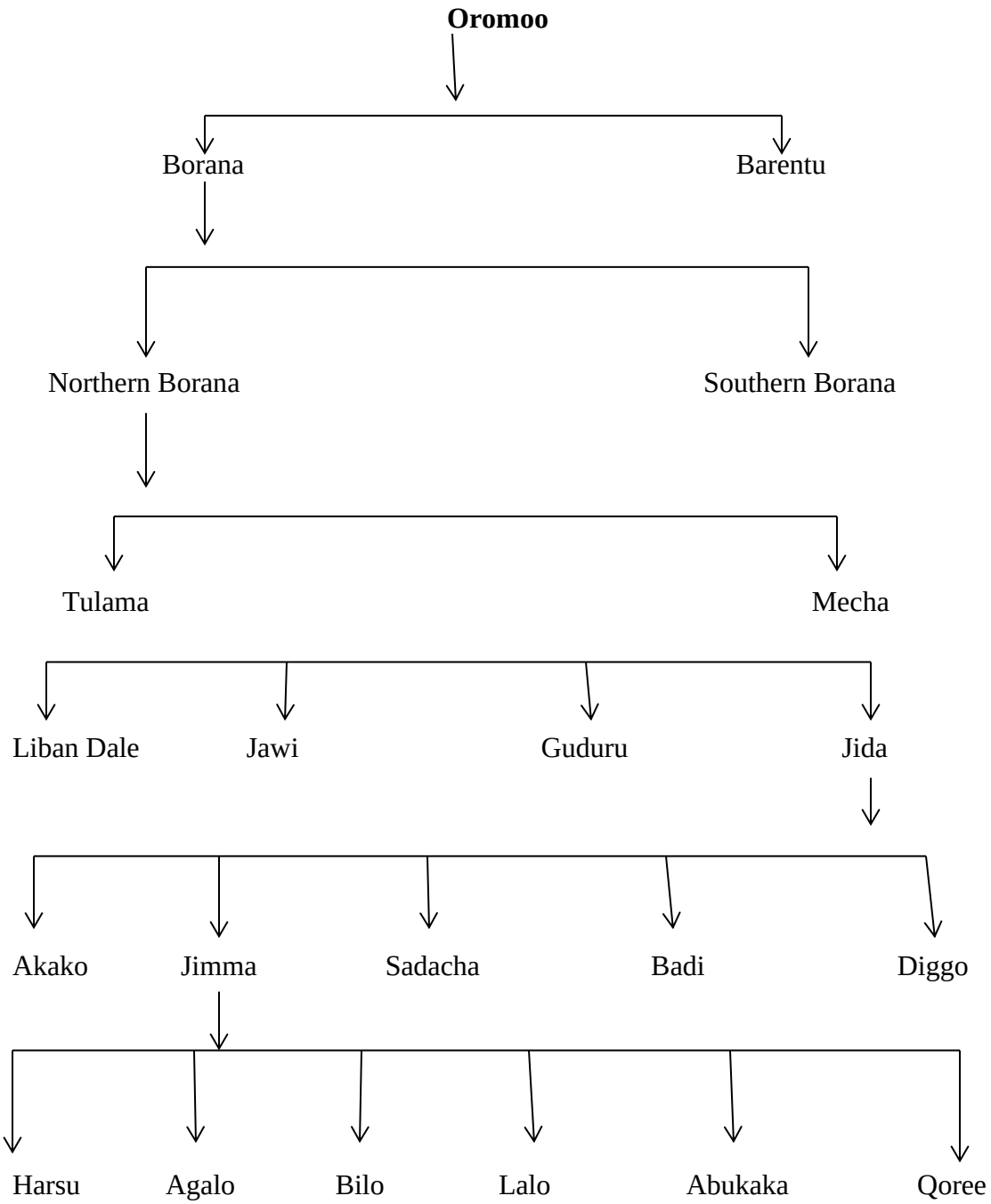
This chapter deals with the brief description of the study area and the culture of the community. It encompasses like description of geographical setting, population, socio cultural systems and economic activity of the Setema community.

3.1.1 Brief Overview of Jimma Oromo

The Oromo people constitute various groups which, for centuries, were composed almost exclusively of tribes or confederations of tribes. The tribes, in their turn, were divided into sub-tribes, the sub-tribes into clans, and the clans into lineages (Bartels 1983:13). One line is the clear distinction between clans and lineages. The clan (qomo) is, first of all, a social group, consisting of several descent groups who not all need to be Oromo. The heart of every clan is compounded by a cluster of lineages tracing their descent to the ancestor who gave his name to the clan. In contrast to the clan, the lineage (balballa-door) is in practice considered by people as of homogenous descent.

The two main Oromo groups, Barentu and Borana, expanded in two adjacent directions. Before they began their separate expansion, the Macha and Tulama the two branches of the Borana 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 Nabi, the Macha Oromo established their new center at Oda Bisil. Oda Bisil was located between the Gedo, Billo, and Gibe rivers. 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, 2010).

Genealogical tree of Jimma Oromo



Source: (Alemayehu et.al, 2006)

3.1.2 Physical, Socio-economic and Cultural Features

This study was conducted in Setema woreda of Jimma Zone in Oromia Region, Southwestern Ethiopia. Most parts of the zone are bounded by three main rivers: Gibe, Didessa, and Gojab. The Zone has a hospital in Jimma town and health centers in towns of each district. However, both hospitals and health centers, and clinics have a shortage of facilities and drugs. The Setema District health office there are 21 satellite health posts,5 health centers, and 1 primary hospital. Setema is bordered on the south by Gera woreda, on the west by Sigma woreda, on the north by the IlluAbbabor Zone, and the southeast by Gomma woreda.

The administrative center of the Setema woreda is Gatira. Setema is one of the 23's districts of Jimma Zone. As some elders said that the word 'Gatira' is awarded from Ras Mulugeta Adane who planted around the town 100 trees. Due to this the capital town of the district is known. This district was established in 1956 by Ras Mulugeta Adane the ancient district governor. Gatira town is far about 112km from the capital city of the Jimma zone.

The altitude of this woreda ranges from 2,250 to 3,010 meters (7,380 to 9,880 ft) above sea level and the highest points are in the Damu Siqa mountain range. Perennial rivers include the Onja, Salako, Gidache, and Gabba. A survey of the land in this woreda shows that 27.2% is arable or cultivable (20.8% was under annual crops), 13.1% pasture, 55.1% forest, and the remaining 4.6% are considered degraded, built-up, or otherwise unusable. Teff, corn, and sheep are important cash crops (CSA, 2005).

The 2007 national census reported by the Central Statistical Agency of Ethiopia indicated that the total populations for this woreda of 103,221, of whom 50,744 were men and 52,477 were women; 4,729 or 4.58% of its population were urban dwellers. The majority of the inhabitants were Muslim with 96.91% of the population reporting they observed this belief, while 2.67% of the population said they practiced Ethiopian Orthodox Christianity (CSA, 2007). The three largest ethnic groups reported in Setema are the Oromo (96.48%), the Amhara (2.22%), and the Tigray (1%); all other ethnic groups made up (0.3%) of the population. Afaan Oromoo is spoken as a first language by 97.17%, 1.75% speak Amharic and 0.97% speak Tigrinya; the remaining 0.11% speak all other primary languages.

The Total area of the district is about 1532.73 km2 among this area 75.2km2 and 384.52Km2are covered by man-made and natural forest, 547.08 covered by the land under crop the remains 237.9km2 and 102Km2 covered by pasture land and for another purpose respectively.

The Present land configuration of the district is the result of tertiary volcanic and basaltic flow).

The largest part of the district belongs to the Western Oromia highland. The district has an altitude that is above sea level and characterized by undulating land. The lower elevation of the district is found on the part of the district in the Gidache river valley having above sea level and its altitude increasing toward the western part of the direction.

Most of the water resources are fallen in the Dedessa river basin. Onja, Huche, Mulo, Gido, are the major perennial rivers that drain to Dedessa River. Yira, kata Badi, Salako, and Cheleta are had known Streams that have a water flow throughout the year. The district does not have lakes. It has excess underground water; consequently, most of the urban population used it by digging the water hole behind their living home. Among the rivers which were present in the district, Gido and Gedache Rivers can give estimate 157 MW & 210 MW hydroelectric powers.

The woreda Seasonal period of times is variable within four periods and the conditions of production are a summary and dairy period of seasons. The long-wet period extends from late May to early September. Also, February, March, and April are months of “Belg rain”.

Most of the district is belonging to sub-tropical (Dega) & cool (wayina Dega) agro- climates wayina Dega and Dega agro- climates constitute 26% & 74% respectively. The western, Southern & Eastern parts do have wayina Dega and Northern part of the district Dega. Agro-climatic with the Altitudinal range of Agro-Climatic zone are between 2300M, A real Coverage 1532.73/Km2and the mean annual temperature ranges between 110c- 210c.The rainfall of the district the maximum 3500mm and the minimum rainfall 1500 mm. The major types of soil in the district are loom soil, clay soil & sand soil. Among these soils, the loom soil is more suitable for agricultural production.The wild animals in woreda Apes, Monkey, Birds, Aphids, Cutworms, Hayna, etc.

A major resource of the forest is a natural and man-made forest in the district area. Northern, Eastern and Southern part of the District is covered by dense mixed forest, while most of the central part is cleared for crop cultivation purpose. The most common tree species found in the district are consists of Baddeessa/Syzgium guineese,Birbirsa/Podocarpus falcatus,Ejersa/Olea

europaea subsp, Bakkannisaa/Croton macrostachyus, Harbuu/Ficus sur Forssk, Wondayboo/Apodytes dimidiate var.acutifolia,Waddeessa/Cordia Africana, Laaftoo/Acacia abyssinica and Hadaamii/Euphorbia abyssinica,etc which are common trees of the woreda. Most of the district discovered by man-made likes Gatira.Frange/Cupressus lustanica, Paynas-patcual, Baargemo/Eucalputs globulus and gravila/Grevilia robusta. Most of those man-made tree's economical trees of the woreda. and natural forest, these situations create the favorable climatic condition. Major wildlife species in the district include baboon, monkey, and Columbus monkey; greater kudu, warthogs, antelopes, lion's, tiger, hyena &, etc. are the abundant wildlife. Nevertheless, the recent trend shows an increase in the amount of wildlife.

Traditional Institution

There are numerous types of traditional institutions in the study area.Daadoo and Daboo can be described as local institutions that organize collective work and labor exchange among smallholder farmers in rural areas. They are used mainly for agricultural activities on private land and there is no payment for participating in them. Five households are organized on one daadoo or daboo.The people working to gather are mostly Shane (local network) members but are often also friends, neighbors, or relatives.

Daaboo is a rotational labor system in which all members help each member intern with labor-intensive agricultural work such as harvesting. Participation is voluntary and unpaid.

Daboo differs from daadoo because it is not an organized rotational system, but serves rather as a source of help for people in need such as the sick or elderly, and labor demanding activities such as house construction.in daboo there is not necessarily a direct reciprocation for the rendered labor and, unlike daadoo, it is not restricted to agricultural activities.

Marriage

The Oromo societies have a very attractive culture that describes its norms, values, languages, and social integration during its day-to-day activities. One of these cultures is its marriage ceremonies. This indicates that the marriage ceremonies that are practiced by youths reach the age of marriages to establish a family and produce children. Marriage is one of the most important things in the Oromo culture. There are three things Oromo talks about in life; Birth, marriage, and death. As marriage is considered a social contract with a significant value to the

society, a great social value is attached to the very wedding ceremony. Traditionally, there are different forms of marriage in Oromo culture. According to the expert from the Setema Woreda culture and tourism office, the societies practice exogamous marriage, and polygamy is exercised by Islamic laws. There are several marriage patterns. Dubatannaa (Naqataa) and farada hidhaa are the most popular and formal type of marriage among the setema woreda's peoples.

Dubatannaa (Naqataa) form of marriage is arranged by the family of the boy based on the consent of their son. Dubatannaa (Naqataa) form of marriage is based on the consent of both the families of the couples and the couples themselves. What is very important to the Oromo marriage institution is the existence of two terms that express the two opposite sexes. Fuudhuu is for the man. That means the boy is covertly or overtly engaged to a girl, and at one time is ready to take her. Heerumuu is for the girl who is officially or unofficially acquainted or engaged to a boy and finally taken by him as his wife. The other form of marriage in the study area is farda hidhaa.Farda hidhaa is one of the Oromo marriage ceremonies which is done within a short period in the Jimma zone, Oromia. This type of marriage ceremony is decided for different reasons. That is when the boy who wants the girl, he selected for marriage ties a horse to her without informing or asking her for a marriage relationship and her families. The main reason for doing this is if he hesitates that if directly communicate with the formal procedure the girl he preferred and her families might not except for marriage.

Similarly, if the families of the son think that the daughter's families refuse to accept the marriage for different reasons, they force their son to tie a horse to the girl he selected for marriage. This is because the girl whom the horse is tied with is not protected for marriage in this type of marriage culture in the society of the study area. Therefore, after the families of the girl accepted and agreed on the elders of the community from both sides that is from the families of the girl and the boy meet together and discuss the way to practice the ceremony.

Figure 3.1: Map of SetemaWoreda

Source: Bureau of Finance and Economic Development of Jimma zone.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

. This chapter deals with indigenous herbal medicinal knowledge and the healing system in the study area. Understanding health and cause of illness, more specifically, this chapter focuses on the major healing services, source of indigenous medicines and practice, indigenous herbal medicinal knowledge transfer, clients/patients opt for indigenous medicine, and challenges related to the usage of indigenous medicines

4.1 Local Community Understanding Health and Cause of Illness

4.1.1 Understanding Health

KICM1, KICM2, and KICM3 Health are important assets of the person. According to the Islamic religion, health means “Aafiya”or “Fayyaa” (Aafiya is an Arabic term for good health) which is the basic thing for a human being. Health impairment affects the normal living conditions of humans. Disease means anything which affects the normal function of the human body. Health is primary and base for everything. Healthiness is a very important issue in every activity and relationships in a community. In my study area people greeting or wish each other by saying “As-Salaam Aleikum” and “Waalikuma Selam” (As-Salaam Alaikum, an Arabic term to extend greetings/wish). With As-salaam aleikum that they are fine,and all is well?.”Waalikuma Selam”which means the peace of the Lord upon you. This is all about health. There are diverse religious follower societies around my study area. Among these Islam, waqefata and Christians are the major ones. According to Islam religion followers to protect their healthiness they wash five times a day for salat and every Friday all Muslims come to the mosque to worship and preach the Quran/Hadisa. In the month of Ramadan, Muslims fast the whole month to pray for their physical, psychological (mental) health. According to the Orthodox Christian religion, the followers fast two days (Wednesday and Friday) a week and two months fasting during “Fasika” praying for their health and aimed at preparing their soul for eternal life. During the epiphany followers of this religion undertake the celebration for their physical and mental health. According to protestant Christian, followers pray fast and worship God for a specified period to give them health. According to the believers praying, worshiping, and serving God plays an important role in the healthiness of the follower. In addition to this violating praying, worshiping, and serving God is violating the commandments which subject to

illness. According to waqefata religion the followers believe that one becomes healthy by doing good things and restrain from evil practices. Followers of waqefata religion praise the God "Waaqa" in the center one day in a year at irrecha melka in mass which is called Thanksgiving Day. During this Thanksgiving Day, the followers pray the God "waaqa" everything including their health. The understanding of health according to the study area is the totality of physiological, psychological (mental), economic, and social wellbeing. To say an individual is healthy he has to work, eat, and drink properly and properly think or perceive his environment.

Healthiness also includes spiritual healthiness; which is the normal interactions of human being vertical with his creator God and laterally with human beings. Physiological healthiness might be affected when an individual is unable to eat and drink the required amount and content of nutrients and minerals for his body. Similarly, the proper spiritual connection of an individual with God determines the spiritual healthiness of a person. For instance, spiritual attachment by praying, fasting, reading, and understanding the holy books or meditating the words of God, abstinence from sin (evil work), and following the commandments of God strengthen the spiritual healthiness of the follower. Therefore, regardless of religious differences, using indigenous medicine has no restrictions.

4.1Key informant community Member (KICM3) and Key informant community member (KICM2).

Photo by:Dinberu,Murch 2020

4.1.2 Illness

Illness means anything which affects the normal function of the human body and an illness is a subjective state, about an individual's psychological awareness of having a disease, symptoms, or pain and typically modifying his or her social behavior as a result. This definition contrasts with that of a disease, which is a physiological dysfunction within an individual. Sicknesses like the common cold, headache, and skin cut (trauma) people get treatment using indigenous medicines prepared by home remedies.

According to Dejene (2013:1), every medical system constitutes three basic components, namely: theory of etiology, a system of diagnosis, and techniques of appropriate therapy. In every society, there is a cultural explanation regarding the causes of illness, signs, and symptoms, and techniques of appropriate treatment. From the interpretive approach, health and illness are understood from an emic perspective. Besides, based on the concept of the 'explanatory model' of illness proposed by Kleinman (1978:87); herbalists have their cultural explanation about the case of the illness.

According to KIIH4, most of the time I frequently treat diseases like hemorrhoid tumor (Kintaarooti), sinus(Asma) (Asimii),diabetes (sukaara), nasal hemorrhage(funuuna), dhukkuba Simbira halkani, tumor (dhukkuba Xanachaa), hepatitis (dhukkuba tiruu, Sabata waaqayyoo), Ameoba, women menstruation cycle problem (Laguu dhabbachu dide), evil eye (Budaa), rabies (dhukkuba Saree maraatu), syphilis (Fanxoo), Gonnorhea (coophxoo), sexual dysfunction (wal qunnamti saala dadhabee), buccal cavity problems (afaan xiraahu,fi dhukkuba ilkaani dha), fistula and soon. According to KICM2 the major reasons for the cause of diseases are lack of food, personal and environmental hygiene, or disease can be caused due to our breaks can affect human beings. Even though it is established that poor environmental conditions such as lack of sewerage systems, inadequate water supply, the proliferation of flies and other vectors, and poor personal and food hygiene contribute to the spread and severity of enteric diseases.

4.2 Indigenous Medicine (Qorichawwan Aadaa)

Indigenous medicine refers to the mechanisms by which the Oromo people use the leaf, root, seed, of plants and parts of animal bodies culturally prepare drugs and used to treat different diseases. Indigenous drugs are the results of the knowledge and philosophy of the Oromo people. Previously, before modern drugs were discovered by modern science and technology all people around the globe use indigenous medicine for the prevention and treatment of diseases. For the presence of the current modern medicines, indigenous drugs are the basic foundation. Nowadays, indigenous drugs are used as inputs for the manufacturing of modern production in industries. Indigenous drugs are powerful in treating diseases that failed to cure by modern medications. This shows some times the potency of the indigenous drugs to cure diseases that are failed by scientific treatment.

According to the Oromoo people indigenous drugs are associated with religion.So, according to the permission of the religion that they use the drugs. This means the patient first consult 'warra ayyaantuu' what drug to take. 'Ayyantuu' is believed to as the elder person in the community who can receive a vision from God 'Waaqa'. This means any person is not privileged to collect indigenous medicine. Only the blessed and gifted person is believed to be indigenous drugs and the drugs can cure patients. Indigenous drugs were not collected every day. There are reserved days to collect indigenous drugs. Traditional drugs were gathered based on the religion of the users. There are times when these indigenous drugs are gathered and when they are not. The Oromo people have the wisdom of using indigenous medicines by gathering from a different variety of plants and animals to treat their health problems.

Indigenous medicine is gathered from local plants that were found in surrounding bushes and forests to treat a different variety of diseases. Indigenous medicines were prepared by indigenous healers of the societies in different kebeles of setema woreda from roots, stems, leaves, and seeds of plants. One indigenous healer does not know all indigenous medicine for all diseases. One indigenous healer could be specialized in its particular type of indigenous medicine to treat a disease. According to the Data gathered from the study area, an indigenous healer does not attempt to treat patients beyond their specialization. Different indigenous healers use different indigenous medicine preparations in different forms. Those indigenous healers do not share information. Due to these reasons for hiding information from each other about these indigenous medicines some of these curative indigenous medicines were disappeared. This is because the

nature of indigenous medicine was transferred from generation to generation. Indigenous medicines were categorized or their: name, type of disease it is used for, and how to use the drug. Therefore, informants based on the above information indigenous healers were categorized into five; are Indigenous healers:

1. Prepare medicine from plants (Biqiloota Irraa Kan Qopheessan)
2. Who can treat fractured or broken bones (Warra dhidhiibduu)
3. Who can treat or assist delivery (Deessiftuu)
4. Wreathing by using religious practice (Amantaan fayyisuu)
5. Healing by Witchcraft

4.3 The Source and Indigenous Herbal Knowledge

According to data amassed from the in-depth interview with indigenous healers, most sources of healing knowledge are inherited from parents. The time and place of indigenous medicine practices were not known yet. This is because according to the informants from an interview they replied that "we indigenous healers learn the practice from our grandfathers and grandmothers. We learned the practice while were learned Quran at Harar. Our source of knowledge and wisdom was not from formal education." In addition to this, the informant said that modern medicines and drugs currently in practice were primarily developed and improved gradually from indigenous medicines. So, indigenous medicines are the foundation for modern medicines or drugs.

According to the KIIH1 interviewee, *"Maddii beekuu kooti jalqabaa Akakileen Ababileen keenya qoricha Aadaa kan kennaan ta'e namooni akka akkakayu Ababayyuu keessani nuf kennaa jennan itti tarkanfadhee kennuu jalqabe"* which literally means "the source of knowledge of this indigenous medicine originated from the grandparents". The treatment of patients using indigenous medicine was transferred from his grandfather to his father and then he learned the skill and knowledge from his father. The treatment and sales of these indigenous medicines is registered certificate by the Oromia health bureau to avoid illegal practices. My elder brother learned the traditional medicines and certified to treat and sell traditional drugs "Hasan Madanit" in local markets. In addition to this, I always read part of the Quran about medicine and brought the powder of these medicines from "Finfinnee around American Gibbi" and "Sumale safar.

Traders of these powder indigenous medicines brought from India, Saud Arabia, Yeman, Sudan, and other desert countries.

According to KIIH2, the indigenous healer replied that he prepares the indigenous medicines from different types of plants. The source of knowledge was from my father and previously transferred from grandfather to my father. My father had many children. He holds up his stave and blesses all his children; one of my brothers he blessed to be a Government employee, he blessed the other to become a trader, one to become a farmer, and blessed me to know drugs and become an indigenous healer. We all are leading our life according to the blessings of our father.

According to the KIIH4, the source of knowledge of indigenous medicine was from his grandparents. He replied that his grandfather thought of his father and then he learned from his father. Sheikh Kamal (pseudo name of KIIH-4) has twenty-six (26) children and whenever they get sick, he used to treat his children and wife using those drugs. He mentioned that ‘’at every of my journey when people get sick, I used to treat people with indigenous medicines’’. After his drug was much known he transferred his address from kebele to Gatira town to make his drugs accessible to the large market.

The source of my knowledge to treat people with indigenous medicine is from my father. He used to treat patients with teeth, abdominal cramps, blood pressure, and tonsillitis using different indigenous medicines (KIIH3).

According to the KIIH7, KIIH8 and KIIH9 are the sources of knowledge of indigenous medicine is first the holy Quran second from local and abroad third primarily wisdom gift from God and blessing from people. The informant said that he learned this practice from Sheikh Jibril Jallo at Hararge when he was learning the Quran. There were books that describe the name of plants and the type of diseases it used for including how to prepare and how to use the drug. The teachers thought us in the Arabic language and shown the varieties of each plant in the forest at that time. So, after learning the indigenous medicines they used to serve their society including chronic diseases that were very difficult to get cured at modern hospitals like chronic skin disease and allergy. The KIIH5 the source of knowledge of indigenous medicine was from a person. According to the informant he learned from Sheikh Mohammad Abba Roggee while assisting in finding, gathering the indigenous medicinal plants in the forest, and preparation of the drug.

Therefore, the researcher understands the source of indigenous herbal medicinal knowledge is originated from parent and holly Quran.

4.4 Practicing Herbal Medicine

The healers in the study area prepare their drugs for treatment from plants, minerals, and animal products. From vegetable, kingdom comprises the leaves, flowers, seeds, barks, sap, and roots of a variety of plants.

Suruma

Suruma which is the name of a local variety of plant which is found in the forest and planted by the indigenous healers in their garden and around their home to use it for the treatment of different human. In addition to the use of the indigenous medicinal plant, it is highly important for animal feed because the plant has sugar content in nature. Therefore, according to the informants this plant (suruma) used for the treatment of several diseases such as:

- To treat back pain (Dugda Cabaa deebisuuf)
- To treat weight loss for human
- For the treatment of constipation (Gogiinsa garaa)
- For the treatment of Gastritis (Dhukkuba Garaachaatiif)

Phytikacca dodecandra / Handoodee

Handoodee/ Phytikacca dodecandra is a type of plant found in the forest for which its leaf, flower, or seed is used for different types of diseases. This type of plant is much known as indigenous medicine to treat humans and have veterinary importance and it is known to treat Bilharzia disease caused by a snail. According to data gathered from the informants, the leaf of this plant is used to abort or stop unwanted pregnancy, for the treatment of hepatitis (inflammation of the liver) and intestinal infections if properly used. In addition to this, the flower of this plant is used for sanitary purposes as a detergent for cleaning the body and clothes. People use the leaf of this plant by quizzing and applying on their infected part of their body to eradicate pruritus (cittoo). Now a day in a scientific drug investigation and discovery the plant was prepared in the injection form to treat swelling of legs.

Heexoo /Haginea abyssinica

Heexoo(Haginea Abyssinia) is a big tree that is highly popular and has very economic importance in the area. The seed of this tree is widely used to treat tapeworm (tenea) for human

and animal treatment. The seed of this plant is crushed and mixed with food or drunk for the treatment of the parasite. The leaf and root of this plant is also used to treat hemorrhage or nasal bleeding in animals.

Ancootee/Coccinia abyssinica

Ancootee/Coccinia abyssinica or known by its common name in the area by "Ajjoo". Even though the plant is widely used as a food, its main purpose as a drug is used to treat broken or fractured bone by preparing and feeding the person. In addition to this, the informant replied that the juice or slice prepared from this plant is used as a medicine to treat tuberculosis (lung disease) and sexually transmitted diseases like syphilis and Gonorrhea.

Most of the time indigenous healers prepare medicines from two or more herbal, mineral, and animal sources. According to the KIIH1, they prepare drugs from the leaves of plants locally known by its name "Eebicha"/ Vernonia amygdalina for the treatment of allergy. This can be done by quizzing the leaf of this plant or by crushing and washing the allergic part of the body that can eliminate the allergy. Mixing these two plants leaf "Eebicha" Vernonia amygdalina and "Damakase"/Ocimumlamifolium is good to treat gastritis (coggarraa).The indigenous drug is given to the users according to the nature of preparation. If it is prepared in dry form the users take the dried form of the drug otherwise the users are advised to use the drug immediately to drink the prepared drug based on the judgment of the indigenous healer. The drug is prepared from the bud or leaf of plants for diseases like skin allergy, and diseases which swollen child heads the local plant known by "eebicha"/ Vernonia amygdalina is used by crushing the leaf of the plant immediately cures the disease.The bark and root of this tree is also useful for different diseases. Similarly, the tree called ''Bakkanisa'' /Croton macrostachyus is widely used to treat internal parasite by crushing the internal bark of the plant and prepared by adding with food and sniff or smelling the leaf directly help to relieve headache. By Crushing, sieving the crushed bark of the tree added with honey to feed the patients with cancer or tumor eliminate from the internal body of the patient. According to the informant when digging the roots of the plants they are norms to follow: from these, the digging takes place in the eastern direction, some indigenous drugs should not be given with milk and milk bi-products and some are not. However, some drugs like to administer with milk.

In addition to this, the KICM6 said that once upon a time we were attacked with purities (cittoo). The disease was locally known by"Hafuura lafaa''.For this disease, the indigenous heals

prepared drug from seven types of locally found plants known as "Damakase/Ocimumlamifolium,Yeeriyo,Qobboo/Ricinuscommunis,kombolchaa/Maytenus gracilipes, Toogoo/Justicia diclipterio, Gaarroo." After gathering all these plants and boiling them together all the infected persons with purities were washed their bodies. Hence, the informant replied that has been used the above drug and total healed from the disease.

For instance, According to KIIH6, they used "Handoodee/ Phytikacca dodecandra" its root, "Qomonyoo/Brucea antidysenterica" its seed, and "Sayidayesharin" its leaf combined and crushing together to treat allergy. For the treatment of Ameoba, the tree which is known by the name "Sanamaki" its leaf is very curative medicine.After vigorously boiling the leaf of the plant on a cup of the drug is taken after a meal. For the treatment of ear disease after drying a tobacco leaf (Tamboo) and adding with another drug "acceetoo" applying into the inner ear automatically cure the disease. Plants like "Bakannisaa/Croton macrostachyus", "Qarabichoo/Echinops kebericho" are drugs for abdominal) diseases like cramp (colic) or bloating of the abdomen.

4.4.1 Practicing Herbal Medicine from holy Book/Quran

According to KIIH6 and KIIH7, most of the indigenous medicine is not only from local but also brought from other countries and serve society. Some books describe the name of plants and the type of diseases it used for including how to prepare and how to use the drug. The teachers thought us in the Arabic language and shown the varieties of each plant in the forest at that time. So, after learning the indigenous medicines they used to serve their society including chronic diseases that were very difficult to get cured at modern hospitals like chronic skin disease and allergy.

According to KIIH2 some of the inputs of these drugs came from other countries like Sudan, Saud Arabia. He lived many years in Tigrai and knows so many indigenous medicines. There are also several indigenous medicines in the forests of Setema woreda whereas; these indigenous medicine plant species are not as powerful as that of drugs brought from desert areas. Therefore, to increase the potency of the disease I used to increase the dose of the drugs prepared from local areas. The prices of those drugs are also different to consider the cost to acquire the input or drug that comes from abroad.

According to KIIH1 in addition to this;

> I always read part of the Quran about medicine and brought the powder of these medicines from "Finfinnee around American Gibbi" and "Sumale safar. Traders of these powder traditional drugs brought from India, Saud Arabia, Yemen, Sudan, and other desert countries.

The dose of the drug was based on the measurement described in the book. In addition to this the type of drug and the list of diseases treated were described properly on that wholly book. Based on the principles of the wholly book the indigenous healer adopt the drug administration to the local culture of the society.

Therefore, the researcher determines from KIIH6 and KIIH7, KIIH1 within the source of book/Quran, most of the indigenous medicine are not only from local but also brought from other countries and serve our society. The dose of the drugs prepared from local areas. The prices of those drugs are also different to consider the cost to acquire the input.

4.2 Practicing Herbal Medicine from the Quran

Photo by; Dinberu.Murch 2020

4.4.2 The Treatment Procedure

Based on the differences of the religion of people the beliefs, norms, and attitudes of the society might be different. For instance, in the Orthodox religion followers should wear clean clothes to enter the church. Anyone having a wound on his/her body is not allowed to enter, not allowed to enter with shoes, should be in fasting, females are not allowed to enter the church during her menstrual period, or should stand at a distance from church for pray.

Similarly, while we are using indigenous drugs there are restrictions to follow. For instance, anyone willing to use indigenous drugs will be allowed to go out of the home. After medication of indigenous drugs, he/she is restricted to stay at home for a specified period. After taking the

drug the patient should lie down or sit at home lonely and no one is allowed to enter his/her room. After medicated with indigenous drugs only restricted persons from the family member should enter their room to give services. This is because it is believed by a society that the indigenous drugs given to the patient will be strong to them or it might not work for them. These restrictions are very critical when treating for diseases like smallpox (gifira) and hepatitis (simbira halkani) with indigenous drugs.People or patients come to indigenous medicine healers are individuals who are tried several time in different biomedical institutions and unable to get any solution or patients who are unable to cover their medical costs at public and private health institutions.

These preparations of indigenous drugs are given under the precaution of the indigenous healer. These drugs have different categories of measurement when prescribed by the indigenous healer. If the drug was prepared in powder form the preparation was measured and used with food and milk. The drug was measured by measuring instruments known in the Afan Oromo language "Fallaana"/ spoon' to put in the palm of the patient to swallow adding with milk or adding with edible food. The dosage of the drug is determined by the size of a spoon for children and adults. For child half or small spoon is used and a big or spoonful drug might be used based on the age and bodyweight of the users. Similarly, for skin allergy, the drug is used by adding with vaseline or fresh butter/dhadhaa kichuu and topically applied for a week. For ear infection, the prepared drug is applied three times a day; morning, mid-day, and evening after carefully washing the ear of the patient. For the treatment of internal parasite, the drug is given ten minutes before breakfast and sometimes some drugs are taken after a meal. For instance, for the treatment of rabies-infected patients, the drug is administered in fasting. The indigenous healers ask the history of the patients like physicians. They ask the symptoms of the disease, for how long it stayed on the patient, about the appetite of the patient. If there is gastritis or gastric ulcer the patient experience headache, back pain, lethargy or general weakness, fever, lack of appetite, constipation, and in a severe case the patient may urinate blood.

In the other case for hemorrhoids, there are itching around the anal part of the patient, protruding of the rectal mucosa of the patient. By using such symptoms, the indigenous healers diagnose and determine the type of disease. The indigenous healers determine the diseases like hepatitis, syphilis, kidney, and amoeba by using the symptoms the patients communicate with the indigenous healers. For instance, if one is infected with syphilis it can be examined if the

testicles are swollen, pus or blood with urine and other symptoms like itching and lesions may be seen on the reproductive organ of the male and female patients. For amoeba, bloat may be the symptom and discomfort may be seen on the patient with internal parasites. So, based on these signs and symptoms the indigenous healers provide drugs for the users. According to the informant, the indigenous drugs are prepared in different preparations from different medicinal plants and are mixed and provided to the user based on the nature of their disease and the current status of the patients

According to the KIIH2 through interview; the type of indigenous medicine administration are: drenching(drinking), chewing or eating, putting the drugs on the head with other additives like butter, topical application of the drug on the part, tying the drug on diseased part of the body, or some of the drugs are used as smoke or direct smoking.

To administer the drug the indigenous healer first identified/ask the level of the patient's blood pressure and sugar level in the blood to balance the amount of indigenous medication. In the same manner, there are precautions of these indigenous medicines for pregnant a woman; that means there are safe drugs and also harmful or dangerous drugs if treated pregnant women with those drugs. To treat pregnant women the indigenous healer asks the age of the mother (woman) and the age of the fetus in the womb to effectively treat the pregnant woman without harming the fetus.

According to KIIH8 the process of the treatment is first identifying the symptoms, like itching, high pain, bleeding on the area (anal part), by using cotton the drug will be applied for three to four days. The informant replied that to treat psychological problem or evil spirit which they call it "Jinnii" they used to use by smoking plants such as: "dinnii" or "wagira", "hixaana"or "hundee qarabichoo". For the treatment of Amoeba, the tree which is known by the name "Sanamaki" its leaf is added with tea and taken before meal will cure the disease. Before giving any drug the history of the patient is gathered first. For infants and child, the indigenous healer asks the mother or any attendant and for woman they interview whether she is pregnant, including months of pregnancy to determine the amount of drug to be administered in order not to harm the mother and the fetus. This is to minimize the adverse effects of the drug.

According to KIIH2, I prepare indigenous medicine from plants' stem, leaves, roots, and plants oil. he used to treat diseases like blood pressure, diabetes, cancer, to treat feet fungus, to treat eye, ear, uterine disease, syphilis, hemorrhage, skin diseases, rabies and other diseases.by mixing

two or more plants and plant oils for topical application for instance the python suet can cure more than ten (10) diseases. According to the informant to treat rabies disease of human patient can be treated by feeding the heart or meat of the dog infected by rabies virus. In addition to this there is plant known by its name "obafamus" to drink treat rabies. This drug induces high vomited and it requires great care. Some of the precautions recommended by the indigenous healers are: not crossing the river, getting reserved or stay home during treatment.

To treat patients with indigenous medicine the indigenous healer aforementioned has accredited with formal legal certificate from concerned Government body or agency. Some of the inputs of these drugs were come from other countries like Sudan, Saud Arabia. I lived many years in Tigrai and know so many indigenous medicines.

According to KIIH3 to treat tooth diseases the indigenous healer gives the plant root after rousting it the patient directly put on the diseased part of the tooth. For the treatment of abdominal cramp and eye diseases, the patient was recommended to drink the prepared drug. In addition to these to treat blood pressure after identifying properly from the patient, the drugs are administered by adding the drug with coffee or food. To treat tonsillitis of a child the indigenous healer used to squeeze the indigenous medicinal plant on the throat or tonsil of that child. According to the informant's different category of patients visited her regardless of age group, income, sex, and religion especially for the treatment of their tooth the patients prefer to use indigenous medicines after diagnosed(examination) at modern health institutions to avoid the removal of the infected teeth as well as the higher medical cost at public and private health institutions.

According to KIIH4, These drugs were not brought from abroad and they are found near the forests and known by their local name such as Bakkanisaa/Croton macrostachyus,Yeeriyoon,Reejjiin/Vernonia auriculifera, Asangiraa, Adaamii/Eupherbia abyssisnia, Naddoo, and soon. The aforementioned plants independently are medicines for more than forty diseases. There are only three plants to treat cancer which is a deadly or fatal disease in the world. I was treated patients with breast cancer and gas gangrene and all the patients were cured. He said that most of the time I frequently treat diseases like hemorrhoid tumor (Kintaarooti), sinus(Asma) (Asimii),diabetis (sukaara), nasal hemorrhage(funuuna), dhukkuba Simbira halkani, tumor (dhukkuba Xanachaa), hepatitis (dhukkuba tiruu, Sabata waaqayyoo), Ameoba, women menstruation cycle problem (Laguu dhabbachu dide), the evil eye (Budaa), rabies (dhukkuba Saree maraatu), syphilis (Fanxoo), Gonnorhea (coophxoo), sexual dysfunction

(wal qunnamti saala dadhabee), buccal cavity problems (afaan xiraahu,fi dhukkuba ilkaani dha), fistula and soon.

The administration of the drug was based on the data gathered from the patients included in the examinations they have made at modern health institutions. To determine the number of drugs to be administered the patients were categorized into three based on their age: child, youth, and adult. The informant replied that to treat children first collect information and symptoms from their mothers or attendants. Based on the information he provides the medicine and automatically the disease ceases. Women with fistula diseases and menstruation disorder for fifteen years were also treated using indigenous medicines. The indigenous healer said that the drug he used to treat was also safe for pregnant women. No side effects recorded. In addition to this, he also treats women after delivery to reduce the pain of the mother using different smoke drugs and drugs put on the tonsure of the head.

For instance, once upon a time Ato Ayub Sharo who is living in Gatira town his father was seriously sick and referred to (xiqur Ambessa) Black lion specialized hospital three times to Addis Ababa; however, he never gets recovered from his disease and falls under comma. Finally, after costing more than forty-five thousand birrs for the modern treatment they asked me to treat with indigenous medicines. Accordingly, after treating the patient with only one coffee cup of indigenous medicine he was recovered from his diseases which built a high reputation for my drugs.

This is especially a very important option for society with low economic status who is unable to afford modern and scientific medication by traveling long distances at a higher cost of health care.

> According to the KICM4 she came to the indigenous healer by her mother initiation because previously my brother was bitten by a dog infected with rabies and cured after taking and treated with indigenous medicine. The mother of the attendant was also with the patient and told to the indigenous healer about the symptoms of her daughter. The mother replied that her daughter showed symptoms such as Nightmares, nervous, and sometimes become shocked. The patient was asked whether she was taken any treatment before and she replied that she didn't take any treatment. After this, the indigenous healer let me the drunken drug, drop drug into both of my ears using a syringe, and spray drug on my face. After this, I became unconscious for some time. The indigenous healer replied that her disease was an evil spirit and he treated her with indigenous medicine for the evil eye (qoricha budaa). After her recovery, the patient replied that the indigenous healer pours drug again on my head and gave me an additional drug to use at home. Then after I was cured of my problems; nowadays I am very healthy.

4.3. Treating evil eye with indigenous medicine (qoricha budaa).
Photo: Dinberu. Murch, 2020

The KICM5 said that he has been used indigenous medicines before. His health problem was sexual dysfunction; unable to make sexual intercourse with my partner/spouse and suffered for many years from this disease. After a long period, he got information that it can be treated with indigenous medicine from his friends and took the drug from the indigenous healer. He replied that now I am healed from my problems and I have my children. In addition to this, he was again sacked with abdominal cramps and told to the indigenous healer. After asking about all the symptoms the indigenous heal gave me the drug, so he has been used the drug properly according to the advice and healed. In the same way, my families were also sacked for a similar abdominal disease and they were treated with indigenous medicines, and the disease was automatically ceased. According to the informant *"kanan qoricha aadaa filladheef dhukkuba hundeedhan nama keessa buqisaa" literally* he prefers indigenous medicine because of its high potency, low cost, and easy accessibility of the drugs for his health problems.

4.4 KICM5 treated with indigenous medicine healed from problem of sexual dysfunction
Photo by: Dinberu,Murch 2020

Mr. Gamach Fikadu KICM6 that he has been used indigenous medicine some years ago for skin disease. He replied that he has been diagnosed and being treated at Dr. Garbi's clinic at Jimma town three times but he did not cure the disease. Locally the disease was known by the name “dhukkuba simbiraa” a skin disease manifested on his face. He has tried modern treatments and none of these drugs can cure the disease. Then after he replied that he used indigenous medicine from the indigenous healer. The indigenous healer used the leaf of a plant by quizzing and applied on his face. After he used this drug the disease was disappeared from his skin. In addition to this, the informant replied that the price he has paid is very low compared to the modern drugs prescribed by physicians and still the indigenous medicines he was treated with had no side effects on his body.

According to the KICM6, his three families were bitten by dogs infected with rabies (Dhukkuba Saree maraatu) including their cattle. Then he said that they took the indigenous medicine from an indigenous healer and used it according to the advice. The drug was prepared from a plant that was found in the local area. After drying the leaf and root of that indigenous medicinal plant it

was mixed with milk cream. The infected person took this drug one spoon of this drug for two days in the morning with an empty stomach. According to the informant, the drug should not be used immediately after the person was bitten by the infected dog, however, it should be used after nine to fifteen days from the day the person was bitten by the infected dog with rabies. This is because the indigenous healer thought that the incubation period of the disease is nine to fifteen days. The informant replied that during he has taken the drug for rabies virus he never perceived any side effects like vomiting, diarrhea, or gastritis due to the indigenous medicine. The indigenous healer asks the symptoms of dogs infected with rabies-like: biting human, animals, stick, rope tied with, continuously salivating, dropping tail, miss direction, showing abnormalities and behavioral change. Therefore, the informant said that he, the whole families and the neighbors were treated with this indigenous medicine and saved from this disease Most of the time the modern health institutions (clinic, pharmacy, and hospitals) refer to indigenous healers for the diseases like hemorrhoid tumor and evil sprite/ psychological problems (kintaarooti fi jinni). Therefore, societies have high respect for indigenous medicines.

4.5 KICM6 treated indigenous medicine and saved from bitten by dog infected with rabies.
Photo by: Dinberu,Murch 2020

4.4.3 Dosage and Direction for Use

According to KIIH1 and KIIH2, there are also several indigenous medicines in the forests of Setema woreda whereas; these indigenous medicine plant species are not as powerful as that of drugs brought from desert areas. Therefore, to increase the potency of the disease I used to increase the dose of the drugs prepared from local areas. In addition to this, the dose given to the patient was based on the age of the patient and given based on a small spoonful or large spoon. The indigenous medicine to be administered by the indigenous healer is determined by using different size measured based on the age and severity of the disease to avoid overdose of these drugs and in order not to harm the patient.

Units of measurements used by local healers to determine dosage of medicine in the study area

Prepared remedies	Unit o f m e a s u r e m e n t
Root	Finger length
Seed	Number
Leaf	Number
Powder	Tea spoon
Liquid	Cup

4.4.4 Administration/Storage the Drug

According to KIIH1 during mixing these herbs the quality of the drug was maintained by properly cleaning the crushing materials (eg. Mooyee) for the drug preparation.

The indigenous medicine to be administered by the indigenous healer is determined by using different size measured based on the age and severity of the disease to avoid an overdose of these drugs and in order not to harm the patient. In the same way, the patients get advice on how to apply these indigenous medicines based on the nature of the drug. For instance, if the drug is dry they should use the drug according to the advice and if it is wet the users should use it immediately the drug. According to KIIH2, the drugs necessary to prepare those drugs were planted in the garden near around and the necessary equipment was also identified independently for drug preparation.

4.6 The Healer treated Indigenous Medicine for patient

Photo by Dinberu murch 2020

4.4.5 Treatment Cost.

Most of the time indigenous healers prepare medicines from two or more herbal, mineral, and animal sources. They sell these indigenous medicines they prepared at their home as well as at local markets. There are people who prepare indigenous medicines to offer for free or at a very low price for patients. Some of these indigenous healers provide the indigenous medicine for free because they have other sources of income; they did not experience these indigenous medicines for commercial purposes as the only source of income. Because the central objectives of these indigenous medicines healers not to make a profit the medicines are provided by the indigenous medicine healers only when patients with health problems request them to use those medicines. This means the patients or attendants tell the symptoms of their disease or problems and took these indigenous medicines as per the advice of the indigenous medicine healer person. The advice on how to use the drug and the precaution is given orally; that means there is no written prescription of the medicine. According to KIIH8 the price for their drug is not fixed because they determine based on the situation and the income and affordability of the patient.

According to FGD1.3 As far as the price of his drug the informant replied that he treats for free patients who have no income and afford the drug and based on their will that they serve the society with the wisdom given from God.

4.5 Knowledge Transfer

According to the KICT1The origin of indigenous medicine is not clearly known. There was no information regarding the time it was started, place, and by whom it was started is not known. This is because the indigenous practices were transferred from generation to generation. In the development of the human being from hunting and gathering the seed of trees in the forest, they used to treat themselves by using plants in the forest when they get ill. Therefore, there is no evidence that describes when, where, and by whom indigenous medicine was practiced in the study area. In the case of Islamic religious followers, they pray and refer to the holy Quran to prescribe the type of medicinal plant for a particular disease to treat the visitor. The benefit of indigenous medicine is very important to get in their locality especially for patients who are unable to get treatment in modern health institutions due to different factors such as lack of accessibility, due to lack of finance to cover health care costs.

According to KICT2 the practice of using indigenous medicine in our woreda counts a long period of time. This is because before modern drugs and technologies are coming into being people are used to treat them with indigenous knowledge in society. One of the indigenous knowledges was treating patients by preparing indigenous medicine from plants and other mixtures in their locality. Therefore, the practice and application of indigenous medicine were transferred from parents to children (generation to generation). In addition to these religious teachers also provide drugs by referring the wholly book to treat patients. For instance, the holly book dictates that such as “Asabuuda gurracha/Nigella Sativa”, garlic and honey are drugs for different diseases.

According to the FGD3.1 FGD3.7 informant, the working relationship they have with the indigenous healers in the woreda was to provide assistance and motivate those who have no certificate to practice the activity under the legal guidelines of the health bureau. The main advantage of indigenous medicine is people who are unable to cover the medical cost at modern health care institutions can easily get access near around in their locality and still at an affordable price. The disadvantage is still the preparation was not supported with current technology in terms of drug content, dosage, packaging, how to use, how much to use, when, and frequency of

use of the drug. According to the Setema woreda culture and tourism office, the support they have made for the woreda's indigenous healers was writing the list of the names of indigenous medicinal plants and the corresponding drug used for each disease with a regional language.

According to the FGD3.2, FGD3.4, FGD3.5, FGD3.6 informants, the woreda culture and tourism experts independently supervise the indigenous healers at their home, because the indigenous healers are not willing to discuss each other.

The advantage of indigenous medicine is very high in our woreda. People tend to use indigenous medicine even after trying several options at modern health care institutions for some diseases like rabies, chronic skin disease (fungus), and evil sprite/psychological diseases (madness). The disadvantages of these indigenous medicines have no laboratory tests to identify diseases. This causes the adverse effects of one disease on the organ of the patients. In relation to the support, they provide the informant replied that they provide frequent training to create awareness of how to practice the activity and the criteria they have to fulfill to undertake the activity. The woreda offices provide written support to those indigenous healers to communicate with different Government agencies to facilitate smooth. According to the FGD3.3 informant, Setema woreda culture and tourism experts independently supervise the indigenous healers at their home; because the indigenous healers are not willing to discuss with each other.

The main advantage of indigenous medicine is people who are unable to cover the medical cost at modern health care institutions due to lack of income and can easily get access near around in their locality and still at affordable prices. The disadvantage is still the preparation was not supported with current technology in terms of drug content, dosage, packaging, how to use, how much to use, when, and frequency of use of the drug. According to the Setema woreda culture and tourism office, the support they have made for the woreda's indigenous healers was writing the list of the names of indigenous medicinal plants and for which disease the drug is used. In addition to this, the woreda office motivates the indigenous healers by fulfilling the requirements.

According to KIIH2 Patients from Setema woreda and neighboring woreda use these indigenous medicines. Sometimes he went to different parts of the country to sell the drugs. He learned the practice from his father and he also taught one of his children. Therefore, the practices of treating people will be transferred from generation to generation.

4.7Key Informant IndigenousHealer (KIIH3 Key informant of Indigenous Healer (KIIH5)

4.6. Challenges of Knowledge Transfer

According to the FGD1.1 informant, there are relationships between herbalists and health institutions. The herbalist replied that when there needs medical equipment like gloves, iodine, alcohol, cotton, and bandages he can get access from the health institutions to provide service. However, sometimes there is a conflict of interest between herbalists and medical professionals. The herbalist said that the health professionals most of the time accused him and even prisoned even though he has a legal certificate accredited from the health bureau. The informant was asked the association between black arts and indigenous medicine and he replied that he has not practiced witchcraft/ black art yet and he used to treat patients with herbals and another mineral (Siibrii, Shaph, Jargadaa) brought from Sudan by mixing with lemon to treat asthma. As far as the relationship between herbalists and the woreda culture and tourism office, the informant replied that there is no work relation and communication between them and the office. About the price of his drug, Nasir said that because of the high demand and cost of indigenous medicine he sells at a premium price.

The informant FGD1.2, FGD1.4, FGD1.5, FGD1.6, and FGD1.7 were asked about the wok relationship and assistance given to them by the local Government replied that the attention and assistance provided to them was very weak. The responsiveness of the local administrators was very weak in terms of legal issues for a certificate, and workplace. According to the informant due to lack of workplace, he is facing great problems because patients come to visit him from a distance for instance to get treatment for cancer the patients may stay a week. The other issue is

the less attention of a Government for indigenous medicines. In our country, there are multi varieties of indigenous knowledge and a multi-variety of indigenous medicinal plants in our country, Ethiopia. Due to lack of capacity (workplace or land, capital, equipment, or machine) and lesser attention given by the Government the informant said that they are unable to commercialize indigenous medicines.

According to the FGD1.3 informant, he has no relationship with hospitals, health centers, woreda culture, and tourism office, and other herbalists. Unlike other herbalists, A/Raayyaa said that there is great wisdom given from Allah to him and his families. A patient visited for any patient he used to pray for the patient and provide any plant for a patient then automatically cured of any kind of disease. For instance, the treated person with a lack of sleeping, sexual dysfunction, cancer, high stress (headache).

According to KIIH5 the main problem with indigenous medicine is issues that are related to the measurement of the dose and the side effects of the drug after administration. Besides this, the production of the drug is local without any packaging and labeling of the drug. This is a very important issue in the preparation of the drug because the packing and labeling of the drug help the patients to get information about the ingredients, net content. Manufactured and expiry dates of that drug. The other problem associated with indigenous medicine is on the side of indigenous healers while treating patients. This is because the indigenous healers gather only the current status of the patient but they do not have any patients' history to treat a particular disease.

According to KICT2There are also indigenous medicines coming from different countries like India and Arab countries packed with their manual which describe the origin of that drug, for what disease it is used for, and the like.

The importance and benefit of indigenous medicines are very numerous in our country. However, there are many problems associated with the use of these drugs. The major problem is the preparation of the drug, its contents, dosage, and how to administer that indigenous medicine. The other problem is the identification of the disease. Because different diseases might have the same symptom, the indigenous healers do not have diagnostic tools to identify diseases and this might cause incompatibility of the drug administered with the infections

4.8 Key Informant of Culture and Tourism Office (KICT1 and KICT2)

Photo by:Dinberu Murch 2020

4.7 Clients/Patients opt for Indigenous Medicine

To describe the relationship between indigenous healers and biomedical workers as well as local people's views towards biomedical and indigenous health care systems based on data obtained from FGDs. According to FGD2.1, the informant replied that he has two options to get treatment. For a minor illness, he used to ask indigenous healers and take drugs by telling them the symptoms for diseases that do not require laboratory examinations. For instance, simple sicknesses like the common cold, headache, and skin cut (trauma) people get treatment using indigenous medicines prepared by home remedies. In another case, if the problem is a very complicated case the informant replied that he visits modern health care for examination (laboratory test) and treatment.

According to the FGD2.2, FGD2.5, and FGD2.6 the informant, when he gets sick, he directly visits health institutions (clinic, hospital, pharmacy). This is aimed at knowing the cause of the disease and then to get appropriate medication. The informant refers to his Doctor before taking any drug. He only takes drugs based on the advice and prescription of the physician. In addition to this the benefit of properly-getting examinations and proper treatment helps the patient to get appropriate medicine and in order not to be hurtled by different infections. Hence according to the informant, he never uses indigenous medicines.

According to the FGD2.3 the informant when he gets sick, he directly visits health institutions (clinic, hospital, pharmacy). He only takes medicines after laboratory examinations. After his

disease was identified he took drugs based on the prescription of the Doctor. The informant said that when he gets sicked, he prays to God and visit religious elders to pray for him.

According to the FGD2.4, the informant replied that he uses both indigenous medicine and modern treatment accordingly. He got treatment from indigenous healers for diseases like hemorrhoid (kintaaroti) and psychological problems by paying a low price. If my illness is complicated and the symptoms are new, he will visit health care institutions to get physical and laboratory examinations. Based on the examination result he took medications.

According to FGD2.7 and FGD2.8, the informant replied that he uses both indigenous medicine and biomedicine treatment accordingly. For health problems such as poisoning, snake bite, physical injury, or trauma he uses indigenous medicines. For instance, if a person gets poisoned by any case the indigenous healers drench the poisoned individual drug prepared from plants and let him/her immediately vomit completely. For snake bite, indigenous healers give drugs prepared from the plant Qarabichoo/Echinops. Similarly, diseases like ellipse can be treated by smoking drugs and the patient will recover immediately. In another way, the informant replied that he refers to modern health care institutions for laboratory and medical services.

People in this study area use both indigenous medicine and Biomedicine to alleviate their health problems. Indigenous medicine was highly supported in the study area due to religious, economic social factors

4.9 FGD1 Indigenous Healer


5. FGD2 Community Member

Photo by:Dinberu,Murch

Indigenous drugs benefit society as a whole. Regardless of the status of the society in terms of religion, sex, age, and economic status all parts of the society are benefited from indigenous drugs. Indigenous drugs are gathered and prepared from local plants. This helps the society to obtain drugs at their surroundings relatively at lower prices without spending much transport cost. This is especially a very important option for society with low economic status who is unable to afford modern and scientific medication by traveling long distances at a higher cost of health care. The economic benefit of indigenous drugs is very significant. The economy is very important in every life of an individual. Individual income is necessary to lead ones, own family. Indigenous healers play a great role in healing human beings which are inputs for the productivity of a particular country. Only healthier and competent people can produce and work to their full potential. Therefore, the role of indigenous drugs in healing society's health problem is very significant.

5, Indigenous Healer Practice towards Biomedical Worker View.

According to KIBMW2 Indigenous healers prepare indigenous medicines that are gathered and prepared from different varieties of plants. However, those drugs were not having their standard based on different parameters like weight, size, or volume of the drug to be administered for the patients. The indigenous healers most of the time did not have diagnostic tools to identify the diseases; they administer these traditional diseases only by suspecting the disease. In fact, the indigenous healers tell the patients how to use, how much to use, and the frequency of the indigenous medicine; since the drug has no scientific measurement it might have a side effect on the user. Even though the indigenous medicine administered by the indigenous healer provides relief or heal the patients it could have adverse effects like vomiting, diarrhea, dysentery, loss of electrolytes, and even can cause death. The main reason here is that these drugs are prepared and given by illiterate persons and literate persons. In the indigenous healer is literate amateur they analyze the benefits and adverse effects of these indigenous medicines. For instance, they advise properly how much to use, how to use the drug (before a meal or after a meal or mixed with food or another drinking).

According to the biomedical professional, there was no direct relationship with the indigenous healers; whereas, sometimes patients come to them for treatment after seriously hurtled. Due to indigenous medications patients, visit clinics at very serious case conditions such as blood vomiting became unconscious, and get under comma conditions. While examining such kinds of patients their blood pressure or pulse rate becomes very low (under normal condition) and most of the time patients under such conditions get referred to specialized hospitals. The main reason here is that the indigenous healers have no knowledge and skill to examine the blood pressure of the patients and also, they have no examination apparatus used to decide what and how to administer the drug for the patient. The indigenous healers did not identify the patients' health status regarding sugar level, pulse rate of the patients they rely on the symptoms of the disease, and administer the indigenous medicine of which they are not certain about the outcome. The other problems associated with indigenous medicine are those persons who come to the local market from different directions and sell the drug in the local market like another consumption commodity.

5.1Key informant Biomedical Worker (KIBMW2)

Photo by:Dinberu Murch 2020

According to KIBMW1, modern Medicine is a product that has a dose or amount to be taken and for what disease the drug is taken and the frequency of the disease it is taken per day. Whereas, indigenous medicine even though it has benefits it has no measurement amount and described level, frequency, and for whom the drug is prescribed. Biomedicine is prepared by great care by investigating the drug for several years by testing the drug on laboratory animals and it will be applied to a human being after the drug was accredited by the Ethiopian food and drug administration institute.

According to the informant, he replied that they have relations with indigenous healers. There are two indigenous healers in our district but do not have legal certificates to sell indigenous medicine. The type of drug they selling and the house in which they are selling was determined as standards like modern public and private clinics. However, when woreda health officers went for inspection/supervision/ the indigenous healers' facilities were not as per the standard provided. The way they are handling the indigenous medicine or drug was as that of locally practiced. Since these indigenous healers are unable to satisfy the requirement by the agency, they are obligated to stop for the time not to bring and sell their indigenous medicines or any

drug in the market. This is because the prepared drug should have specifications like how to handle the drug, where (pace) it was prepared, how it was prepared, should be standardized.

Therefore, two indigenous healers were banned not to sell any indigenous medicine until they fulfill the requirement or the procedure required by the woreda health office. For instance, more than ten persons should be treated and cured after being treated with indigenous medicines to certify is one criterion. The issues that are related to the potency of the indigenous medicine were under debate because there was no evidence of whether the disease was disappeared from the patient's body.

Many people prefer indigenous medicine to biomedicine due to lack of awareness and other factors like the cost of the drug, easy accessibility in their area. Since traditional drugs have several challenges, it is important to increase the usage of indigenous medicines. To increase awareness of the society the woreda health office undertook different awareness creation campaigns (programs) at different public meetings, using Government structures from woreda to kebele, and at religious institutions (programs).

Now a day's community health insurance program was implemented in our woreda which greatly decreases the usage rate of the community for Indigenous medicines. Most of the time patients prefer indigenous medicines due to their income to afford modern health care facilities or medications. Community-based health insurance provides a community health care service by paying a specified amount of birr once a year and get health care service for the member of community-based health insurance for the household and his families which currently increasing seeking behavior of the society to test their health status.

According to the KICM8, the source of biomedicine was from Indigenous medicine even though biomedicine is based on knowledge and technology they used to prepare drugs from a different variety of plants and animals. The basic difference between indigenous and modern drugs is that indigenous medicine has no further investigations while microorganisms are changing themselves and become drug-resistant. However, in modern drugs, while bacteria, parasite, or virus change their character or behavior, scientists change the nature of the drug based on scientific investigations. For instance, Indigenous medicinal plants are known by local names like (Qarabichoo, Dhumugaa, Damakasee, and Makaniisa) by digging their root and prepare in different forms and were used for many diseases.

5.2 Key informant of Biomedicine worker (KIBMW1)

Photo by: Dinberu, Murch 2020

CHAPTER FIVE

DISCUSSION, THEORETICAL AND POLICY IMPLICATIONS

5.1 Discussion

Ethno medicine has been defined as beliefs and practices to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine.in this past, the term referred to the medical system of non-western societies (Pool and Geissler2005:28). Traditional herbal medicines, generally considered as naturally-occurring plant-derived substances with minimal or no industrial processing that have been used to treat illness within local or regional healing practices (Oloyede 2010:74).

Ethiopia is a home of many ethnic groups, cultures, and beliefs which in turn have contributed to the high diversity of traditional or indigenous health care knowledge and practices. The people heavily relied for centuries on indigenous medicine for various physical and mental disorders (Amha 2015). About 80% of the population in the country still depends on traditional medicine as their major primary healthcare system. Indigenous medicine practice by indigenous healers constitutes the use of natural substances composed of plants, animals, and minerals as indigenous remedies besides spiritual healing and bone setting (Amha 2015:6).

The practice of using indigenous medicine in our woreda counts for a long period. This is because before Biomedicine and technologies are coming into being people are used to treat them with indigenous knowledge in society. Most of the sources of healing knowledge are inherited from parents. The time and place of indigenous medicine practices were not known yet.

This is because according to the informants from an interview they replied that “we indigenous healers learn the practice from our grandfathers and grandmothers.’’ Our source of knowledge and wisdom was not from formal education.”

The healers acquired the knowledge and skill of traditional medicine through informal training. The training and apparent ship is usually a long process under a recognized mentor. There is no fixed time frame to complete the training since the training lacks formal curricula. The training involves the ability to recognize different plant species including the poisonous ones, their geographic distributions, the specific illness they are used to treat as well as how they are collected and prepared for use (Dejene 2019:117). In addition to this, modern medicines and

drugs currently in practice were primarily developed and improved gradually from indigenous medicines. So, indigenous medicines are the foundation for modern medicines or drugs.

The benefit of indigenous medicine is very important to get in their locality especially for patients who are unable to get treatment in modern health institutions due to different factors such as lack of accessibility; due to lack of finance to cover health care costs. The advantage of indigenous medicine is very high in our woreda. People tend to use indigenous medicine even after trying several options at modern health care institutions for some diseases like rabies, chronic skin disease (fungus), and evil sprite (madness).

In less-developed countries it is generally the case that sickness patterns are dominated by infectious and parasitic diseases, malnutrition, and traumatic injuries; a major portion of sickness episodes consist of self-limiting sicknesses, and medical rationality is not determined by scientific standards of proof these circumstances help explain some of the success of indigenous healers and the persistence of traditional medical beliefs and practices (Young 1980:105).

Most of the time the modern health institutions (clinic, pharmacy, and hospitals) refer to indigenous healers for diseases like hemorrhoid tumor and Witchcraft/ psychological problems. Therefore; societies have high respect for indigenous medicines. According to Dejene cited on Traditional medicine is still popular and has wider acceptance throughout the country despite the expansion of biomedicine (Dejene 2008:38).

People in this study area use both indigenous medicine and Biomedicine to alleviate their health problems. Indigenous medicines were highly supported in the study area due to religious, economic social factors.

5.2 Theoretical Implications

Foster and Anderson (1978) make a distinction between personalistic and Naturalistic theory of disease. A personalistic medical system is one in which disease is explained as due to the active, purposeful intervention of an agent, who may be human (a witch or sorcerer), nonhuman (a ghost, an ancestor, an evil spirit), or Supernatural (a deity or other very powerful being). The sick person literally is a victim, the object of aggression or punishment directed specifically against him, for reasons that concern him alone.

The most prevalent and important theories of illness found cross-culturally in pre modern societies involved theories of supernatural illness causation that involve personalistic

assumption, meaning that some personal agent acted aggressively to cause the malady. These notions of personalistic cause, such as embodied in the concept of an evil witch or ghost causing illness, are based on assumptions not recognized by modern medical science as being valid. Although framed in supernatural terms regarding the powers of unusual humans or evil spirits, these theories may nonetheless represent important psychodynamic, social, and physical processes relevant to health (Winkelman 2009:239).

In contrast to personalistic systems, naturalistic systems explain illness in impersonal, systemic terms. Disease is thought to stem, not from the machinations of an angry being, but rather from such natural forces or conditions as cold, heat, winds, dampness, and, above all, by an upset in the balance of the basic body elements (Foster 1978:775). Naturalistic theories posit disease in terms of an imbalance among variance impersonal system force. The principle of Yin and Yang traditional Chines medicine. Yang is associated with Heaven,Sun,Fire,Heat,Dryness,Light,the male principle, the exterior, the right side,life,high,noble,good,beauty,virtue,order,joy and wealth. In associated with earth,moon,water, cold, dampness ,darkness, the female principle,inferior,the left side,death,low,evil,ugliness,vice,confussion,poverty(Baer etal 2003)
A proper balance of Yang and Yin results in Health.

The understanding of health according to the study area is the totality of physiological, psychological (mental), economic and social wellbeing. To say an individual is healthy he has to work, eat and drink properly and properly think or perceive his environment. Healthiness also includes spiritual healthiness; which is the normal interactions of human being vertically with his creator God and laterally with human beings. Physiological healthiness might be affected when an individual is unable to eat and drink the required amount and content of nutrients and minerals for his body. Similarly, the proper spiritual connection of an individual with his God determines the spiritual healthiness of a person. For instance, spiritual attachment by praying, fasting, reading and understanding the wholly books or meditating the words of God, abstinence from sin (evil work) and following the commandments of God strengthen the spiritual healthiness of the follow.

The major reasons for the cause of illness are witch/ evil sprite, lack of food, personal and environmental hygiene or disease can be caused due to our breaks can affect human beings
According Dejene cited the traditional herbalists also keep naturalistic explanation side by side the personalisitc one. They relate many somatic illnesses to infections (Dejene2013:197). So that

cause of illness of my study area were agree the indigenous herbalists keep naturalistic explanation side by side personalistic one.

Domestication, which has become a prominent theme in the socio-anthropological study of the flow of culture, carries novel implications, both theoretical and analytical, for the study of CAM. This focus is different from prior conceptualizations that hinged on a dichotomous interpretation of either dominance or resistance. The first and earliest approach to the study of CAM entertained a dichotomy between traditionalism and modernity and predicted that a gradual process of modernization would eventually bring about the abandonment of traditional, non-scientific medical practices (Fadlon 2004:70)

According to Kleinman, usually take a modern biomedical approach, although in some societies they also include indigenous professional medical traditions, such as Ayurveda in India and classical Chinese medicine. Where Western scientific medicine becomes part of non-Western medical systems it often undergoes a process of indigenization, adapting to its local social and cultural environment (Pool and Geissler 2005:40).

Indigenization This term usually applies to the process of adaptation to the local social and cultural environment that Western biomedicine undergoes when it becomes part of nonwestern medical systems. However, it could also refer to the inclusion of aspects of nonwestern medical traditions into biomedicine (for example, acupuncture) (ibid). According to my study area Most of the times the modern health institutions (clinic, pharmacy and hospitals) refer to indigenous healers for the diseases like hemorrhoid tumor and evil sprite/psychological problems. Therefore, the societies have high respect for indigenous medicines.

Medicines are indigenized everywhere in the world, not only in Africa. Driven by mistrust in the medical profession and science, in the West, especially where public health services are insufficient, such as in the USA, people rely increasingly on the Internet to shop for medicines as well as for medical information, which is often at variance with established biomedical views and which frequently includes other, ‘exotic’ medical treatments. Similarly driven by mistrust in faltering government health provision as well as by lack of law enforcement and by aggressive drug marketing, people in developing countries rely on pharmaceuticals bought from shops or exchanged between neighbors (Pool and Geissler 2005:101).

Traditional medicine in Africa is contrasted with bio medicines, most of traditional theories have a social and religion character and emphasize prevention and holistic feature (Geest1997:903).

The cooperation between the two traditional should be considered an option to alleviate the present problem in health car. The first shortage of personnel in biomedical sector, the second Doctor and Nurse are reluctant to settle in rural area and even community health worker. Traditional healers are far less inclined to leave their rural community and usually are a farmer, tied to the local flora or local deities for their medical practice. The third the fact that healers and patients share idea about the origin, meaning and preferable treatment of illness enhance the efficacy of treatment (ibid)

Externalizing belief systems concentrate on making etiological explanations for serious sicknesses (Young 1980:107). Since the intrasomatic link between etiological events and sequences of biophysical signs is either ignored or not elaborated. When intrasomatic processes are used to explain sickness, emphasis is frequently given to the role of notions such as "soul" or "spirit" rather than to biophysical functions. When intrasomatic mechanisms are mentioned, they are often represented by simple conceptions of sickness, such as a reduced natural wholeness.

Internalizing systems, physiological explanations are indispensible for organizing medical strategies. Even though etiological information is sometimes diagnostically important, diagnosis ultimately relies on the healer's ability to interpret symptoms whose form and place in the sequence of symptoms are explained physiologically (Young 1980:108). An internalizing, "biomedical," conception of sickness.

6.3 Implications for National Health Policy

The World Health Organization’s (WHO) 1978 Declaration of Alma-Ata called upon governments, especially those in developing countries, to examine the role of traditional medicine in providing primary healthcare.

WHO’s mission is to help save lives and improve health. In terms of T&CM, WHO promotes these functions by: facilitating integration of T&CM into national health systems by helping Member States to develop their own national policies in this sector; producing guidelines for T&CM by developing and providing international standards, technical guidelines and methodologies for research into products, practices and practitioners; stimulating strategic research into T&CM by providing support for clinical research projects on its safety and effectiveness; advocating the rational use of T&CM through the promotion of its evidence based use; and mediating information on T&CM by acting as a clearing-house to facilitate information exchange(WHO2014-2023).

Many countries have their own traditional or indigenous forms of healing which are firmly rooted in their culture and history. Use in countries where TM is one of the primary sources of health care. It is typical of these countries that the availability and/or accessibility of conventional medicine-based health services is, on the whole, limited. The widespread use of TM in Africa and some developing countries can be attributed to its being present on the ground and readily affordable. Individual needs often determine when people use T&CM. patients with specific chronic conditions use T&CM services more often.

The informant FGD1.2, FGD1.4, FGD1.5, FGD1.6, and FGD1.7 was asked about the wok relationship and assistance given to them by local Government he replied that the attention and assistance provided to them was very weak. The responsiveness of the local administrators was very weak in terms of legal issues for certificate, and work place. According to the informant due to lack of work place he is facing great problem because patients come to visit him from a distance for instance to get treatment for cancer the patients may stay a week. The other issue is the less attention of a Government for indigenous medicines. In our country there are multi varieties of indigenous knowledge and multi variety of indigenous medicinal plants in our country, Ethiopia. Due to lack of capacity (work place or land, capital, equipment or machine) and lesser attention given by the Government the informant said that they are unable to commercialize indigenous medicines.

These healers do not have modern diagnostic laboratory. But they ask a patient about his/her feelings and observe symptoms on the patient. Secondly, they may ask for laboratory test report from biomedical diagnostic centers if they think the illness is of naturalistic causes (Dejene 2019:117).

CHAPTER SIX

SUMMARY, CONCLUSION AND RECCOMENDATION.

6.1. Summary and Conclusion

This study was conducted on the entitled Indigenous Herbal medicinal Knowledge and Healing Practices of Setema District Jimma Zone. Because researching the whole population of the woreda is difficult, the Researcher was focused and selected two kebele and collected data by using observation, depth interview and focus group discussion and the Woreda's Indigenous Herbal medicinal Knowledge and healing practice was qualitatively analyzed. For this study the procedure and practice Indigenous medicine at different levels were critical analyzed.

The understanding of health is the totality of physiological, psychological (mental), economic and social wellbeing. Healthiness also includes spiritual healthiness; which is the normal interactions of human being vertical with their creator God and laterally with human beings. Sicknesses like the common cold, headache, and skin cut (trauma) people get treatment using indigenous medicines prepared by home remedies. The major reasons for the cause of diseases are lack of food, personal and environmental hygiene or disease can be caused due to our breaks can affect human beings. Even though it is clearly established that poor environmental conditions such as lack of sewerage systems, inadequate water supply, the proliferation of flies and other vectors, and poor personal and food hygiene contribute to the spread and severity of enteric diseases.

indigenous healers were categorized into five; these are Indigenous healers: Prepare medicine from plants, who can treat fractured or broken bones, who can treat or assist delivery, wreathing by using religious practice and Healing by Witchcraft /using black art. the source of knowledge of this indigenous medicine was originate from the grandparents. The treatment of patients using indigenous medicine was transferred from grandfather to father and then learned the skill and knowledge from father. The source of knowledge of indigenous medicine is first the wholly Quran second from local and abroad third primarily wisdom gift from God and blessing from people. The healers are prepared their drugs for treatment from plants, minerals, and animal products. From vegetable, kingdom comprises the leaves, flowers, seeds, barks, sap, and roots of a variety of plants. Most of the indigenous medicine is not only from local but also brought from other countries and serve our society. So, after learning the indigenous medicines they used to

serve their society including chronic diseases that were very difficult to get cured at modern hospitals like chronic skin disease and allergy Most of the times the modern health institutions (clinic, pharmacy, and hospitals) refer to indigenous healers for the diseases like hemorrhoid tumor and evil sprite/Witchcraft. Therefore; societies have high respect for indigenous medicines.

The type of indigenous medicine administration is: drenching(drinking), chewing or eating, putting the drugs on the head with other additives like butter, topical application of the drug on the part, tying the drug on diseased part of the body, or some of the drugs are used as smoke or direct smoking. To administer the drug the indigenous healer first identified/ask the level of the patient's blood pressure and sugar level in the blood to balance the amount of indigenous medication. Before giving any drug the history of the patient is gathered first. For infants and children, the indigenous healer asks the mother or any attendant and for women, they interview whether she is pregnant, including months of pregnancy to determine the amount of drug to be administered in order not to harm the mother and the fetus. This is to minimize the adverse effects of the drug.

The process of the treatment is first identifying the symptoms, like itching, high pain, bleeding on the area (anal part); by using cotton the drug will be applied for three to four days. To treat pregnant women the indigenous healer asks the age of the mother (woman) and the age of the fetus in the womb to effectively treat the pregnant woman without harming the fetus. For health problems such as poisoning, snake bite, physical injury, or trauma people use indigenous medicines. For instance, if a person gets poisoned by any case the indigenous healers drench the poisoned individual drug prepared from plants and let him/her immediately vomit completely. For snake bite, indigenous healers give drug prepared from the plant Qarabichoo/Echinops.

To treat evil spirits used to use by smoking plants such as "hundee qarabichoo/Echinops". For the treatment of Amoeba, the plant which is known by the name "Sanamaki" its leaf is added with tea and taken before a meal will cure the disease. Prepare indigenous medicine from plants' stem, leaves, roots, and plant oil Used to treat diseases like blood pressure, diabetes, cancer, to treat feet fungus, to treat eye, ear, uterine disease, syphilis, hemorrhage, skin diseases, rabies, and other diseases. The dose given to the patient was based on the age of the patient and given based on a small spoonful or large spoon. In the same way, the patients get advice on how to apply these indigenous medicines based on the nature of the drug. The price for their drug is not fixed

because they determine based on the situation and the income and affordability of the patient. The problem is still the preparation was not supported with current technology in terms of drug content, dosage, packaging, how to use, how much to use, when, and frequency of use of the drug. People tend to use indigenous medicine even after trying several options at modern health care institutions for some diseases like rabies, chronic skin disease (fungus), and evil sprite/psychological diseases (madness). My study guided under the personalistic and Naturalistic theory of disease (Foster 1978; Dejene2013:197), the externalizing medical belief systems (Young, 1976; 1980), and under the theme of indigenization theory (Fadlon 2004; Pool and Geissler 2005; Geest1997).

People in the study area use both indigenous medicine and Biomedicine to alleviate their health problems. Indigenous medicines were highly supported in the study area due to religious, economic social factors. The challenges of these indigenous medicines have no laboratory tests to identify diseases. These cause the adverse effects of one disease on the organ of the patients. Sometimes there are conflicts of interest between herbalists and medical professionals. About the wok relationship and assistance given to them by local Government attention and assistance provided to them was very weak. The responsiveness of the local administrators was very weak in terms of legal issues for a certificate, and workplace.

The other issue is the less attention of a Government for indigenous medicines. In our country, Ethiopia there is multi varieties of indigenous knowledge and a multi-variety of indigenous medicinal plants in the study area. Due to lack of capacity (workplace or land, capital, equipment, or machine) and lesser attention given by the Government; the healer is unable to commercialize indigenous medicines.

6.2 Recommendations

- Indigenous healers in the district must have legal certificates to practice and sell indigenous medicine. The type of drug they practice and the house in which they are selling was determined as standards like modern public and private clinics.
- The other issue is the less attention of a Government for indigenous medicines. In our country, there are varieties of indigenous knowledge and a variety of indigenous medicinal plants in our country, Ethiopia. Due to lack of capacity (workplace or land, capital, equipment, or machine) and lesser attention is given by the Government they are

unable to commercialize indigenous medicines. The Government must attention to indigenous medicine and implements policies.

- The Setema woreda Culture and Tourism office the support they have made for the woreda's indigenous healers was writing the list of the names of indigenous medicinal plants and for which disease the drug is used. The Government body, Health bureau, and Culture and Tourism office necessary to preserve and maintain indigenous herbal medicine and promotion works from the government for indigenous herbalist

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Appendix I: Field Research Guiding Question

Jimma University

College of Social Science and Humanities

Department of Social Anthropology

1, Interview Questions Guide

Introduction: the purpose of this interview is to collect data on indigenous Herbal Medicinal knowledge and Healing system the case of Setema District Jimma Zone Ethiopia. The data of this study was used for the fulfillment of requirements for master of Art Degree in Social Anthropology. Therefore, the data you gave will be used only for this Anthropological study you are kindly requested to participate in the interview in which confidentiality of information is strictly protected and valued. I also kindly request you, so that. I can record your voice, since it is difficult to write all of your responses while interviewing.

Thank you

1.1, Interview Questions Related to the Herbal Medicinal Knowledge

Part I: Personal Data

1.Age_____2, Sex_____3, Religion_____4,Marital status_____

5, Education background_____6, Occupation_____

7, source of income_____8, Residential Keble_____9, Length of stay in area_____10, place of interview_____11, interview's Name_____12, Date

of interview_____starting Time_____

Finishing Time_____

Part 2: Interview Questions

1. What are your sources of healing knowledge?
2. From where and whom did you acquire your knowledge of herbal medicine and healing?
3. How do you practice herbal medicine and healing?
4. How did you learn and how did you dominant your herbal medicinal knowledge?
5. How do you transfer your herbal medicinal knowledge?
6. Do you share and exchange herbal medicinal knowledge with other herbalists? If

1.2, Interview Guide for the Community Members

Part 1: Personal Data

1. Age_____ 2. Sex_____ 3. Religion_____ 4. Marital status_____

5. Educational background_____ 6. Occupation_____7. Income _____

8. Place of residence_____ 9. Length of stay in the area_____

10. Place of interview_____ 11. Interviewer's Name _____

12. Date of interview: _____ Starting Time: _____ Finishing Time: _____

Part 2: Interview Questions

1. What is health and illness in your understanding?

2. What do you think about causes of illness?

3. Do you use Indigenous Herbal Medicine? For what type of diseases?

4. What are the types of health care options existed in your area?

5. Where you go when you fell ill? Why?

1.3, Interview Guide for the Culture and Tourism Workers

Part 1: Personal Data

1. Age_____ 2. Sex_____ 3. Religion_____ 4. Marital status_____

5. Educational background_____ 6. Occupation_____7. Income _____

8. Place of residence_____9. Length of stay in the area_____

10. Place of interview_____ 11. Interviewer's Name _____

12. Date of interview: _____ Starting Time: _____ Finishing Time: _____

Part 2: Interview Questions

1. How long since the IHM is known in the woreda?

2. How did you see the contribution IHM in serving the people as health care alternative?

3. Does the IHM have caused any problem?

4. Are there promotion works from your office for indigenous herbalists?

5. What do you think is necessary to preserve and maintain IHM?

1.4 Interview Questions Related to Bio Medical Worker

Part I: Personal Data

1, Age_____2, Sex_____3, Religion_____4, Marital status_____

5, Education background_____6, Occupation_____

7, source of income_____8, Residential Keble_____9, Length of stay in area_____10, place of interview_____11, interview's Name_____12, Date

of interview_____starting Time_____

Finishing Time_____

Part 2: Interview Questions

1, what are your views and insights towards indigenous healers practice and their healing system?

2. Is there any case /client or patient that you refer to indigenous healers?

3. What are advantages and dis advantages of indigenous medicine in Setema District?

2, Focus Group Discussion Guide

Introduction: The purpose of this focus group discussion guide is to collect data on Indigenous herbal medicinal knowledge and healing system, the case of Setema District Jimma Zone Ethiopia. The data will be used for the fulfillment of Master of Art in Social Anthropology. Therefore, the data you gave will be used only for this Anthropological study. You are kindly requested to participate in the FGD in which Confidentiality of information is strictly protected and valued. I also kindly request you, so that I can record your voices, since it is difficult to write all of your responses while interviewing.

Thank you

2.1, Focus Group Discussion Guide for the Indigenous Herbalists

Part 1: Personal Data

1. Age_____ 2. Sex_____ 3. Religion_____ 4. Marital status_____

5. Educational background_____ 6. Occupation_____ 7. Income _____

8. Residential Kebele _____9. Length of stay in the area_____

10. Place of the focus group discussion_____11. Facilitator's Name_____

12. Date of the focus group discussion: _____ Starting Time: _____Finishing Time: ____

Part 2: Focus Group Discussion Guiding Questions

1. What looks your interaction like with the biomedical health worker in your locality?

2. Do you work in teamwork with the biomedical health worker in your locality? If so, on What matters do you cooperate?

3. What do you think are the problems on the side of the biomedical healing system that

Delay mutual cooperation between the two health systems?

4. What do you think are the problems on your side that hamper mutual cooperation between The two health systems?

5. Do you think that the co-existence of the indigenous herbal healing and the biomedical Healing systems is important in your locality? If so, how?

2.2, Focus Group Discussion Guide for the Selected Community Members

Part 1: Personal Data

1. Age_____ 2. Sex_____ 3. Religion_____ 4. Marital status_____

5. Educational background_____ 6. Occupation_____ 7. Income _____

8. Residential Kebele _____9. Length of stay in the area_____

10. Place of the focus group discussion_____11. Facilitator's Name_____

12. Date of the focus group discussion: _____ Starting Time: _____Finishing Time: ____

Part 2: Focus Group Discussion Guiding Questions

1. What is your opt of treatment at the time you are confronted with illness? Why?

2. For what types of illnesses you usually go to indigenous herbal healers?

3. How do you see the efficacy of IHM and the healing system in curing illnesses?

4. Which illnesses are better cured at indigenous herbal healers?

5. Do you combine medicines of home remedies, herbal medicines given by healers, and Biomedical medicines one another? If so, in what situations? How?

2.3. Focus Group Discussion Guide for the Culture and Tourism Workers

Part 1: Personal Data

1. Age_____ 2. Sex_____ 3. Religion_____ 4. Marital status_____

5. Educational background_____ 6. Occupation_____ 7. Income _____

8. Residential Kebele _____9. Length of stay in the area_____

10. Place of the focus group discussion_____11. Facilitator's Name_____

12. Date of the focus group discussion: _____ Starting Time: _____Finishing Time:____

Part 2: Focus Group Discussion Guiding Questions

1. How did you see the mutual interaction between your office and indigenous herbalists?

2. What are advantages and dis advantages of indigenous medicine in Setema District?

3. Are there promotion/reward works from your office for indigenous herbalists?

4. What do you think is necessary to preserve and maintained Indigenous Herbal Medicine?

Appendix 2: Socio- demographic profile of Key Informants

2.1. Profile of Key Informants Indigenous Healers

Name of IK	Age	Sex	Level of Education	Occupation	Religion	Marital Status	Place of Interview	Date of Interview
Abba Gutu Abba Gutu Muzemil(KIIH 1)	60	M	Cannot read and write	Agriculture and Herbalist	Islam	Married	Gatira	3/1/2020
Sheikh Mamazen Kadir(KIIH2)	53	M	Cannot read and write	Herbalist	Islam	Married	Gatira	3/1/2020
Mrs Zenebu Legese(KIIH3)	35	F	Can read and write	Unemployment	Protestant	Married	Gatira	3/1/2020
Sheikh Kamal Lata(KIIH4)	62	M	Cannot read and write	Herbalist	Islam	Married	Gatira	3/17/2020
Mr Nasir A/Raya((KIIH 5)	55	M	Cannot read and write	Herbalist	Islam	Married	Gatira	4/6/2020
Mr. Raya Abba Tamam(KIIH6	44	M	Can read and write	TVT College gard	Islam	Married	Gatira	4/6/2020
Sheikh Mohamadyusu Saman(KIIH7)	50	M	Cannot read and write	Agriculture and Herbalist	Islam	Married	Sata	4/1/2020
Sheikh Kadir Husen(KIIH8)		M	Cannot read and write	Agriculture and Herbalist	Islam	Married	Sata	4/1/2020
Sheikh Bayan Xahir(KIIH9)	50	M	Cannot read and	Agriculture and Herbalist	Islam	Married	Sata	4/1/2020

2.2 Profile of Key Informants of Community member/Elder

Name of IK	Age	Sex	Level of Education	Occupation	Religion	Marital Status	Place of Interview	Date of Interview
Pr Degefe Tolesa(KICM1)	48	M	Can read and write	Bible Teacher	Protestant	Married	Gatira	4/22/2020
Mr Mohammed Gidi(KICM2)	38	M	Can read and write	Agriculture and Guard	Islam	Married	Sata	4/27/2020
Sheikh Mujahid Faris(KICM3)	48	M	Can read and write	Agriculture	Islam	Married	Sata	4/28/20
Profile key informant of patient/cross sectional								
Mrs Fadila Qasima(KICM4)	25	F	Can read and write	Student	Islam	Single	Gatira	3/17/2020
Mr Naji Daba(KICM5)	50	M	Can read and write	Agriculture	Islam	Married	Gatira	3/17/2020
Mr Gemachu Fikadu(KICM6)	30	M	Can read and write	Agriculture office worker	Protestant	Married	Gatira	3/19/2020
Mr Mohamad Muziyen(KICM7	35	M	Can read and write	Agriculture	Islam	Married	Gatira	3/20/2020
Mr Abdisa Wolde(KICM8)	60	M	Can read and write	Governmental office worker	Protestant	Married	Gatira	3/19/2020

2.3 Profile of Key Informants of Culture and Tourism office

Name of IK	Age	Sex	Level of Education	Occupation	Religion	Marital Status	Place of Interview	Date of Interview
Mr Nazif Nasir(KICT1	35	M	BA Degree	Culture and Tourism office expert	Islam	Married	Gatira	4/11/2020
Mr Masher Kalil(KICT2)	30	M	Diploma	Culture and Tourism office expert	Islam	Married	Gatira	4/11/2020
Profile of Key Informants of Bio Medical worker through cross section								
Mr Getachew Tesama (KIBMW1)	32	M	Degree	Nurse	Orthodox Christian	Married	Gatira Health worker	3/24/2020
Mr Solomon Olani(KIBMW2)	40	M	Degree	Pharmacist	protestant	Married	Gatira Health worker	3/20/2020

Appendix III: Socio-demographic Profile of Focus Group Discussion

Code	Age	Sex	Level of Education	Occupation	Religion	Marital Status
FGD 1(At Setema Indigenous Healer on 4/6/2020)						
FGD1.1	52	M	Cannot read and write	Herbalist	Islam	Married
FGD1.2	55	M	Cannot read and write	Herbalist	Islam	Married
FGD1.3	44	M	Can read and write	Employment	Islam	Married
FGD1.4	60	M	Cannot read and write	Herbalist and Agriculture	Islam	Married
FGD1.5	45	F	Cannot read and write	Herbalist	Islam	Married
FGD1.6	48	M	Can read and write	Employment	Orthodox Christian	Married
FGD1.7	38	F	Can read and write	Unemployment	Protestant	Married
FGD 2(At Sata Community Member on 4/2/2020)						
FGD2.1	30	M	Cannot read and write	Agriculture	Islam	Married
FGD2.2	45	M	Cannot read and write	Agriculture	Islam	Married
FGD2.3	40	M	Cannot	Agriculture	Islam	Married

			read and write			
FGD2.4	50	M	Cannot read and write	Agriculture	Islam	Married
FGD2.5	35	M	Cannot read and write	Agriculture	Islam	Married
FGD2.6	55	M	Cannot read and write	Agriculture	Islam	Married
FGD2.7	55	M	Can read and write	Agriculture	Islam	Married
FGD2.8	45	M	Cannot read and write	Agriculture	Islam	Married
FGD 3(At Setema Culture and Tourism Office on 4/11/2020)						
FGD3.1	30	M	Can read and write	Diploma	Islam	Married
FGD3.2	35	M	Can read and write	Degree	Islam	Married
FGD3.3	60	M	Can read and write	Certificate	Orthodox Christian	Married
FGD3.4	30	M	Can read and write	Degree	Islam	Single
FGD3.5	27	F	Can read and write	Diploma	Islam	Married
FGD3.6	27	F	Can read and write	Diploma	Orthodox Christian	Single
FGD3.7	35	F	Can read	Diploma	Orthodox	Married