

Impacts of Urbanisation on the Traditional Medicine of Ethiopia

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ABSTRACT The aim of this article is to assess how urbanisation affected the traditional medicine of Ethiopia. The data were collected in Addis Ababa, Ethiopia from June 1998 to January 1999 by employing anthropological techniques of data collection, namely, participant observation and interview. It is found out that the urbanisation process of the country has both positive and negative impacts on the traditional medicine of Ethiopia.

INTRODUCTION

In almost all parts of Africa at present, coping up with health problems occupies large part of people's lives. To the majority of Africans the chance of getting biomedical health care (cosmopolitan) is still very limited. It is true that African governments allocate a considerable amount of money for health and health related projects like water supply, road construction, and house construction etc. But still, the problem of health is very acute and the people have no full access to government and private health services. The inaccessibility of cosmopolitan medical care and other multiple factors have led the people to depend on traditional medicine. Even in the cities where relatively speaking the concentration of cosmopolitan medicine is high traditional medical practitioners have a powerful influence in the lives of the people. Traditional medicine co-exists side by side with the cosmopolitan medicine.

In Ethiopia, migration is mostly one way. People from the rural villages have been migrating to Addis Ababa and other towns. This is because of the concentration of the economic, social, political and educational spheres in the towns particularly in Addis Ababa. Thus, people from the rural areas particularly poor, uneducated, young and males migrate to Addis Ababa (Sisaye, 1978).

Like the other rural-urban migrants, traditional healers also migrate to towns due to various reasons. As Cunningham (1993: 10) noted, the migration of traditional medical practitioners from rural to urban centres in Africa where employment benefits can be good is well documented in the studies conducted in Dares Salaam, Tanzania by Swantz (1984), and in Nairobi, Kenya by Good and Kimani (1980).

According to LeBeau (1995: 3), in the towns and cities of many southern African countries many people utilized traditional medicine particularly spirit mediums. For him, this increasing utilisation of traditional medicine especially spirit mediums was because of the urban dwellers' failure to uphold traditional values and perform the necessary rituals to the ancestors. For Dillon-Malone (1988: 1159-1160), the practice of witchcraft in the towns of Zambia became important due to increased competition in the urban centres. Cavender (1991: 364) also indicated the utilization pattern of traditional medicine in Zimbabwe towns. Staugard (1986: 62) remarked that the people in the towns of Botswana tend to utilize different types of healers with almost equal frequency. He noted that about one-third of the urban population, and two-thirds of the rural population consulted traditional healers in the one year period preceding his research. According to LeBeau (1995: 3), the urban population of *Katutura* town of Namibia continued utilization of traditional medicine even though they have access to modern medicine due to their perceptions of the nature of their illness of disease; their cultural understanding of the cause of the illness; their previous experience with the various health care alternatives; and the efficiency of the various treatments.

Considerable numbers of researchers have investigated the traditional Medicine of Ethiopia (Abate et al., 1976; Abebe, 1984; Abebe and Ayehu, 1993; Balcha, 1992; Beker, 1983; Giel et al., 1968; Hamer and Hamer, 1966; Kifleyesus, 1991; Messing, 1958, 1966; Pankhurst, 1965, 1969, 1970; Pearce, 1972; Young, 1970, 1976, 1977).

However, almost all these researches examined the utilization of traditional medicine

by the rural population of Ethiopia. Only very few studies, such as Kloos (1973, 1974, 1976) and, Teshome (1999, 2000, 2002, 2004) discussed the various aspects of traditional medicine in the towns and cities of Ethiopia.

METHODS AND TECHNIQUES

In this research, anthropological techniques namely, participant observation, and interviews were employed. Traditional healers such as bonesetters, mid wives, herbalists, diviners, and others were interviewed. Furthermore, since traditional medicine is directly and/or indirectly related with religion and culture elders, religious leaders and officials of healers associations were included in the interview.

The field data were collected from June 1998 to January 1999 in Addis Ababa, Ethiopia.

RESULTS

The research revealed that the urbanization process in Ethiopia has tremendous impacts on the traditional medicine. The most important effects are:

(1) Increase in the Domestic Trade of the Traditional Medicine: The increase in the trading of traditional medicine in towns and cities of Ethiopia can be observed in three ways:

First, many healers in Addis Ababa started to advertise their specialisation by putting signboards with the aim of getting market. This kind of advertisement was unknown in the rural areas where healing of any type is seen in reverence. In the rural areas the information about healing power of traditional healers has been passing from village to village in an informal way, usually through a hear say.

In his discussion about the utilization of traditional medicine in the *Katutura* town of Namibia, LeBeau (1995) argued that there are new problems in urban centres that traditional healers have to confront, which were not found in the rural areas. For instance, in the rural areas every person is known to others and here there was no need for traditional healers to go extra and advertise themselves. However, in the urban areas where almost everyone including traditional healers came from various parts of the rural areas, unless healers advertise themselves their skills would not be known to others in the community. In addition, perhaps in towns and cities of

Ethiopia putting signboards became necessary since the literacy of urbanites is much higher than the rural population.

Second, like any other commercial objects traditional medicine particularly herbal medicine went on sale.

Vendors in Addis Ababa supply the population with traditionally accepted herbal medicines that are not available in modern clinics, with a cheap price (Kloos et al., 1978: 43). These include: *kosso* (*Hgenia abyssinica*), *enkoko* (*Embelia schimperi*), *metere* (*Glinus lotoides*), *feto* (*Lepidium sativum*), *kabaricho* (*Echinop sp.*), *wogert* (*Silen macroselen*), and *gizawa* (*Withania sommifera*) (Abebe, 2005).

In the open market of *Markato* (the biggest and central market of the country) various kinds of traditional medicines are available except medicines that are used for magico-religious purposes.

The third manifestation of the commercialisation of traditional medicine in towns is the replacement of traditional healers by the vendors (who are not necessarily healers) in handling the trade of herbal medicine.

Concerning this important urban phenomenon, Cunningham (1993: 8) remarked: “*The herbal medicine trade is characterized by two features. First, from being almost solely an activity of traditional specialists, medicinal plant collection has now shifted to involve commercial harvesters in the informal sector, and (in South Africa at least) formal sector traders who supply the large urban demand.*”

In Addis Ababa these petty traders sell traditional medicine just like any other item and since most of the items available at *Markato* are used as household remedy it is the responsibility of the client to know its application.

Moreover, in *Markato* the majority of traders in traditional medicine are women. Concerning the new role of women Cunningham (1993: 8) noted,

“Women, rather than men, are increasingly involved as non-specialist sellers of traditional medicines, and this general pattern is seen throughout Africa. In rural areas and small villages, male and female traditional medicine practitioners (TMPs) practise from their homes. In larger villages, herbalists (mainly men) dispense from a small quantity of traditional medicines that they have gathered themselves. In towns, larger quantities of material are sold,

some of which are bought from commercial harvesters and in cities or large towns, large quantities of plant materials are supplied by commercial harvesters, and sold through increasing numbers of informal sector sellers (mainly women) to urban herb traders or herbalists for self-medication. Men drop out of non-specialist sales as it becomes an increasingly marginal activity, and only persist as sellers of animal material.”

(2) The Upswing of Home-Based Therapies in Addis Ababa: The other manifestation of the effect of urbanisation on the traditional medicine is the upswing of home-based therapies in Addis Ababa.

The availability of many types of herbal medicine in Addis Ababa increased the magnitude of home-based therapies. The most widely used medicines for home-based therapies include: *feto* (*Lepidium sativum*), *hareg resa* (*Zehneria scabra*), *bahirzaf* (*Eucalyptus* spp), *tej sar* (*cymbopogon citrates*), *tena adam* (*Ruta chalenensis*),

Dama kese (*Qcimum* sp.), *gesho* (*Rhamnus* sp.), and *bisanna* (*Croton macrostachys*) (Abebe, 2005).

(3) The Emergence of “False” Healers: Since healing became commercialised, this led to the emergence of many “false” healers. The rapid numerical increment of the healers is the manifestation of this phenomenon. In the country where the unemployment rate is extremely high, indulging oneself in healing profession became a source of income for considerable section of the population in Addis Ababa. The complaint of healers who claim themselves “real” healers is one of the indications of this rapid rise of the number of healers.

In fact, it is very difficult to give distinctions between “real” healers, and “false” healers, as there is no well-set standard to evaluate or measure traditional healers healing knowledge. Courtright et al. (2000: 11-12) for instance, used terms such as “market” healers, and “true” healers, in their attempt to differentiate the healers in Africa. For them, “market” healers are found in many African towns and are generally perceived to be business people rather than “true” healers. “Market” healers, according to Courtright et al. (2000: 12), have great influence in healers associations in many countries.

For Cunningham (1993: 13), this phenomenon also created another problem. He said, “the

emergence of commercial medicinal plant gatherers in response to urban demand for medicines, and rural unemployment has resulted in indigenous medicinal plants being considered as an open access or common property resource instead of a resource only used by specialists. The resultant commercial, large scale harvesting has been the most significant change, although seasonal and gender related restrictions have also altered.”

The emergence of the so-called “false” healers has become a fundamental problem in Africa. For instance, according to Pretorius (1999: 253), only about 10 percent out of the 80,000 persons practising traditional healing in Gauterg are *bona fide* healers, (i.e. healers who abide by the strict ethical code of this vocation).

Pretorius (1999: 253) further noted, “*in the current economic climate and amid the concomitant unemployment, there is a marked increase in the ranks of traditional healers, among whom there are, unfortunately, quite a number of charlatans.”*

As Teshome (2000: 561) pointed out, the Marxist government of Ethiopia (1974-1991) exploited this condition to persecute all traditional healers indiscriminately as “false healers”. Healers (particularly spiritual healers) who were caught red-handed in conducting this activity were forced to march in markets together with their clients and healing objects in order to make them a warning example for other who were conducting such activity. The local officials of urban dwellers associations (*Kebele*) in urban areas and peasant associations in rural areas were entrusted with taking such kind of draconian measures against healers in Ethiopia. Furthermore, considerable numbers of healers were put behind bars for conducting false healing which was considered by Marxist cadres as vestiges of the old feudal regime.

(4) Intensification of Rivalry among Healers: One of the most important effects of urbanisation on the traditional medicine is its contribution to the intensification of competition and rivalries among the practitioners of traditional medicine.

In some African countries rivalries among healers was so severe that even policy makers and modern health planners found it very difficult to integrate the traditional medical system into the modern medical system as recommended by the WHO in the Primary Health Programme.

For instance, in the discussion concerning the involvement of traditional healers in the fight against HIV/AIDS, it was recommended that membership of a traditional healer association should not be a requirement for participation in HIV/AIDS training. Because, "Selection through such associations may make the process easier for planners, but this often brings its own set of problems due to rivalries between or with in associations" (AIDS Action, 1999: 3).

In order to observe the conflicts and rivalries of the practitioners of traditional medicine, let me use the following story of Healer X¹, one of the most important and influential healers in Ethiopia, as a case study. In one of my discussions with Healer X, he disclosed that other healers do not like him. In order to corroborate his allegation, he narrated the following incident:

"While I was conducting my every day practice, my own workers in collaboration with other healers injected me a poison. I was about to die but many angels came to rescue me. When they took me to a hospital I was unconscious but more than a thousand angels came and encouraged me. Later on I was healed. The poison they injected me came out of my body through my chest.

Those who collaborated with the other healers in poisoning me suffered a lot. One became paralysed. Because, I gave them bad spell and this curse made them suffer.

Even today I lost money. Some one had taken it. Let alone now, even earlier during the time of the Italian invasion bullet was not wounding me because I had special medicine to ward off bullets. So, now they stole my money. I will take them to the gotach (lit. "Puller," a diviner). They will be exposed. The gotach will expose them."

Furthermore, the rivalry feeling among healers is also seen in the accusation of each other of false healing. Actually, this is the most common expression of rivalry among healers in Addis Ababa. For instance Healer X criticised the traditional healers association, because according to him, in the association there were many "false healers". Although he was one of the founders of the association, he is not in favour of the association because he claimed that the association has allowed many unqualified and "false healers" to be members. He said,

"In one of the exhibitions organised by the Bio-diversity Institute I gave a big seminar on my techniques and showed many rare books from

my collection to the symposium participants. Even, I slaughtered one ox to make the occasion remarkable. However, he/his rival/ and other healers tried to overshadow me by taking the journalists away from me. Once I heard a call for the conference of all healers in Addis Ababa in the Radio and T.V. At first I thought it was a genuine call. I said to my self, 'well, now our / healers/ eyes are going to be opened. If the government is taking the initiative, now is the time to know who is a knowledgeable healer and who is a pretending healer.' Actually, I went to this conference that was attended by about 500 people not to learn from the others but to show them my knowledge. When I went to the conference all participants were very much happy. Even there were foreigners in the conference. Though there was an invited guest from the Ministry of Health to give a lecture to the healers about the modern health practices and to gather the healers' experience, there were pretending healers who were simply talking nonsense and talking things they do not know. I proposed that healers who do not have legal permission from the government and who are not knowledgeable should not practice the healing. When I said this some of the so-called healers insulted me. After so much discussion, finally it was decided to organise another symposium where every healer would get a chance to demonstrate his/her knowledge. The first chance was given to me. The time assigned to me to organise the exhibition was not conducive. Because, it was a fasting period (for Orthodox Christians) and I was worried. There was one full dembejan² of Whisky buried underground for that occasion. The taste was more than a French whisky. Tej³ was brewed for four months (a good quality tej) in my compound. My food and drinks preparation was not only for Christian participants but also for Moslems. On that day there were many people and reporters from the press. The feast was so nice that these press reporters stayed in my compound feasting since 10 A.M in the morning up to 6 P.M in the afternoon. Even the Moslems were very happy that they drank the whisky and tej.

After a week another healer, that cripple, false healer/his rival/ organised the second exhibition.

He /his rival/, instead of showing us his medicines and medical experiences, directly led the people to the feast. I said to them, first 'we

have to see his medicinal books and plants before having a feast', but, he led them to the food."

/When he narrated this history, he was trying to undermine his rival/ in every instance/.

He prepared the exhibition badly. Actually it was not a fasting period, so he has prepared various kinds of food. However, it was not cooked well and the taste of the food was very bad. I had only mineral water; I did not eat or drink other things. In this manner many healers showed exhibition.

Finally, all healers including me were requested to organise a group exhibition. It was horrible. For this exhibition in my stall I put around 260 liters of tej and various kinds of food, even the very rare and delicious traditional food, yemiser kitfo, was served. Furthermore, around nine very big priceless Biranna⁴ books were there in my stall. However, the entire program was in a mess because of the false healers. The preparation was so messy that even the food I prepared was misplaced and was found in other healers' stall. The press people, by jumping my stall, went to other stalls.

/He gave his own interpretation for this/. These false healers deceived them. I was so angry and immediately I called my assistants to carry back all of my property back home without even waiting to see the final program. I interrupted the bazaar and went back home. At the exit the guards asked me why I was going out? and I answered 'to bring additional tej'. In another time they called me again but I refused to go.

In one occasion, I expressed my disappointment to one official. I said to him 'listen, I have a medical experience of 66 years, but you are favouring those who do not even have proper knowledge of healing.'

(5) *The Change of Status of Healers in Addis Ababa:* In the rural areas of Ethiopia spiritual healers were getting high regard and respect from the population. The other healers like herbalists and *wogesha* (bone setters) were having secondary position in the social ladder of healers. But, in Addis Ababa the reverse was true. Herbalists got more respect than spiritual healers. This is largely due to the psychological repercussion of the Marxist government's persecution that primarily targeted spiritual healers, and the constant marginalization and condemnation of spiritual healers by the Ethiopian Orthodox Church adherents. This stand of the Coptic church have forced the people

of Addis Ababa to view spiritual healers in critical manner, though secretly they still visit this rank of spiritual healers. As the result, herbalists who have been conducting healing openly have also managed to create positive impression on the population. In fact, the recognition and tolerance given to them by the successive governments since 1974 has also assisted them in welding this impression. Many spiritual healers, according to Teshome (2000: 561) have joined, at least nominally, of this herbalist group in order to share the warm welcome and acceptance of the Ministry of Health and other institutions such as the Bio-Diversity Institute. This, I argue, is the manifestation of the change of status of herbalist in urban areas because of the aforesaid factors.

Though, as the result of the various negative stereotypes spiritual healers went underground in Addis Ababa, still they give services for many people who suffer from social, spiritual and other problems. Forced by depression and other effects of urban life such as competition for job, people secretly visit spiritual healers at night time and at dawn. By keeping in mind that 47 per cent of the total population of Addis Ababa were migrants (CSA, 1995: 7) we can safely say that many people have depression because of separation from their families and relatives who are in rural areas. The anomie effect coupled with the shortage of modern hospitals that deal with such kind of problems, many people in Addis Ababa were pushed to look for spiritual healers both in the ranks of the Orthodox Church and out side the church.

Furthermore, other than health problems there have been also reasons that made the people of Addis Ababa continue consulting spiritual healers. As we know, rural-urban migration brings social changes in both rural and urban areas. Moreover, the urban life has an impact on the culture of the migrants and gradually urban culture would replace the village culture. The migrants also take over new norms and values in urban areas. However, this does not mean that the migrants totally forget their culture and get the urban culture. Still, the rural migrants preserve some of their village culture and they could maintain their ties with the native culture. The migrant's tendency to stick together for various social reasons particularly if they were from the same tribe assists them to preserve some of their traditional customs, values and needs. In some cases, they form associations to overcome their

social and economic problems. Moreover, this close association of migrants might lead them to the preservation of their traditional cultures in the cities. These include primarily worshipping spirits and consulting spiritual healers. As Herskovite (1962: 272) said, “the African city dweller has one foot in the city and one in the village.”

(6) Replacement of Healing Materials and Objects: Materials used in traditional medicine normally in the rural areas of Ethiopia had become very rare and extremely expensive in towns, particularly in Addis Ababa.

According to Cunningham (1993: 10), in Africa wild plants occupy important role in the lives of the African rural population. Wild plants fulfil almost all basic needs of the people. But in the urban centres of Africa a much smaller range of plant species are available and used. For instance, in the rural areas of the Mozambique coastal area, 76 edible wild plants species are used whereas in the urban markets in Maputo only five species of plants are sold.

Urbanisation in this case is the major cause for the general reduction in the number of species and quantities of wild plant resources, since in the urban areas the people have alternative foods, utensils and building materials. However, two categories of wild plants continued very important in many cities including Maputo: fuel wood and medicinal plants (Cunningham, 1988).

In South Africa, the range of commercially sold medical species was very high despite urbanization. According to Cunningham (1990) there were over 400 indigenous species in Natal, South Africa.

Cunningham (1993: 8,10) noted,

“demand for traditional medicines is highly species specific and alternatives are not easily provided due to the characteristics of the plant or animal material, their symbolism or the form in which they are taken.....In the stressful environment which is a feature of many urban areas in Africa, it is not surprising that demand has increased for traditional medicinal plant and animal materials which are believed to have symbolic or psychosomatic value. Traditional plant or animal materials which bring luck in finding employment, which guard against jealousy (such as that engendered when one person has a job whilst their peer group are unemployed) or love-charms and aphrodisiacs to keep a wife of girlfriend and popular. Thus,

employment options for TMPs have increased with the stresses of urban life.”

On the other hand, in the case of Addis Ababa the rare materials started to be replaced by new materials. Traditional healers started to replace materials used in rural areas by materials available in urban centres. The scarcity and unavailability of medicinal plants in urban areas has also led the healers to replace medicine which were prepared from rare plants by medicines prepared from plants that could be accessible and available in Addis Ababa.

(7) Clients of Healers became Multiethnic:

In the rural areas the clients of healers are confined to specific locality and mostly the patients come from the surrounding villages. In Ethiopia's condition, since families and relatives who have common ethnic identity live together in small villages, it goes without saying that almost all the time the clients were from one and the same ethnic group.

Whereas now in Addis Ababa, due to the presence of many ethnic groups living together healers no more give services to members of a particular ethnic group but rather to anyone irrespective of his/her ethnic affiliation. Therefore, these days in Addis Ababa *Amhara* patients would visit to an *Oromo* healer; *Gurage* patients would visit to an *Amhara* healer, and *Oromo* patients would visit to a *Gurage* healer e.t.c. Moreover, since most of the people in Addis Ababa speak Amharic, the lingua franca of the country, communication was not a barrier. In some cases, however, I have observed healers in Addis Ababa using interpreters in dealing with their patients. This situation was also reported in some other African urban centres, as LeBeau (n.d.) noted,

“In the urban areas there are also practitioners of traditional medicine from Namibia's different ethnic groups. Due to Namibia's heterogeneity, some groups have higher utilisation patterns of traditional medicine than others and patients from any ethnic group can utilise traditional healers from other ethnic groups; thereby giving the patient even more alternatives for health care.”

(8) The Formation of Healers Association:

The other impact of urbanisation is the ideal condition which urbanisation created for the formation of healers associations.

Due to urbanization, in many African countries healers associations were established. For instance, according to Iwu and Laird (1998:

13), in Nigeria there are more than 100 traditional healers associations with twenty of these having active membership of one thousand or more. The conducive atmosphere of urbanization also contributed for the formation of healers associations even in a national level with provincial and local branches as was witnessed in African countries like Cameroon (Iwu and Laird, 1998: 14).

The formation of traditional healer associations is encouraged because as Courtright et al. (2000: 3-4) remarked, collaboration with modern medicine practitioners would be possible when traditional healers are organized in healers associations.

In fact, the policies of the World Health Organization (WHO) in the 1970s and 1980s formally encouraged the establishment of associations of traditional healers in Africa. In the 1990s various associations of traditional healers were established in Africa (Bodeker, 2000: 43).

The presence of many healers in urban areas particularly in Addis Ababa led to the formation of healers association. Though there were also many factors for the formation of this association, urbanisation was one of the most important phenomena that created conducive condition for the creation of the association.

According to WHO (2001: 14), the major reason for the formation of the Ethiopian Traditional Healers Association was to review the qualifications of practitioners where no regulation exists.

DISCUSSION

The constructive and substantial role of traditional medicine among African societies was recognized during the post-colonial period when the Western-oriented health care system failed to effectively meet the health care needs of the African broad masses. According to the WHO report, traditional healers such as herbalists, midwives, and spiritual healers constitute the main source of assistance with health problems for at least 80 per cent of rural population in the developing countries. This unquestionably shows that the populations of developing countries heavily rely on traditional medicine to cope up with their health problems (Bannerman, 1983: 318-320).

The only medical care for the people of

Ethiopia in the past was traditional medicine. This traditional medical system is popularly known as the *habasha medhanit* (lit. "The Medicine of Abyssinia"), and has been passing from generation to generation mostly as oral tradition and sometimes in a written form called *etse debdabe* (lit. "Letter of plant"). Traditional medical practitioners treat not only people but also domestic animals. Most of the health services rendered by these practitioners focused on communicable diseases among people, and domestic animals. Traditional medical practitioners use different types of medicines including plants, animal products and minerals. The plant parts that are used in the preparation of medicine include roots, stems, barks, leaves, flowers and seeds (Teshome, 1999: 28). The animal products include milk, fat, butter, honey, skin, and various external and internal organs of animals. The list of minerals used by traditional medical practitioners includes holy water, iron, ash and so on. The major specializations of traditional medicine are bone setting, mid-wifery, spiritual healing, magic, sorcery and herbalism. However, most of the time there is overlapping of healing activities. Secular healers can also employ practices, which in other sense is recognized as spiritual healing and vice versa. So, the most difficult part in studying healers is this overlapping (Teshome, 2000: 562). Most of the time traditional healers of high age are believed to have experience and cumulative knowledge than others who are junior for the profession, and their young age (Berhane Selassie, 1971).

Traditional medicine of Ethiopia first and foremost puts its emphasis on the supernatural forces. It is mostly undifferentiated from religion and magic. Like any other African country the traditional medicine lacks theoretical knowledge of diseases (Pankhurst, 1966: 30). Almost every aspect of traditional medicine in Ethiopia is interwoven with magico-religious and natural elements one dominating the other in different cases. The methods of diagnosis and therapy are also interwoven with each other. For example, a cupper may perform recitation in his diagnosis or/and treatment, and a bonesetter may use herbal medicine in his therapy. However, traditional healers have also specializations. This is seen in the type of disease they treat, in their diagnosis, therapy, and the materials they use (Beker, 1983: 31). The efficacy of medicine in traditional medicine depends on many non-medical factors.

One of those is how the disease is defined in that particular culture. Actually, there has to be a common understanding between the healer and the patient regarding the concept of disease (Beker, 1983: 40). Mostly, Ethiopian traditional medicine considers almost all illnesses as spirit caused and hence the treatments involve performing rituals and spirit mediation. However, though strongly dominated by this concept, there has been also a rational treatment like that of herbal treatments (Balcha, 1992: 439). The other distinguishing feature of the Ethiopian traditional medicine is that, it doesn't recognize a disease as a particular entity by itself but instead it focuses on the particular body part that is affected. For instance if there is a wound on the leg the wound is not treated on its own as separated entity, but the focus is on the leg itself (Panhurst, 1966: 90).

CONCLUSION

In his assessment of the scope and status of traditional medicine in the urban centres of Ethiopia, particularly in Addis Ababa, Teshome (2004: 31) said, "earlier it was assumed that traditional medicine withers away in urban centres. However, the existing situations in Addis Ababa revealed that instead of crumbling traditional medicine is expanding. Hence, it is not surprising today to find many traditional parishioners in Addis Ababa as self-employed particularly filling the informal economic sectors."

Throughout its development many factors have influenced the Ethiopian traditional medicine. One of those is the urbanisation process. The impacts of urbanisation on the traditional medicine of Ethiopia can be divided in to two categories: positive and negative impacts. The positive impacts are the commercialisation of traditional medicine, the upswing of household therapies, the transformation of clients of healers from a specific ethnic group to multi-ethnic, and the formation of healers association.

The negative impacts are: the intensification of rivalry among healers, and the emergence of the so-called "false" healers.

In Ethiopia the traditional medicine practitioners were stigmatised by the society despite their valuable contribution. They were condemned as *sir mash* (lit. "Root excavators"), and *kitel betash* (lit. "Leave cutter"). These derogatory attitudes towards the traditional medicine practitioners had forced healers to keep

their knowledge and practices in secret. In fact, the old feudal regimes of Ethiopia had marginalized most of traditional technologies (cottage industries), like pottery, tannery, iron and gold smith. The fate of traditional medicine and practitioners was not different from the above-mentioned traditional professions. In the pre-revolution Ethiopia, i.e., before the 1974 Socialist Revolution, artisans, craftsmen and, traditional medical practitioners were despised and marginalized. This rejection has forced traditional craftsmen to settle in certain localities separated from the rest of the population. Furthermore, such segregation and marginalisation have contributed for the retardation of Ethiopia's traditional medicine and traditional technologies.

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NOTES

- 1 Names of informants and healers are withheld
- 2 A big glass container
- 3 Locally brewed alcohol from honey
- 4 Traditional leather books of Ethiopia

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