

### Traditional medicine: Reawakening a “pending agendum”.

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The current issue contains a review article on herbal medicine and faith healing as related to HIV/AIDS in Ethiopia that indicates the need for the implementation of appropriate policies and guidelines for the safe and effective use of useful traditional medical practices (1). The term "traditional medicine" refers to “ways of protecting and restoring health that existed before the arrival of modern medicine”(2), or to “health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being” (3). Over the years, there has been a growing interest in traditional/complementary and alternative medicine (TCAM) and their relevance to public health both in developed and developing countries. Diversity, flexibility, easy accessibility, broad continuing acceptance, relative low cost, low levels of technological input, relative low side effects and growing economic importance are some of the positive features of traditional medicine (4). In addition, as most of the of the populations in various developing countries around the world depen, on traditional medicine for primary health care, the World Health Assembly has adopted a number of resolutions that show the workforce represented by practitioners of traditional medicine is a potentially important resource for the delivery of health care and that medicinal plants are of great importance to the health of individuals and communities. Furthermore, as traditional medicine (TM) is either the mainstay of health care delivery or serves as a complement to it across the world, it has launched a strategy with goals that include: supporting member states in: harnessing the potential contribution of this sub-sector to health, wellness and people-centered health care; and promoting the safe and effective use of TM by regulating, researching and integrating TM products, practitioners and

practice into health systems, where appropriate (5).

It is evident that any model of healthcare based on a single system of medicine will find it difficult to cope with the health care demands in near future, and that traditional and cultural medical knowledge has a catalyzing effect in meeting health sector development objectives and will continue to be so in both the worlds (6). In spite of the fact that traditional medical cultures have their own limitations and drawbacks, their relevance (especially herbalists, midwives, bonesetters) for advancing primary health care goals with possibilities of them being integrated with or being used to complement with modern medicine to modern primary health care has been highly advocated in the eighties (7).

As in most of the world, our health and medical system is pluralistic as it incorporates more than a single medical tradition including traditional (indigenous) medicine (8). Ethiopian traditional medicine should have dated back to the period when the history of the country is documented. However, our medical and medico-magical texts cover a period of little more than 300 years (9). The Ethiopian traditional medical system that is said to be a unique outcome of African, Greek, Arabic and Hebrew traditions, upholds the socio-cultural development of the society, besides being environment friendly and sustainable (10).

The trend in Ethiopia, like all developing countries, is to integrate and harmonize the beneficial indigenous medical traditions with the modern (allopathic) medical system. The Department for the Coordination of Traditional Medicine was established in 1979 to organize, train, and register traditional medicine practitioners, and to identify, describe, and register those traditional medicines with actual or potential efficacy (11). The Ministry of Health also incorporated traditional medicine into the National Ten-Year Perspective Plan 1984-1994 (12), which called for the organization, training,

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and supervised use of traditional medicine practitioners in strengthening and expanding primary health care services. Furthermore, both the Health Policy (13) and the Drug Policy (14) of 1993 emphasize the need to develop the beneficial aspects of traditional medicine through research and through its use in the official health delivery services. At present, The Directorate of Traditional and Modern Medicine Research within the Ethiopian Public Health Institute (the former Ethiopian Health and Nutrition Research Institute (EHNRI)), in addition to conducting research in a number of major thematic areas, also undertakes investigation of medicinal plants claimed by traditional healers for diseases of priority or public health importance in collaboration with those traditional healers (15).

However, despite the Ethiopian government's firm support and encouragement of traditional medicine through its policies, its ability to implement and provide increased resources for the study, as well as sustainable use of traditional medicine and their integration with modern medical practice has been limited (16). From the perspective of public policy, the most important issue about traditional medicine in developing countries is that whether it has any role to play in the health care delivery system. This is a consideration one should take both for economic and cultural reasons, even though there is no uniform policy at international levels with regard to utilizing this sub-sector (17). Strict illegalization of these practitioners is not obviously feasible and also not necessary and advisable. Short of this, some countries might take a position of ignoring (at least officially) this sector or may recognize it non-formally with occasional cooperation. On the other hand, in countries like ours, there is a sort of formal recognition that is, however, passive and sporadic registrations and seminars given to the practitioners. More than this, there is also the recruitment and training of traditional birth attendants and the not-disapproved use of the expertise of bonesetters for expanding the coverage by reproductive health services. The fact that most people in developing countries (including Ethiopia) (18), be it in urban (19) or rural (20) settings, are more comfortable to

confide their health problems to traditional healers (21) should also be considered as an opportunity that can be exploited in utilizing these practitioners in health education, promotion and awareness creation activities. Self-care, by incorporating elements of both traditional and modern medicine and being managed at the informal, family level, is particularly suitable as a supplementary or alternative health system at the primary care level (22). The other important element of Ethiopian traditional medicine is the fact that most of its approaches are preventive in nature (8) and there is much awareness in the tradition about the contagiousness of diseases that mostly inflict segments of the population (9). This characteristic is also very important as our much of the emphasis of our health policy is disease prevention and health promotion (13).

Therefore, the study of traditional Ethiopian cures is of major importance and its development on modern scientific lines is desirable since: such treatment is culturally preferred by large sections of the population; and it can also result in the development of useful cures that can be developed through local initiatives and the industry to provide expanded access to medicines by the population (9). In addition, health managers, even if trained in the modern medical tradition, should have ideas about the traditional system, and be able to deal with managerial issues that may arise from its utilization. They should also be well acquainted with this system in order to identify which traditional practices are beneficial for possible integration and which are harmful so that they can teach the community to distance themselves from.

## References

1. Kloos H, Haile Mariam D, Kaba M, Tadele G. Traditional medicine and HIV/AIDS in Ethiopia: Herbal medicine and faith healing: A review. *Ethiop J Health Dev* 2013;27(2):141-155.
2. WHO. Traditional medicine. WHO information fact sheets. Fact sheet number 134 [cited 2013]; Available at: URL: [www.who.int/inf-fs/en/fact134.html](http://www.who.int/inf-fs/en/fact134.html).

3. WHO. Traditional medicine. WHO information fact sheet (revised May 2003)[cited 2013]; Available at: URL:www.who.int/mediacentre/factsheets/2003/fs134/en.
4. WHO. WHO Traditional Medicine Strategy 2002–2005. Geneva; WHO, 2002
5. WHO. WHO Traditional Medicine Strategy 2014-2023. Geneva; WHO, 2013.
6. Payyappallimana U. Role of traditional medicine in primary health care: An overview of perspectives and challenges [cited 2013]; Available at: URL:http://www.academia.edu/1441655.
7. Young A. The relevance of traditional medical cultures to modern primary health care. *Soc Sci Med* 1983;17(16):1205-11.
8. Molvaer RK. Medical anthropology for health workers and students of health in Ethiopia. Health Learning Materials Development and Production Division: Ministry of Health; Addis Ababa, 1990.
9. Pankhurst, R. An historical examination of traditional Ethiopian medicine and surgery. *Ethiop Med J* 1965; 3: 151-162.
10. Yadav RH. Medicinal plants in folk medicine system of Ethiopia. *Journal of Poisonous and Medicinal Plants Research* 2013; 1(1): 001-005.
11. Ministry of Health, Ethiopia. A study regarding the future development of traditional medicine. Addis Ababa, Ministry of Health, 1984/1985.
12. Transitional Government of Ethiopia. Ten-year perspective plan. Addis Ababa, Provisional Military Government of Socialist Ethiopia. Addis Ababa, 1983/1984.
13. Transitional Government of Ethiopia. Health policy of the transitional government of Ethiopia. Addis Ababa; Ministry of Health, 1993.
14. Transitional Government of Ethiopia. National drug policy of the transitional government of Ethiopia. Addis Ababa; Ministry of Health, 1993.
15. The Ethiopian Public Health Institute (EPHI). Highlights in the investigational efforts of medicinal plants in traditional medicine and modern drugs. Addis Ababa; EPHI, 2013.
16. Kassaye KD, Amberbir A, Getachew B, Mussema Y. A historical overview of traditional medicine practices and policy in Ethiopia. *Ethiop J Health Dev* 2006;20(2):127-134.
17. Pillsbury BK. Policy and evaluation perspectives on traditional health practitioners in national health care systems. *Soc Sci Med* 1982; 16:1825 - 1834.
18. Birhan W, Giday M, Tekle Haymanot T. The contribution of traditional healers' clinics to public health care system in Addis Ababa, Ethiopia: a cross-sectional study. *Journal of Ethnobiology and Ethnomedicine* 2011, 7:39 doi:10.1186/1746-4269-7-39.
19. Gedif T, Hahn HJ: Epidemiology of herbal drugs use in Addis Ababa, Ethiopia. *Pharmacoepidemiology and drug safety* 2002, 11:587-591.
20. Gedif T, Hahn HJ: The use of medicinal plants in self-care in rural central Ethiopia. *Journal of Ethnopharmacology* 2003, 87:155-161.
21. Bishaw M. Promoting traditional medicine in Ethiopia: A brief historical review of government policy. *Social Sci Med* 1991;33:193-200.
22. Kloos H, Kaba M. Traditional medicine. In Berhane Y, Haile Mariam D, Kloos H (eds): *Epidemiology and ecology of health and disease in Ethiopia*. Addis Ababa; Shama Books, 2006.