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Medicinal and ritual plants of the Ethiopian southwest: an account of recent research

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This article focuses on a research project on plants and plant use among three ethnic groups in southwestern Ethiopia. This comparative study of their ethnobotanic knowledge requires a sensitivity to cultural context and local economy, and an attention to the dynamics of plant use, as these factors are susceptible to power balances between groups and to their incorporation into state structures. In view of rapid socioeconomic change, research on traditional plant use by both local and foreign researchers is needed. Information on the research process itself is presented here, as well as on the variety and context of plant use. The project also underlines the need for a better integration of 'modern' medicine and indigenous knowledge, or at least a measure of mutual respect between the two.

Scope and aims of research into indigenous plant use in southern Ethiopia

There are a number of reasons to carry out ethnobotanic research work in Ethiopia. First, such research contributes to our scientific knowledge of the range and variety of plants in Ethiopia. Second, it can promote the further study of the potentially useful medicinal properties of plants and their development for wider national use. Third, it may shed light on the relation between plant species and cultural and other survival practices in rural Ethiopia. The knowledge and use of plants is an integrated aspect of many ethnic rural cultures in Ethiopia, the extent of which has not yet been studied in depth. Plants have not only nutritional value but also--in the eyes of the local people-- medicinal and ritual or magical value. This is where an understanding of the cultural context is of vital importance.^{**1} And finally, research on indigenous plant use can help to correct the dominant 'official' scientific view among Ethiopian government representatives--which tends to devalue local traditions--and thus stimulate development from within the ethnic groups themselves.

In Ethiopia, traditional medicine is well developed in the dominant rural highland societies of Amhara, Tigray and Oromo. Much of the material has been documented (Cufodontis,

1953-1973; Kassam, 1991; Kloos, 1976/77; Lemordant, 1971; Strelcyn, 1968-1971), although not always in sufficient detail where the social and cultural background is concerned. However, it was not clear to what extent the smaller ethnocultural groups, for example, in the southwest, possess similar knowledge. This article presents a survey of a research project on plants and plant use among three southwestern Ethiopian peoples. This project has been going on intermittently since 1991. There is collaboration with the National Herbarium of Addis Ababa University, which is engaged in a large-scale study of Ethiopian plant classification and description (Ethiopian Flora Project)^{**2}.

The research work has focused on three relatively isolated Ethiopian groups: the Dizi, the Suri and the Me'en of the Käfa Region, none of whom are well-integrated into the political, administrative, social, or religious life of the Ethiopian state. The Dizi (population about 25,000) are highland cultivators in the well-watered region around the town of Maji (altitude about 2800 m). The Me'en (about 55,000) are shifting cultivators and livestock breeders, who inhabit the lower parts of the highlands and the savannah bushlands. The Suri (about 28,000) are agropastoralists, who live in a hot lowland area (altitude 800-1000 m). The Me'en and Suri belong to the same language family, and there are historical and cultural similarities between them. The Dizi differ from them mainly in culture, language and mode of subsistence. However, because of overlapping ecological niches, these three peoples live in environments which harbour many of the same plants, some of which are used by all three groups. The Suri and the Me'en live in more isolated areas than the Dizi, the Suri being the most isolated. The Dizi and Me'en are both closer to a small government clinic.

The underlying aim of the research project was to draw up an inventory of the most important plants used by each population group, and to establish whether they use the same plants and/or influence each other in the adoption and use of certain plants. The inventory contains the three vernacular names of each plant and, where possible, the Amharic name (main national language in Ethiopia) and the scientific name; if at all possible, a specimen for collection is also gathered. In addition, contextual information is provided on the use of the plant. Thus this comparative survey not only enables us to get some idea of the variety of plants used by the three groups, but also provides insight into their indigenous classification, their cultural role, and their movement across the boundaries which separate the groups.

It is important to draw up such inventories, because a great deal of knowledge is rapidly being lost (especially among the Dizi), as a result of the exposure of the groups to 'modern medicine', in the form of small government clinics. These are not a proper substitute for traditional medicine, because of the shortage of pharmaceuticals, especially of good quality, the limited training and possibilities of the staff, and the lack of mobility of many members of the groups. In addition, in contrast to the situation in many other African countries, the relationship between traditional healing and modern medicine in rural areas in Ethiopia is still quite precarious: for the most part, the 'educated' state-appointed medics either reject or show no interest in traditional medicine. While there has been some contact between traditional healers and academic botanists (for examples, see Mesfin, 1993), in day-to-day medical practice, such signs of respect for these healers displayed by academics are not in evidence among local medical staff and administrators. The political and cultural dominance of the highlanders over the three ethnic groups under study has contributed to the steady devaluation of their 'unscientific' traditions.

Given the anthropologically well-attested fact that the traditional healing power of certain plants cannot always be divorced from the psychosocial context of healing (e.g., in ritual or cult groups), the full potential of indigenous medical knowledge has not been exploited. This includes the continuing search for valuable pharmaceutical properties which could emerge after chemical analysis.

Research phases

The first phase of the present research was anthropological fieldwork (begun in 1990), aimed at identifying the locations, cultural framework, range and variety of the various plant species. Information was gathered mainly on 'culturally significant' plants which had an obvious, dominant place in the social life of the three groups. This phase was 'contextual', in that no direct questions were asked about what plants people knew or used. Observation was the key approach here, since we wanted to learn about the specific cultural sensibility concerned with plants. This was important because many people did not at first divulge what plants were used for healing rites and other ritual purposes. Most of the information in this phase was gathered during 14 months of field research as part of a larger project.

The second phase consisted in identifying and interviewing key informants or specialists on plants and plant use, and organizing small gathering expeditions to certain areas. This was done together with two local assistants. During this phase the aim was to study attitudes toward plants and traditional plant lore and the norms for the use of certain plants. The indigenous experts were asked to think of other plants which we would gather or inquire about at some future date, and to compare the 'effects' of their traditional medicine with those of modern medicine dispensed by the clinic. Here the Dizi and Me'en people were most cooperative. The Suri people, who live furthest away from the health clinic, were least forthcoming with information. It is this group which is reputed to have the most elaborate traditional knowledge (including that related to medicine) which is still in use.

Within the framework of the research project, which was aimed at surveying all major plants used by the three groups, some 280 plant names were collected, together with information on their altitude, distribution and use, as recorded by the members of the groups themselves^{**3}. The majority of the plants with which the local people are familiar are not considered medicinally useful; they are employed for building or decoration, serve as artefacts, or are used in rituals.

As regards the 'medical' category, several plants are given in [Table 1](#), with the effects ascribed to them by the people. A number of these are also found in other parts of Ethiopia or elsewhere.^{**4} The most common afflictions for which cures are sought among the three ethnic groups are malaria, gastrointestinal problems, cuts and burns, infections, and snake-bite poisoning. There are other plants which induce abortion, speed up the delivery, and stop post-natal bleeding, but information on these uses is usually kept secret by all three groups.

It is also interesting to note that some of these plants are seen as a kind of 'group identity markers'. For example, in order to distinguish themselves from the Dizi and other neighbours, the Suri say that plant *Harrisonia abyssinica Oliv.* cannot be used by other people as they are 'unfit' or 'too weak' to do so. Thus there is a specific inter-group 'cultural language' of plants, which makes them significant beyond their perceived medical or practical use. In addition to the selection of plants mentioned, the three groups make use of other plants to which protective or healing powers are ascribed in a ritual context. These will be included in the work in progress.

Problems of collection and impending loss of information

The Dizi, who are peasant cultivators, were the group most intensively exposed to the highland culture of northern Ethiopian settlers in the previous century; as a result they have lost much of their indigenous knowledge of medicinal and ritual plants. This is due in part to the fact that they have access to a government clinic in Maji. People have tended to become dependent on this clinic and to discard their traditional knowledge. However, it is not at all clear how long the government will be able to maintain and stock the many rural clinics in the countryside: the future is uncertain, deliveries are uneven, and in the end people may have to fall back on their own resources to cope with persistent health problems. If traditional knowledge is lost, the health situation of the people will be worse than before.

The Me'en and Suri, who live in less accessible areas, have retained much of their traditional plant knowledge. The Suri, in particular, also have a knowledge of traditional but quite effective surgical techniques (employed to deal with serious bone fractures and battle wounds), and the treatment of several cattle diseases. These areas will also have to be explored in much more detail, in order to get a clear picture of local knowledge--not only for its own sake, but also as a means of integrating it into government health-care structures in Ethiopia. However, there should be no coercion involved in documenting and utilizing indigenous medical and other knowledge. Local informants who feel slighted or threatened by institutionalized 'modern' medicine often tend to give incorrect or incomplete information (cf. Makonnen, 1991:197). In the past this has also led to secretiveness about traditional knowledge.

A situation should be cultivated which encourages a cautious dialogue, where the wider sociocultural context of indigenous botanic and medical knowledge is recognized and respected. This was tried in the first two phases of this research project, by means of indirect questioning, observation, and participation in the use of certain plants. The task of interpreting the 'classification' as well as the use of indigenous plant knowledge was one of the most difficult and challenging aspects of this project. There are two groups involved: on the one hand, the four 'native' collectors/researchers, and on the other hand the anthropologist and botanist working together in an academic setting; this encourages debate and discussion. However, the important thing is to provide a framework based on a thorough knowledge of the cultures under discussion.

Further research

The third phase, during which the local people collect plant names and details on their use, is still in progress. Four former field assistants with whom the researcher has had a working relationship (one Dizi, one Suri and two Me'en), were asked to participate. They were briefed about the aims and instructed in the independent identification and gathering of plants. A standard questionnaire was prepared, and there was a remuneration for the work done. Because these people have been trained and are living among their own people, there is a good chance that reliable and detailed information will be forthcoming. Without this, the inevitable--externally imposed--medicines and medical knowledge are destined to dominate or to stifle the positive elements in local traditions.

This third phase, which is of an experimental nature, is a long-term effort. Supervisory work by the original fieldworker is carried out during brief visits every six months. It is hoped that the research will result in a contextual ethnobotanic handbook, which lists the names of plants in four languages. The continuing research effort should also convince local health officials of the value of a greater knowledge of nature as well as the sociocultural context of plants and their ascribed medicinal and other effects. Ultimately, this must be impressed on everyone, from the hierarchy of the Ministry of Health right down to the staff of the local clinics. The integration of traditional and modern approaches is essential for the long-term development--on the basis of viable ethnic traditions--of these remote and vulnerable rural regions.

Table 1: Some plants from Dizi, Me'en and Suri.

Scientific name	Vernacular name	Usage
<i>Olea europea</i> L. <i>subsp. cuspidata</i> (Wal. ex DC) <i>Ciffens.</i>	D: <i>girari</i> . S: <i>girári</i> . M: <i>k'erach</i> .	The bark of the wild olive tree is used to combat malaria: it is crushed and drunk with water. For the same purpose, the Me'en also use the crushed fruit of the <i>Embelia schimperii</i> Hochst (M: <i>k'amjach</i>), and the bark of the <i>Gardenia ternifolia, subsp. jovis-tonantis</i> (M: <i>b'odit</i>).
<i>Tamarindus indica</i> L.	D: <i>ragay</i> . S: <i>ragáy</i> .	A concentration of crushed fruits from this tree (the tamarind) is mixed with water and drunk, in order to alleviate persistent stomach pains.
<i>Evolvulus alsinoides</i> (L.) L.	S: <i>kéya-guy</i> .	The leaves of this plant are crushed and applied to fresh burns, a frequent problem among young Suri children, who fall into the fire in the centre of the dark Suri hut.
<i>Carissa edulis</i> Forsk. <i>Acocanthera Schimperii</i> (DC Benth).	S: <i>mirgari</i> . M: <i>muchakárech</i> .	The Suri give the crushed root of these plants (mixed with water) to pregnant women, to ease or shorten the delivery. The Me'en also use the <i>Clerodendrum myricoides</i> (Hochst) R.Br. ex Vatke, which they call <i>dimdumach</i> , for the same purpose.
<i>Rumex abyssinicus</i> (Jacq).	M: <i>sholsholo</i> .	The Me'en and Dizi use the root of this plant, mixed with water, to help reduce migraine, swellings and general pain and pressure. This plant is more widely known among Amharic speakers (<i>mek'mek'o</i>), who use it to treat similar complaints.

<i>Ximenia americana</i> L.	S: <i>lomáy</i> . D: <i>orsu</i> .	The stone of this plant is used by the Suri; an oily substance which it contains is applied to skin cuts (e.g., after ear- and lip-piercing), and used after bone surgery to prevent infections; it is also applied to leather to make it more supple. There are also vague indications that women use the pressed oil as a contraceptive, but no confirmation of this has yet been given.
<i>Thunbergia ruspolli</i> Lindau. <i>Ruellia palula</i> Jacq.	S: <i>zibu-a-konó</i> . M: <i>zibut-te-kono</i> .	The Dizi are not familiar with them. The crushed leaves are applied to snake bites. For this same purpose, the Me'en also use the crushed leaves of the common <i>Galinsoga parviflora</i> Cav. (known as <i>bayt'ana</i>), and the ground root of the <i>Croton macrostachyus</i> Fresen., known as <i>gombelit</i> .
<i>Harrisonia abyssinica</i> Oliv.	S: <i>dokáy</i> .	Not used by the Dizi or the Me'en. This plant is not strictly speaking a medicine, but young Suri men (who are the herders of Suri cattle) use it to purify and strengthen the body. The crushed bark of the tree is drunk with water.
<i>Rhus natalensis</i> Bernh. ex Krauss.	S: <i>keyáy</i>	For the Suri and some lowland Me'en, this is a medicine applied to wounds. The leaves are chewed and mixed with saliva, after which they are applied to bleeding wounds. Not known among the Dizi. The Me'en name is unknown.
<i>Datura stramonium</i> L.	M: <i>bolut-te-rosun</i> .	The root of this plant is chewed to alleviate toothaches. No hallucinatory properties of its fruit are known.
<i>Euclea divinorum</i> Hiern.	S: <i>kolyóngi</i> .	The branches of this plant are used by the Suri and some Me'en groups to purify drinking water; they are added to the gourds or pots with water and left for several hours.

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Endnotes

**1 There are also interesting aspects of the indigenous methods of propagating so-called 'wild' plants: while many plants are not domesticated and cultivated on a large scale, people do take care to maintain strains of crops which they do not wish to cultivate in certain years, as well as bush and forest plants. They are grown on the edges of fields, in gardens, or in the bush, in a semi-domesticated manner. People also take specimens with them when they move house.

**2 See I. Hedberg & S. Edwards (eds) (1989) *Flora of Ethiopia. Volume 3: Pittosporaceae to Araliaceae*. Addis Ababa: National Herbarium, AAU - Uppsala: Department of Systematic Botany, pp. 659. This is the first of eight volumes planned.

**3 This information and many of the plant specimens have been deposited at the National Herbarium, Addis Ababa University. Several are mentioned in unpublished reports: J. Abbink (1992) *Short report on Suri medicinal plant use*. Submitted to Dr Yilma Desta, Head, Department of Traditional Medicine, Ministry of Health, Ethiopia; id. (1992) *Medicinal plants of the Me'en and Suri, Kafa Region*. Submitted to the National Herbarium, Addis Ababa University.