CHAPTER THREE

3. ILLNESS BEHAVIOR AND MEDICAL PLURALISM IN

ADDIS ABABA

This chapter presents the illness behavior and major types of health care practices in Addis Ababa. In spite of the availability of biomedicine, and the fact that it is the capital city of the Federal Government where health care policy and financing strongly supports biomedicine, institutionalized medical pluralism is a common practice in Addis Ababa. The plurality ranges from traditional herbal medicine, faith healing, acupuncture, chiropractic, organic supplements to biomedicine. Such kind of medical pluralism is not an overnight incident nor was it in its current form sometime in the past. Therefore, I describe the plurality of the practices in this chapter and present the changes and continuities of the practices in the next chapter.

3.1 Health and Illness Behavior

Health is a broadly understood concept in Ethiopia. It is broader than the mere absence of disease. The common words used for greeting and the extension of the greeting conversation reflect this fact. The most commonly used words for greeting is “tena yisteligne” which literally means “may God bless you with health”. The subsequent parts of the conversation include the wellbeing of family members. Wellbeing in this context is believed to result from harmonious social relations with other people, the humoral balance in the body and the normative compliance with the expectation of the Supreme
Being. The expectations of the Supreme Being from humans are transmitted to members of the society through enculturation.

Therefore, the people in the study area are engaged in different health behavior activities. I refer by a health behavior to “the activity undertaken by individuals for the purpose of maintaining or enhancing their health, preventing health problems, or achieving positive body image (Cokerham, 2000a in Cokerham, 2007:97). Health behavior includes the activities by both healthy people who try to stay healthy as well as the persons that seek to control the affliction. Yet, health behavior does not necessarily include only the advertent behavior that maintains and enhance health. It could also include inadvertent ones that could conversely place a person or a group at risk of ill health. These behavior risk factors may be hygienic practices, sexual behavior, smoking, drug abuse, dietary practices etc.

The health behavior of the people in the study area has religious and non-religious features. The non-religious aspects of health behavior in the city are partly influenced by the health education by the government as well as the mass media. Residents are engaged in health promoting and illness prevention activities. The major activities towards this end include the concern for personal hygiene, physical exercises, vaccination, health check-ups and bath in natural hot springs. The government promotes these activities through electronic media and newspapers. On the contrary, a great number of people in the city could be identified with behavior whose effect on health is counterproductive.
There is a large degree of alcohol consumption, chewing locally grown stimulant and addictive plant known as “khat” for recreation, and the prevalence of unsafe sex in the city. The health behavior in the city shows variations on specific details, however. So, the extents to which people strictly follow the above non-religious health behavior could vary along socio-economic and demographic variables. For instance, the youth who are often prone to unsafe sex and the addiction to “khat” may have the opposite behavior when they are committed to their respective religions because all religions in Addis Ababa denounce these behaviors.

Religion plays a very important role in the health behavior of the people in Addis Ababa. Christianity and Islam are the two major religions with a large number of followers in the city. Christianity especially; The Ethiopian Orthodox Tewahido Christianity constitutes a religion with the largest number of followers in the city. Other sub categories of Christianity include Catholic and Protestants. So, the health behavior is partly linked to the religious teachings of these churches. Christians are advised to pray regularly and follow the commandments in the religious script. Fasting and bath in holy water are mainly popular among Orthodox Christians. Guide books for prayer and Christian’s lifestyle are abundantly available around these churches. The Church holds daily prayer programs. But large mass prayers are held usually on Sunday and any major days of the month associated with the Saints and Angels in the Ethiopian Orthodox Church. The government recognizes three major Christian public holidays in a year.
The Muslims in the city also guide their health behavior by Islamic teachings. While many Muslims practice the regular prayer five times a day, many are equally attending the Friday prayer at the mosques including at the grand mosque of Anwar which is located at the center of the city beside Ethiopian Orthodox church. Among the important behavior of the Muslims that result from their religious teaching is abstinence from alcohol consumption although some deviants from the teachings are observable. On top of this, the daily bathroom custom before prayer five times a day mainly unique to Muslims appears to reduce their susceptibility to some skin infections according to a traditional healer in the area.

The people of Addis Ababa are engaged in different activities to deal with illness whenever it occurs. That is their illness behavior. Illness behavior is the processes by which a given symptom is perceived, defined and evaluated for subsequent actions (Mechanic, 1961:189). This encompasses the responses of a sick person and the people around him/her in relation to the courses of the illness. The response “include attention to the symptoms, compliance with therapeutic advises, change in treatment regimens and the evaluation of therapeutic efficacy and outcome.”(Chen, Kleinman and Ware, 1994:277).

The illness behavior in the city is embedded in the overall socio-economic and cultural contexts of the study area. Rarely do patients alone define the symptoms and decide to consult any of the health care service available in the city. Symptom definition begins at
home by a patient, family members and neighbors. The symptom may be defined either from religious or biomedical perspectives. These definitions will eventually dictate where the patient should seek treatment. Further, economic factors measured in terms of the financial capacity of a patient influence the illness behavior in the study area. Therefore, the cumulative result of these factors bring patients to the doorstep of any one, some or all of the organized medical practices in Addis Ababa.

3.2 The Practice of Medical Pluralism

The medical practices that I am going describe are the ones that are being practiced in organized forms in Addis Ababa. They are taking place in environments known to people and designed for medical practices of its kind. They are plural and could broadly be categorized as biomedicine, indigenous traditional medicine (herbalist and faith healing) and non-indigenous alternative medicine (acupuncture, organic supplements and chiropractic).

3.2.1 Biomedicine

Biomedicine is more accessible in Addis Ababa than any in other city in Ethiopia. The number of health facilities and the personnel in the city is by far greater than the proportion in the other parts of the country. The practice is based on the teachings of Western medical sciences. It is a little older than a century since its introduction to the city as an organized medical practice.
Comparatively speaking, biomedicine is the most organized medical practice in the city in terms of facilities, staffing, training and financing. It is a medical practice whose practitioners have strong influence in guiding the national health policies as well as a practice that consumes almost all the budget allocated for health care financing by the government, its partners and private investors in health care. There are public and private health institutions where biomedicine is available to the public. In addition, non-governmental, not for profit organizations have limited involvement in the provision health care services.

The health care service and medical education institutions have been increased gradually through public and private actors. The figures for health facilities for instance increased to 50 hospitals, 30 health centers, 464 private clinics of different size and capacity, 262 pharmacies and 244 drug shops in Addis Ababa in 2012. From the total of 50 hospitals, 34 were private hospitals. Furthermore, 50 new health centers and two general hospitals were under construction in the city (AAHB,2011/2012). However, all have similar features in that they rely primarily on medical technologies imported from abroad. The health personnel in public and private health institutions are sanctioned by the government office entrusted with evaluating the competence of the health personnel in the knowledge and skill of biomedicine. Both private and public health institutions share similar grounds on the causes of sickness and nosologies in line with the teachings of biomedicine at the medical schools.
The health service in public sector is linked by referral system. At the grass root are health extension workers. Health extension workers have been trained and deployed by the government. The health extension workers have close interactions with grassroots communities. Their primary role is to raise the awareness about disease preventive methods. They sensitize residents about environmental sanitation, reproductive health, antenatal and post natal care. Teaching about personal hygiene and environmental sanitation in the capital city may sound odd to an outside observer. However, it is a cautiously devised strategy for the city which is home to a significant number of migrants from other parts of the country including rural areas.

Patients whose health service needs exceed the activities and capacities of the health extension workers have mainly two major destinations for biomedical health service—the public and private biomedical clinics and hospitals. The public biomedical health care services are financed and run by the government. They are organized in such a way that the treatment begins at a health center. The health center is estimated to serve a population of 40,000 in its catchment area. Regional hospitals admit patients only when patients are referred by the health centers for advanced treatment. They are designed to serve a population of 1 to 1.5 million. Patients whose cases need the attention of specialists are referred to specialized hospitals. In other words, there is a strict rule of referral system in place for biomedical services in public health institutions except under emergency conditions (see figure 2.2 on page 74).
On the other hand, private biomedical clinics and hospitals do not require the referral system followed by public biomedical health care services. A patient can seek treatment in private biomedical clinics or hospitals as long as he/she affords the cost. In fact, patients calculate the risks that accompany the referral systems of public biomedical health care service and then make decisions. The major variables in the calculation once a patient decides for biomedicine are the financial capacity of the patient and the severity of illness. Patients whose illness is severe and who think the referral system delays the timely treatment opt for the private clinics and hospitals. But the public ones turn the primary choices for patients when the illness is not life threatening and patients do not have firm financial stand.
A marked distinction exists between public and private biomedical health institutions with regard to the availability of the required facilities such as laboratories, staffing, the nature of patient-physician relationships, and waiting time to see a physician. I observed and my informants confirmed that biomedical practices in public health institutions lag far behind the private ones in the above respects. The laboratories of public clinics and hospitals are poorly equipped. Patients are referred most of the time to privately owned diagnostic laboratory services. The private lab service centers such as the one on plate 3.1 above are therefore, the common destinations for lab tests prescribed by physicians in

Plate 3.1 Advertisement poster of a private diagnostic Center in Addis Ababa

public biomedical clinics and hospitals. Employment in public health institutions is mostly full time. The private ones employ only some full time staff. The remaining ones usually work on part-time basis where by a physician works at public health institution during working hours and then go to the private ones by arrangements. The nature of patient-physician-relationship is relatively based on mutual respect here compared to public biomedical clinics and hospitals. Moreover, patients wait for a shorter time to see a physician.

The situation in public health care institutions is different when compared to the private ones. Patients wait relatively for longer time to see their physicians. And when that time comes, their interaction is limited to a few questions about the illness. It is common to observe negligence or verbal harassment by physicians and nurses at public biomedical hospitals. The private ones are very cautious in this regard. For instance, I learned from a practicing clinical nurse assigned to a public hospital from a private medical college which also owns higher clinics that she came to practice in public biomedical hospital because the patients are not willing to be treated by practicing nurses once they are aware of it because patients opted for the private clinics in order to see a qualified medical doctor or a well experienced nurse. Patients have less confidence on the competence of the practicing nurses especially from the private medical colleges. The emerging problem these days is that the private medical colleges admit students who are not qualified in the National Examinations to join government universities. The private colleges are sanctioned to train medium level health professions whose students are
usually those who could not make their way to government universities. The Ministry of Health then evaluates the graduates of their competence in theory and practice of biomedicine. However, it is often known to the public no more than 10% of the nurses from the private medical college pass the qualifying exam by the Ministry of Health. Therefore, the owners of the private biomedical clinics and hospitals know very well about the repercussions of allowing a practicing nurse to see patients in their clinics and hospitals.

The government has initiated a new strategy to deal with staff turnover, the problem of patient-physician interaction and to loosen the referral system which offends many patients at public hospitals. The new arrangement is based on the assumption that poor physician-patient interaction and staff turn-over are partly the result of low salary in public biomedical hospitals. So, the government organized what it calls a “private wing” or “private in public scheme”. Accordingly, patients may seek treatment at public hospitals by their preferred physician without referral system similar to the private ones. The service is available between 5:00 pm and 10:00pm. This is a time after the regular working hours. Physicians are expected to treat only patients coming to the hospitals by referral system or emergency cases during working hours. The cost in the “private wing” or “the private in the public” is 10-20% higher than the one in the regular public service. The service is relatively better mainly in patient-physician interaction. Yet, the arrangement has not solved the shortage of laboratory services which still compels patients to visit private diagnostic service centers. But the cost at public biomedical
clinics and hospitals is very low by any standard. The patient admission card for instance costs between 0.50 cents at health centers and 10.00 Ethiopian Birr at public hospitals. This is far less than the cost of admission card at some of the traditional medicine service centers. The cost for other services such as hospital beds and laboratory services are very low subject to their availability. I did not come across a patient that complained about the service costs at public hospitals.

The cost at private biomedical clinics and hospitals is not uniform. Each clinic or hospital may charge different prices for its services. My key informant in the government office responsible for the supervision of the private biomedical practice explained, his office does not fix service cost for the private practice. Each clinic and hospital charges for its service taking into account its running cost and the quality of service available in clinic or hospital. However, any private biomedical clinic and hospital in the city charges by far higher than the public ones. The service cost at private practice reflects not only the quality of the service they render but also has more implications for the socio-economic backgrounds of their patients. The poor who grapple with their daily subsistence would never dream of treatment in these institutions especially the hospitals. The cost at the private clinics is higher than the cost in public hospitals but less than the one in private hospitals. Hence, the private hospitals practically target people in the upper middle class and above regardless of gender and educational background. Their service is not meant for all. They are there to unfold their biomedical knowledge and skill for those who would knock at their doors with firm financial stand to settle their bill. In spite of the
rising service cost however, the private practice is flourishing in Addis Ababa. One would hardly find a private biomedical clinic or hospital closed due to shortage of visiting patients or bankruptcy while one may easily identify a shop or cafeteria which stopped operation due to shortage of customers.

Biomedicine is not the sole destination for patients seeking treatment in Addis Ababa however. I learned from the patients whom I interviewed that they have experiences in treatment from plural sources. An interview with a patient at public hospital may clarify the idea:

Mrs. Amarech Belay\(^3\) is married and 45 years old. She lives in a town about 45 kms from Addis Ababa. Amarech came to the public hospital with her husband for the treatment of her breast. The physician had advised her that she will undergo surgery in order to treat her breast once her blood pressure decreases.

Amarch sought treatment from other sources before she came to the hospital. She treated herself with holy water for some time. When she fails to see any improvement, her sisters insisted she should consult a traditional healer before biomedicine. The traditional healer then, observed her case and told her that it is beyond his capacity. He further recommended her to consult a physician. It was based on this recommendation that she came to the hospital with her husband. Amarech is a beneficiary of the free medical service scheme in public health institutions for needy low income people. Despite the availability of the free medical service scheme, which she is benefiting from, 

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\(^3\) All names of the informants are pseudo name
however, she and her husband complained about the cost of laboratory tests often referred to private biomedical diagnostic service centers so far and the unavailability of prescribed drugs in the pharmacy administered by the public hospital. Her husband puts this concern as “the laboratory tests outside the hospital and the drugs from private pharmacies are the biggest challenges for us. We don’t know how to bear the burden after she undergoes surgery.”

The physicians and the nurses whom I asked if they are aware of their patients’ experience with treatment in non-biomedical centers responded unequivocally that they know biomedicine is not the only option for patients in Addis Ababa. But not all patients reveal their visits to other sources such as traditional healers unless and otherwise they think the information is essential for appropriate treatment at biomedical health care institutions. Patients hide their visits to non-biomedical sources because they suspect that physicians would reprimand them for their behavior especially their treatment at traditional medical centers.

3.2.2 Indigenous Health Service Centers

Although anthropologists had shown interest in the medical practices of non-western societies a bit earlier, the recognition given to traditional medicine in 1978 on The Alma Ata Declaration together with the operational definition of traditional medicine by WHO technical report two years earlier are the milestones on the role of traditional medicine in the health care of developing countries. Traditional medicine is broadly defined by the world health organization as “the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or
social imbalance relying exclusively on practical experience and observation handed down from generation to generation whether verbally or in writing.” (WHO, 1976:3). In similar vein, a traditional healer is a person whom a community in which he/she lives recognizes him/her as competent enough to provide health care by using vegetables, animal products, mineral substances and some other techniques. The healer is assumed to provide the health care service based on the prevalent socio-cultural background, knowledge, attitude and beliefs in the community regarding the physical, social and mental wellbeing as well as the causes for disease and disability.

While scholars for instance (Jurg, 1993 in Steklenburg, 2005:68) classify these healers into four categories as traditional birth attendants, faith healers, spiritualists and traditional herbalists, my research in Addis Ababa focuses on two of these categories—traditional herbalists and the faith healing by the Ethiopian Orthodox Church. The major reason behind this decision was the fact that traditional birth attendants work in rural areas mainly in collaboration with primary health care clinic where there is shortage of health personnel. They don’t have any separate organized offices from which they deliver health care service in Addis Ababa. On the other hand, my research targets the medical practices in an organized form at the study area. Secondly, the spiritualist category consists a few individual healers who operate not openly especially after a spiritual healer was sentenced to life imprisonment two years ago. The Government accused the spiritual healer of fraud and homicide in the healing process. Therefore, the remaining two categories - traditional herbalists and faith healing by the Ethiopian Orthodox Church
- are the focus of this study regarding traditional medicine in Addis Ababa. However, it is essential to note the fact that the boundary between the two becomes fluid on some aspects. Since the herbalists have background in religious education they base some aspect of their healing on religion although their pharmacopeia comes from plants, animals and mineral products.

3.2.2.1 The Herbalist

Traditional herbalists operate in different parts of Addis Ababa. But they differ in experience and the facilities they use to provide the healing services. The oldest living healer had seventy three years experience in traditional health care. Other new ones are also mushrooming from time to time given the demand for traditional medicine and the lucrative financial return from the practice. The traditional herbalists diagnosis and treat patients mostly with the drugs they prepare themselves.

Diagnosis

The traditional herbalists have mixed assumptions about the causes of illness. They subscribe to empirical and quasi - scientific explanations when they treat common somatic ailments. But their explanations transcend the empirical and quasi-scientific boundaries when they deal with illnesses that biomedical diagnosis could not verify and which are beyond the realm of biomedicine.
Traditional herbalists in Addis Ababa claim the dual causes of illness— the naturalistic and personalistic causes. They use naturalistic causal explanations to the extent that they list illness commonly known in biomedical nosologies such as amoeba, gastritis, cancer, sexually transmitted infections, hypertension, diabetes, gangrene etc. But they trace the etiologies of illness outside the realm of biomedicine to personalistic causes (see literal translation of their advertisements on plate 3.3).

The healers diagnose patients in two major ways. Firstly, 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. But they don’t require the report from biomedical diagnostic laboratories on two conditions. One, is if they think the illness results from personalistic causes and secondly, if they are confident about the specific naturalistic causes from their physical observation of symptoms on a patient and from the response of the patient to their questions.

The traditional herbalists unequivocally appreciate biomedicine of its diagnostic laboratories. One of the healers put this appreciation as “Betam tiru mirmera alachewu, medihanit giin yelachewum.” This literally means “they [physicians] have wonderful diagnostic laboratories; but they don’t have drugs.” The healers explained they learned the details of possible symptoms of every illness they treat from their instructors. The book they refer to as their ultimate source of knowledge/reference also specifies the possible symptoms of different illnesses. The claim about biomedical diagnostic
laboratories is an assertion made by some healers to express the shortage of essential
drugs and the failures of biomedicine to heal chronic illness in the study area.
Unfortunately, none of the healers dare acquire the diagnostic laboratory technologies
due to legal restrictions, lack of technical knowhow and financial limitations. When the
healers have the financial capacity to afford the basic diagnostic equipment, the legal
restrictions and lack of technical knowhow impede them from a step further.

The Treatment Procedures

Once the healers determine the type of illness and its causes, they apply different
treatment techniques to heal a patient. The treatment ranges from the application of
herbal medicine, cold water therapy, the use of antibiotics, modern physiotherapy
machine and other equipment for bloodletting. However, the probability of a healer to
employ imported modern physiotherapy machine, equipment for bloodletting
water therapy and locally made physical exercise equipment depends on a healer’s financial
ability to afford the materials, their exposure to foreign countries and their commitments
in traditional medicine. The healers that have the financial capacity, relatively long
experience and have exposure to healing practices in other countries tend to back their

4 Bloodletting is traditionally known in Ethiopia. It involves the removal of blood mainly from a vein as a
therapeutic action. The assumption is that the practice removes stagnating blood in the body. The healers
traditionally use a narrow bamboo tube for this purpose. But the same practice is being taking place by
traditional herbalists in Addis Ababa but by using imported plastic tubes. The practice was observed at
acupuncture service center in Addis Ababa.
herbal treatment with non-herbal therapies. For instance, the oldest living fulltime traditional healer in the study area (who practiced traditional medicine for seventy three years) applies a number of techniques in addition to herbal remedies. He uses injections, locally made physical exercise machines, cold water therapy and electric massage. Another well known fulltime healer also uses bloodletting tube, electric bed and chair massage machine all imported from abroad. They use these materials in side by side herbal medicine depending on the nature of the illness. Par-time and some fulltime traditional herbalists however, rely mainly on drugs they prepare locally for treatment.
Plate 3.2 A patient after bloodletting treatment on his back at traditional medical center in Addis Ababa using a tube imported from overseas. Photo: Dejene, February, 2011.
Drug Preparations

The traditional herbalists prepare their drugs not only from herbs. They prepare the drugs from plants, minerals and animal products. The traditional pharmacopeia comes from vegetable kingdom which comprises the leaves, flowers, seeds, barks, sap, and roots of a variety of plants. From the animal kingdom come butter, fat, honey, the skin and organs of many wild animals. Some groups of rocks, salt and water are also used by the healers to prepare their drugs. The healers prefer to magnify their herbal drugs because it reduces the stereotype against them from physicians, the government and the mass media. The stereotype stems usually from the common assumption that traditional herbalist incorporate spiritual activities into their herbal medicine.

The healers gather the necessary inputs to prepare the drugs from Addis Ababa as well as from outside the city. I observed the medicinal plants in the backyards of two of the herbalists. The medicinal plants in the compounds of one of the healers however, cover larger space and greater in diversity. The healers explained they brought some plant species from abroad through arrangements made with patients from outside Ethiopia.

But healers including the above two collect the material medica mainly from rural areas. The material medica are at times available at remote rural areas. An important incident during my fieldwork in relation to this was the fact that one of the fulltime healer with well-established healing center went as far as 700 kms from Addis Ababa to collect these inputs to prepare the drugs. The healers travel in every corner of the country to
gather the material medica. The most common season to gather the inputs especially from vegetables is between September and November. In addition, I learnt from two of the healers that they obtain some minerals from Israel and Saudi Arabia. The most common materials from Israel are oil, holy water, and soil. Similarly, the other healer told me and I also observed on the shelf that he gets holy water (zemzem) from Saudi Arabia.

Religious ideas guide to a significant degree the process of collecting the material medica. For instance, the chairperson of the dissolved National Association of Traditional Healers refers to the Book of Genesis in the Bible for the collection of the material medica from the vegetable kingdom. The informant states that man was created on Friday while plants were created on Tuesday according to the Book of Genesis. Therefore, the material medica should in principle be collected early morning on these days. Prayers accompany the collection process. However, he underscored the room for flexibility in the process because he added “ye moten sew le mekiber gudiguad mekofer ena ye tamemen sew le madan enchet mekuret bealat yelewum,” which literally means “we should not wait for specific days to bury a dead person and to heal the sick.”
Plate 3.3 A Traditional healer (herbalist) and ex-chairperson of the dissolved Ethiopian National Association of Traditional Healers with the medicinal plants he planted in his backyard. Photo: Dejene. December, 2011.
The healers process the drugs manually from the raw materials. They grind, pound and squeeze the material medica to prepare it in usable form. Two well-known healers are exceptions to the manual preparations. Unless and otherwise they believe the use of grinding machine spoils the potency of the drug, they use grinding mill and squeezing machine. The drugs are processed and stored as long as for one year depending on its nature. The healers stated that some drugs such as the one administered through chewing fresh by a patient could not be stored. They further commented the longer the drugs stay in the store is the weaker its healing power.

**Administration of the Drugs**

The traditional herbalists administer their drugs through chewing and spiting, smoking, smelling, swallowing, ointment, soaking by a patient. Therefore, they broadly administer their drugs for internal and external uses. The healers take into account the age as well as the physical conditions of a patient to determine the dose as well as the kind of drug. Patients of poor physical conditions are first given rehabilitative drugs before the administration of the actual drugs for treatment.

The healers vigilantly guard the secrets of drug preparation and methods of administration to patients. And yet, some apprentice, a family member or someone whom the healers trust assists to administer the drugs. The treatment process itself demands the participation of more than a single person. The assistants participate in managing the
patients’ examination cards, handover the drugs to the healer if the drug must be administered by the healer himself. The assistants could also take verbal orders from healers and then treat patients with the drugs or pack them for patients if the patients are going to take it at home.

Among the fascinating aspects of how healers administer their drug is the language they use to communicate with their assistants. The healers and the assistants use words which have no clear meaning to other person. For instance, a healer may order an assistant as “keyuun Sitesw”, or “T sitewu” which literally means “give him the red one or give him T. “The red one” and “T” are among the code names of drugs whose meaning is intelligible only to the healer and the assistant. The intelligibility of the meaning between the two is again limited to the category of the drugs and does not include the knowledge about the composition as well as the process of preparing the drugs. The details of the drug composition and its preparation are very less likely to be known by an assistant unless and otherwise the healer wants to promote the assistant to a position of a healer. Moreover, these code names are not standardized drug names for use by every herbalist in the study area. They are rather limited to a specific healer. Standardization is one of the challenges facing traditional healers. A healer key informant lamented one of the major problems with standardization of traditional medicine is the fact that an illness may be treated by using more than one medicinal plant. But every healer may not know each of these medicinal plants. So, two healers may treat the same health problem using different medicinal plants but aim for the same result. This is partly the result of the
secrecy surrounding traditional medicine among the healers themselves. The other reason could be the weak cooperation with and absence of technical support from biomedicine.

The herbalists in Addis Ababa do not treat patients only with the herbal drugs that they prepare themselves. They also apply a few antibiotics produced by modern pharmaceuticals. They use the antibiotics mainly to prevent infections while treating hemorrhoid as well as wounds.

Who are the patients?

The general socio-demographic characteristics of patients at the herbalist medical service centers show that people from different socio-demographic backgrounds seek treatment at these centers. The least frequent age group was children. Middle aged and the elderly patients were the most common age group seeking treatment. It may be stated that there was no major difference between the number of a male and female patients coming to the traditional herbalist clinics I visited for this study. But their educational status ranges from illiterate to university graduates, where university graduates are less in number or do not want to visit the traditional herbalists during working hours. In fact, many healers reported that they treat even some physicians who come to their clinics after working hours in order avoid being stigmatized for visiting a traditional healer. One healer proudly states his cooperation with a specialist after he healed a diabetic who had been treated by the specialist. But no physician confirmed the fact that physicians seek treatments from traditional herbalist healers in the study area. Yet, I observed a
university graduate and pensioner from the Federal Government Ministry collecting drugs after working hours in the evening at one of the traditional medicine center.

Plate 3.4. A partial view of patients at one of the traditional healer's medical service center waiting for their turn outside a hall occupied by more about 300 patients inside.

Photo: Dejene. December 2011

The diversity of patients at the herbalist health service centers in terms of their educational background also applies to their economic status. There were economically poor patients who could not afford biomedicine on one extreme and patients who can afford or even tried biomedical treatment in expensive private hospitals on the other. We have patients between the extremes whose economic background did not force them to consult traditional herbalists or who could afford modest biomedical treatment.
Patients come both from Addis Ababa and outside Addis Ababa to traditional herbalist clinics in city. Patients from Addis Ababa bypass many private and public biomedical clinics and hospitals to arrive at traditional medicine service centers. Those from outside Addis Ababa have to travel long distances to see the healers. The patients from outside Addis Ababa come from rural and urban areas. Similar to the patients from Addis Ababa, they also had private and public biomedical treatment options in their community as well as once they arrive in Addis Ababa. These patients learnt about the services at the traditional medical centers either from other people or from the advertisements made by the healers themselves. It is quite common to observe the advertisements by the traditional healers on newspapers, magazines and leaflets. The pictures below show two of such advertisements: one by leaflets which I received in person from the healer and the other on the weekly local magazine in Addis Ababa. But some healers are exceptions to the advertisement of their services on newspapers, magazines or by leaflets. These healers are able to establish credibility through their long years of service that even patients from rural areas come for treatment by recommendation of someone who had earlier treatment experience in the center or by suggestions from others who heard about the competence of the center. One of such healers was the 95 years old traditional healer. This healer posted a warning notice on the door of his clinic stating “No one should queue up and keep the turn for someone who is not there.” The notice is meant to protect patients from financial abuses by the youth who come early and queue up in front of the clinic. Since many patients are coming to his clinic, the late comers pay some amount of
money to the young people that came early so that they would quickly see the traditional healer. So, the healer is aware of this and posted a notice warning those people engaged such business. He is known to many patients even from outside the city. He does not advertise his service since he established a very good track record of healing through the long years of services in traditional medicine. However, other traditional healers are engaged in widespread advertisement on newspapers, magazines and road side banners. The pictures below show two of the many advertisements by traditional healers about their services in Addis Ababa.
Plate 3.5.1. Sample of advertisements in local language by traditional healers in Addis Ababa; Photo: Dejene. July 2012. The equivalent translation is presented below in English.
Plate 3.5.2. Sample of advertisements in local language by traditional healers in Addis Ababa; Photo: Dejene July 2012. The equivalent translation is presented below in English.
Equivalent Literal Translation of Sample Advertisements in Local Language by Traditional Healers in Addis Ababa

Healer 1. Haji Nuru Adem Higher Traditional Medical Service

Haji Nuru Adam, who is dedicated to promote traditional medicine in Ethiopia, and who is also well known and famous in Arab countries for his competence in healing is providing traditional health care services for the treatment of:

Internal and external hemorrhoid, stomach ache and intestinal parasites, cold, hypertension, asthma, cancer and fistula, sexually transmitted and other infections, herbs zoster, and kidney troubles. In addition to the treatment with herbal medicine, we imported modern technologies to provide quality traditional bloodletting, massage and physiotherapy. Moreover, we are providing service with Seragem Bed and Massage chair imported with high costs to treat palsy, gangrene, romantic disorders, muscle cramp, obesity, and improve blood circulation.

Address: Shegole, in front of Anbesa Garage

Telephone Office: 011 259 27 80 Cell: 091 120 59 57 or 091 122 31 04, Haji Nuru Adam Traditional Medical Service.
Healer 2: Dejene Biru Traditional Medical Service

His name is Hakim [equivalent to physician in local language] Dejene Biru. He is widely known for his traditional medicine. He is known for healing within short period of time the illness which biomedicine has failed to treat.

He imports the drugs from Sudan, Nigeria and China in addition to the one he prepares himself in Ethiopia. He treats the problems of sorcery and related problems, impotence, herbs zoster, bad breath, gastritis, sexually transmitted and other skin infections, gangrene, asthma, cancer, hemorrhoid, epilepsy and depression.

You do not need leave of absence from your daily routine to take the drugs. You could use the drugs while you are on your job.

Working hours:

Monday to Saturday: 8:00 AM to 1:00 Pm and 3:00 PM to 6:00 PM

Address: 100 meters down on the way to the holy water site of Saint Lideta Orthodox Christian Church, in front of Primo field. Tel: 0911201273 or 0913040515 P.O.Box 180708 Addis Ababa.

Some patients were treated with biomedicine before traditional medicine while others didn’t. Those with earlier consultation of a physician dropped their follow up when they fail to observe progress in their health status. So, family members or neighbors advise the
patients to resort the treatment to traditional medicine. Such decisions of resort usually come after dissatisfactions with biomedicine. The case below better illustrate this point:

Mr. Tesfaye Kebede a 35 years old, Orthodox Christian, lives and works in Addis Ababa. Tesfaye was working in a construction company before he became sick of a disease that a private biomedical hospital diagnosed as herpes zoster. He went to the private biomedical hospital because he knows the poor service quality in public ones and he was not comfortable to see traditional healers. Of course, he applies some herbal remedies by himself which he collects from backyard when he faces minor sickness such as common cold and headache. In this case, however, the disease is so serious that he should see a physician.

Tesfaye underwent the usual process body examination by a specialist, laboratory tests of blood sample and finally the prescription of appropriate drugs at private biomedical hospital. But he did not feel any improvement of his health conditions after applying the prescribed drug for ten consecutive days. In the mean time other outpatients whom he met at the hospital commented on his disease telling him biomedicine is not the best option for the treatment of herpes zoster. They suggested to him from their experience that he should better consult a famous traditional healer in the city. The lack of positive outcomes from the biomedical treatment and the suggestion by other patients about the ineffectiveness of biomedicine in this regard forced him to discuss about the next step with his spouse. The discussion with his spouse led to the decision that Tesfaye should try traditional medicine.

Tesfaye explains his impression at the traditional medicine service center (where I also observed him getting the treatment). The diagnosis is limited to
physical observation and a few questions by the healer. He also informed the healer about the visit to biomedical hospital. The healer saw a few drugs in the hands of Tesfaye which was prescribed by a specialist doctor. But to the surprise of Tesfaye, the healer advised Tesfaye to keep applying the remaining biomedical drugs remained in his hands while treating him with traditional medicine. The healer then told Tesfaye some food items that have counter reactions with the traditional medicine and hence should be avoided.

Tesfaye rated his satisfaction with the treatment outcomes from traditional medicine as very satisfied. He was back to the construction work within fifteen days of treatment. The treatment was not limited to the application of traditional medicine. Tesfaye was advised to do simple physical exercises, to consume certain varieties of cereals and avoid wearing nylon shirts of which the specialist at the private hospital talks nothing about.

Other than resort to traditional medicine by patients who feel the ineffectiveness of biomedicine for some somatic diseases for example herpes zoster, patients shift their treatment to traditional medicine when they or someone in their social network suspect the illness may have rather been caused by personalistic factors. This kind of suspicions is common if the diagnoses at biomedical hospitals reveal nothing or if the treatment for the identified diseases yields no healing result. Patients may seek help not only from traditional herbalists but also from faith healing for this kind of experiences. The boundary between herbalists and faith healing becomes murky here when the herbalists are dealing with such kinds of illness. But the herbalists and faith healing may not use the same material medica or follow the same procedure.
The case below could elaborate this idea:

Mr. Girma Abera is a 32 years old, high school graduate, and married, who subsists on the income from sales of shoes in his small shop in Addis Ababa. But Girma’s legs began to swell about a year ago up on which he went to biomedical clinic for treatment. The physician told him it was skin infection. Mr. Girma began to apply the drugs prescribed by the physician. He went back and reported to the physician about the lack of improvement in his conditions. He then went home with another prescription. On the contrary, his illness became severe from time to time. It was at this point that his colleague advised him to consult a traditional healer explaining to him that his illness might have personalistic causes. Since he could not walk, he went to the traditional herbalist service center with the support of family members. Mr. Girma recounts that the traditional healer recognized the cause of illness by observing the swelling on his leg as well as by asking a few questions about his feeling. So, the traditional healer gave him drugs (some to be swallowed and others to soak the legs in). The swelling on his legs was then significantly reduced. He was able to walk by himself after seven days of treatment. He commented, there is no way for biomedicine to treat diseases of personalistic causes.
A number of patients come directly to the traditional herbal clinics without prior consultation of a physician. This applies to patients from Addis Ababa and from outside the city regardless of their economic status. The patients’ perception of his/her illness and his/her prior experience about the success of biomedicine in treating similar illness and the decisions by close kin are more important than the accessibility and affordability of biomedicine in this regard. It is quite common to observe patients from regional towns and rural areas in traditional herbalist centers in Addis Ababa. They commonly seek treatment for hemorrhoids, herpes zoster, sterility, impotence, asthma, gastritis etc and illness which they suspect of personalistic causes.
The cases below could shed light on such kind of preference by patients:

Mr. Gemachu Bulcha came to the traditional herbal medicine centers in Addis Ababa from a rural village 40 kms far from Addis Ababa. He is a farmer, 47 years old, married and has seven children. He came to know about the traditional medicine in Addis Ababa from another person in his neighborhood who was successfully treated of hemorrhoid. He also knows a farmer that underwent surgery for treatment of hemorrhoid at biomedical hospital in Addis Ababa but whose treatment was not successful. In addition, he characterizes biomedicine as very costly, too bureaucratic to get hospital beds to undergo surgery. So, Mr. Gemechu consulted a person in his village that has better awareness of herbal medicine and yet does not practice healing fulltime. But the assistance of the person could not solve Mr. Gemechu’s health problem up on which he together with his family decided to seek traditional medical help at Addis Ababa. He then, became an inpatient at the traditional medical center in Addis Ababa. Mr. Gemechu confirmed that he is getting better after his treatment.

Treatment Cost

The amount of treatment cost at traditional herbal clinics in Addis Ababa is not uniform. Each healer sets his rate by taking into account the production cost of the drugs, the capacity of a patient to pay, and the running costs such as the rental cost if they operate in rented houses and the salary of assistants. They also follow different payment modalities in such a way that patients may pay up to 50% of the total cost at the beginning and then settle the remaining balance at the end of the treatment depending on the outcome. Others charge for their healing every time a patient visits them and receive
specific drugs. Payments in kind could rarely be accepted depending on the prior interaction between a healer and a patient. For instance, I observed a payment in kind (one litter of local alcoholic drink) to a healer who helped the person with some personalistic causes of family problem back at home some 200 km from Addis Ababa. The healer explained to me that he knows the client and they have earlier interactions when the healer himself made ritual pilgrimage to the village from where this person came. The cost at traditional herbal clinics has become a bone of contention even among the healers themselves. Some healers blame others for charging high service cost. This group of healers criticizes those who charge high labeling them as quacks and gamblers.

3.2.2.2 Faith healing:

Faith healing generally encompasses the prayers to and the faith in the supernatural to promote healing (Cokarham, 2007:174; Levinson and Gaccione, 1997:113). Illness in the context of faith healing results from loosing favor from the Supernatural being due to one’s deviations from proper behavior. Danton (1978) in Cokarham (2007:174) identifies two basic beliefs that are prevalent about how faith healing works. One is the belief that supports the idea that faith healing is effective only with psycho-sociological disorders because healing occurs primarily through the psychological processes. The second is the belief that stresses the intervention of God in the healing process. So, healing in the second context constitutes the present day miracles. Furthermore, Danton (1978) categorized faith healing into five general categories. These include: self-treatment through prayer; treatment by a lay person thought to be able to communicate
with God; treatment by an official church leader for whom healing is only one of the many tasks; healing obtained from a person or group of persons who practice healing full time without an affiliation with a major religious organization; and healing obtained from religious healers who practice full time and affiliated with a major religious group. The categories share a common theme that an appeal to God or gods in order to change a person’s physical and mental health to better conditions.

In this research, faith healing is used in the context of the first and the fifth categories for both are complementary practices at the study area. But the scope of the practice in the first and fifth categories is broader at the study area than the suggestions by Danton. Faith healing is a common practice by the Ethiopian Orthodox Tewahido Church in the study area. The majority of the population in the city belongs to this church and it is faith healing in relation to this church that is in focus here.

The Ethiopian Orthodox Tewahido Church is one of the oldest pre-colonial churches in the world. While church leaders claim the Church’s history began with the beginning of Christianity in the world, some secular writers and historians trace the beginning of Christianity as official religion from 4th century onwards. An estimated 15,000 churches and over 800 monasteries were found across the country in 1990s (Pankhurst, 1990; Girmay, Mirutse, Tilahun etal, 2007:271). The church has it’s headquarter in Addis Ababa. It has preserved and uses a written local language known as Geez. The language is the oldest written language in the country which nowadays is confined to church
services. Other languages are in use nowadays for church services such as preaching and prayer in the Ethiopian Orthodox Tewahido Church. However, Geez is specifically identified with the Ethiopian Orthodox Church. The church manuscripts in Geez contain not only about church services but also about faith healing and lists of traditional medicinal plant.

The school systems of the Church consists five divisions. These are the *Nebab bet* (reading class), the *Qidasse Bet* (Liturgy/Holy Mass class), *Zema Bet* (Hymn/Music Class), *Qinae Bet* (Deep and Secretive Poems Class) and *Metsłaft Bet* (Scriptures Class of the Old and the New Testament). So, it takes very long time to complete the education. In fact, many quit the school after completing only some of the above classes. There are also three theology colleges of the Church in Ethiopia one of which is found in Addis Ababa. But thousands of local church schools are found throughout the country.

The Ethiopian Orthodox Tewahido Church has two closely linked components. One is “*Betekiristian*” which is literally means “house of Christians”. This component is concerned with faith, prayer and preaching the gospel. The faith is based on the teaching of the Old and the New Testament of the holy Bible. The Ten Commandments in the Old Testament have primary importance in the faith of the Ethiopian Orthodox Tewahido Church. Equally important teachings from the New Testaments are used in the prayer and the enculturation of children. It is widely held belief among the member of the Church
that the Ark of the Covenant is preserved secretly in The Ethiopian Orthodox Tewahido Church.

The second component of the Church is the “Bete kihinet” which literally means “house of the priest. This component primarily concerns itself with the administrative activities of the Church. The highest administrative structure in the church is the Holy Synod. Next is the Patriarch of the church who is elected by the synod according to its bylaws. Then comes the hagere sibket or (Regional Diocese) across the country that are headed by celibates who are educated in theology. Under each Regional Diocese are a number of Ethiopian Orthodox Churches that preach the same Gospel.

The two components of the Church-bête kiristian and bête kehinet- work together in faith healing. Unless the betekihinet which is the administrative component of the church endorses, no one is allowed to engage in the faith healing activities in the name of Ethiopian Orthodox Church. Healing is enacted through tsome-tselot (fasting and prayer), 

kiba kidus (sacred oil) tsebel (holy water), and emenet (sacred soil, ash in the church compound). The practice is common across the country although the healing at some locations may be more famous for healing outcomes than the others.

One of the most known faith healing services by the Ethiopian Orthodox Tewahido Church is practiced in Addis Ababa. The church bases its healing on biblical teachings. Health according to the Church is the gift of God and to preserve is the responsibility of
human beings. Human beings could preserve their health when they lead decent life in line with the dos and don’ts stated in the bible. The assumption here is deviations from these teachings rip a person off the grace of God on the one hand and makes him/her easily susceptible to the attack of evil spirits on the other. According to the practices of faith healing in the study area, human beings become victims of demons when they believe in and offer scarifies to gods other than the Almighty God, when they are sinful, when they are both victims as well as perpetrators of sorcery, and when they fail to properly practice their religion such as regular prayer and fasting.

The above premise on causation extends so broadly to include psycho-social and physical illnesses. A person who often fails to get along with people around him/her, or or someone who is depressed or restless may seek the help of faith healing. Somatic illness such as a swelling of body parts, blindness, and dislocations of spinal discs, stomach complaints, diabetes, hypertensions, and the like are believed to have personalistic causes under some circumstances. Hence, faith healing may be sought by patients especially when treatment is failed at biomedical hospitals. But the church recognizes the naturalistic causation as well as the effectiveness of biomedical treatment for somatic illnesses of naturalistic causes. The ultimate reference for the effectiveness of biomedical treatment is the wisdom and grace of God working through human beings.

The healing procedures:
The faith healing at the study area by the Ethiopian Orthodox Church takes place in the church compounds (awude miheret) which literally means a “compound of mercy.” This is a rare practice by a recently famous exorcist priest because Awude mihiret is usually known for mass preaching than exorcism. But mass healing in the Church compound by an exorcist priest has become very popular nowadays. The priest preaches from the bible for some time and then begins healing the sick in mass. He uses prayers, holy water and then commands the spirits to leave patients. His healing practice is sanctioned by the church. Patients are from all walks of life: rich, poor, illiterate, educated, nurse, university lecturer, athlete, Christian, non-Christian, male and female of all ages. He heals psycho-social and somatic illnesses. But he attributes the causes of the illness that he heals including of the physical ones to personalistic origins. Patients come to Addis Ababa seeking this healing from remote areas of the country as far as 778kms from Addis Ababa. Moreover, there were Ethiopian patients from overseas that came to Addis Ababa looking for the faith healing service in the Church by the exorcist priest. The healer himself also travels around the country for faith healing service within the compounds of the Ethiopian Orthodox Churches.

Among the striking aspects of the healing by the exorcist priest on the Awudemihiret visible to an observer was the fact that patients who were diagnosed and began treatment at biomedical hospitals quit their biomedical treatment and seek the healing by the priest. Patients whose X-Ray results show sever spinal disc dislocation and were appointed for surgery at biomedical hospitals, those who were diagnosed with glaucoma and underwent
surgery twice, and yet failed to regain their sight were among the patients that resort from biomedical treatment to faith healing. The healer identifies evil spirits (Satan, sorcery, and worship in ancestral spirits) as the causes for the illnesses. And then he orders them in the name of God, Angeles and Saints to leave the patients. In this process patients go into a state of unconsciousness until they finally become conscious right after the exorcism.

The other specific areas where faith healing takes place are holy water sites. The location of holy water could be in the Church compounds; yet far from the compound for mass preaching; or near by the churches. The sites are protected by fences. Many patients from outside Addis Ababa come and stay at the famous holy water sites in Addis Ababa. The patients either stay in the Church compound or live in rented rooms in the neighborhood. It is similar in some ways to an inpatient service at biomedical hospitals except for the poor physical facilities for patients and the absence of uniformity in allowing patients to stay in the church compound.

Patients are advised and assisted in the healing process by priests to remorsefully fast and pray, side by side drinking and bathing in the holy water. The priests explain that here is no substance added to the holy water. It is just water and the water is mostly spring but it could also be tape water on which the grace of God is revealed through healing patients. But the water is sanctified by prayers of priests once at the beginning. The priests also facilitate the efforts of the patients at the holy water by showering the water on the body
of patients, touching the patients with a cross and exorcise the evil spirits from the patients if there is any.

The case below shows how priests guide and assist patients in need:

Mr. Dawit Amiga was a 32 years old, single who dropped his education from high school. He used to live with his parents about 120 kms from Addis Ababa in a small town before he came to Addis Ababa seeking employment. Dawit then began to feel stressed and experienced frequent conflicts in his interpersonal relations. He became food allergic. He then visited many holy water sites because he believes biomedicine gives only temporary relief. He travelled from Addis Ababa to these holy water sites as far as 565kms. But he did not feel any improvement in his conditions. In the meantime, he consulted a priest for advice and the priest advised him to read the book of Psalm. Mr. Dawit experienced a feeling of subconsciousness, high fever after reading from the prayer book. He took this experience as a sign of the Holy Spirit attacking the evil one in his body. But he stopped reading the prayer book because he could not bear the fever whenever he began the prayer. So, he went to one of the famous holy water site in Addis Ababa where he met a hermit assisting patients. Dawit felt as if a wild fire ravages his body when the hermit poured the cold water on him. He used to drink the holy water as much quantity as he can every day for a few days. Vomiting and diarrhea of strange color are usually the subsequent experiences after drinking the holy water. Finally, he subconsciously heard the hermit ordered the evil spirit in the name of God and saints to leave Mr. Dawit. He then got relieved from the burning and stressful feelings. The hermit told him that the cause of his illness was an inherited evil spirit from his parents which in turn was resulting from the worship of ancestral sprits.
Dawit was healed six years ago. Yet, he is still giving free service at the holy water site during the fieldwork for this research.

Many patients also shared their experiences with me that they got relieved from their illness after vomiting accompanied by diarrhea following their consecutive large intake of the holy water. While some patients come to the holy water after their dissatisfaction with the biomedical treatment outcomes, others become inpatients at the famous holy water sites after they were tested HIV/AIDS positive for which biomedicine does not have any curative treatment. About 300 people visit one of the holy water sites in Addis Ababa per day according to the record keeper of patients. But the numbers vary from one holy water site to another depending on the popularity of the holy water at a specific location. The following is a case in point:

Mr. Misganaw Ayalew sales religious items in a mini shop beside Entoto St. Mary Church. He is assisted by his wife and his child. Mr. Misganaw came to the area fourteen years ago from about 778 kms far place to the area not as a business man but as an HIV/AIDS positive person. He tested HIV/AIDS positive at two different biomedical institutions (one public specialized referral hospital and the other private higher clinic) both known for HIV/AIDS testing in addition to other medical services. He began bathing in the holy water at about 400kms far from Addis Ababa. He then saw in his dreams that he should go to Entoto where he stayed for five years praying, bathing in the holy water, drinking the water, and taking the Eucharist. He stated he became HIV/AIDS negative after he underwent five years of faith healing service. He confirmed his status at the same biomedical health institutions where he first learnt about his positive
HIV/AIDS status. Mr. Misganaw remembers that about eight thousand patients were staying at the holy water seeking faith healing from different sickness such as HIV/AIDS, diabetes, blood pressure and evil spirits when he was a patient himself. He recounts some patients get better within months, others within years and still some others fail to get healed at the holy water. He attributes the difference in the health outcomes at the holy water to the devotion of the patient in his/her religion and the will of God. He is HIV/AIDS negative since eight years. He then, was married to HIV/AIDS negative woman and has one child. Such kind of healing however, has raised some concerns for the Government Offices working on HIV/AIDS prevention and control. So, neither patients nor the priests want to speak much about the healing of HIV/AIDS with holy water. But the healing is going on silently. Nowadays, patients are provided with Anti Retro Viral Therapy (ART) drugs side by side the holy water. But Mr. Misganaw did not use ART drugs himself when he was HIV/AIDS positive. He also came across some physicians who recommend some desperate HIV/AIDS positive persons to holy water. But he added the physicians recommend these persons informally because they do not want to be identified as physicians that refer patients to non-biomedical or non-scientific treatment.

Cost wise, the healing service in the Ethiopian Orthodox Church is free of charge. But patients that are satisfied with their healing experience may pay in kind or cash to the church. Again there is no fixed minimum or maximum limit of the payments by patients satisfied with the healing experience.
3.2.3. Non-indigenous Alternative Medicine

3.2.3.1 Acupuncture

A short gaze at Ethiopian Television national service in the evening is likely to introduce a new viewer to the practice of acupuncture in a private biomedical higher clinic. The clinic calls itself “International Higher Clinic” on the ground that some Koreans practice acupuncture within its compound beside biomedicine. Acupuncture was initially begun about twelve years ago by a South Korean close to the owner of the biomedical clinic. He even served for long in the clinic before he died in 2011. Another Korean has now taken over the responsibility.

Acupuncture, a practice which many medical historians agree grew out of ancient Chinese dualistic cosmic theory of yin and yang has won the attention of many patients in Addis Ababa. The practice conceptualizes disease as an imbalance in the yin and yang forces in the body. They believe the imbalance results from an obstruction of life force (chi) in the body. The acupuncturist explains the body remains in good health as long as it maintains equilibrium within itself as well as in relation to its environment. Therefore, the equilibrium is dynamic for it oscillates whenever the body fails to adapt to the changes within or outside the body. The lost balance or disequilibrium results in pathological symptoms that a trained acupuncturist identifies.
The life force or chi flows through pathways in the body or meridians. Each meridian is associated with major organs in the body such as liver, kidney, lung, heart and the like. Hence, the acupuncturist at my study area explained that acupuncture is aimed at facilitating the free flow of ‘chi’ in the channels so that the equilibrium will be maintained.
Plate 3.7 Meridians on human body used for acupuncture in Addis Ababa; Photo: Dejene. May, 2012.
What makes the data from the practitioners in the private higher clinic intriguing is the fact that the physicians and the acupuncturist provide health care side by side in the same compound. The biomedical wing of the clinic usually makes the diagnoses first. If a patient suffers from diabetes, paralysis, trauma, palsy, rheumatism and similar others, then the physician refers the patient to the acupuncture wing of the clinic. Of course, patients may also directly consult the acupuncturist when they come to the clinic after dissatisfaction with biomedicine somewhere else. On the other end of the spectrum, the acupuncturist may also refer back patient to biomedical treatment in case, a patient experiences some unexpected illness such as cardiac arrest.

The acupuncturist explains she can treat any illness with acupuncture except bone fracture. She also delineates the boundary between her practice and biomedicine in the treatment process. She underscores she treats patients without surgery and without use of modern pharmaceuticals unlike biomedicine. The materials used for treatment such as acupuncture needles, physiotherapy machine, items for moxibustion, and the tubes for bloodletting are imported from North America and South Korea. She treats patients by inserting needle on specific spots on a patient’s body. The needles stay on the patient’s body for some time until the acupuncturist believes the desired result has come out.
It is supported by other techniques for its success in the treatment process. Techniques such as moxibustions, bloodletting or sucking, physiotherapy and orientations about health life styles complement the success of acupuncture in Addis Ababa. The Korean acupuncturist plays the major role in the treatment of patients with these techniques. However, a few Ethiopian female assistants take part in physiotherapy and occasionally in removing the needles from patients. They began the assistant role after short term training about physiotherapy. However, the diagnosis, moxibustion, insertion of the needles and bloodletting are all in the hands of the Korean acupuncturist. The owner and the manager of the clinic remarked that other acupuncturists from Korea make visit to the clinic occasionally (mostly once a year) when they lend their professional hands to the only Korean acupuncturist in the clinic.

Almost all of the patients seeking acupuncture at the clinic are people in their middle ages and above except few cases of young patients. Male and females patients were roughly proportional. Their educational status ranges from patients who could not read and write to university graduates. The Patients mainly belong to middle and above income groups being evaluated in local contexts. The medical cases for which patients seek acupuncture include total or partial body paralysis, muscle cramp, gangrene and nerve

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5 It is a form of therapy using a fire heat of herbs rolled in a form of cigar and then put on the body of a patient in order to stimulate the area for acupuncture. The acupuncturist explained during fieldwork that she imports the material from South Korea.
related health problems. Patients come to the clinic not only from Addis Ababa but also from regional towns up to 350 kms far from Addis Ababa. The patients heard about the treatment either through the advertisement either on National Television, a local weekly medical newspaper, or orally from people in their neighborhoods.

Acupuncture was not the primary choice for all patients. All except few patients sought treatment from other sources before acupuncture. The case below may better describe the patients’ experience with acupuncture:

Mrs. Alemitu Cherenet, a 50 years old, married women came to the clinic from the other end of Addis Ababa by taxi with the physical support of her daughter due a serious pain on her right leg. Alemitu tried self-massage with holy water before and after she sought biomedical attention at private higher clinic. But neither did biomedicine nor the holy water relieve her from the illness. In the mean time, she heard about acupuncture from people in her social networks and began the treatment. She had been treated with bloodletting and physiotherapy so far. She had managed to walk by herself on the third day of the treatment. She was left with seven more treatment days. She paid here more than the amount the private biomedical higher clinic had charged her. But she felt dramatic improvements in her status that she did not complain about the cost. She even had planned to refer her husband who is a civil servant in the Federal Government Office to this clinic for similar treatment.
The other case at the acupuncture clinic may shed further lights on the weaknesses of biomedicine and the dissatisfaction of patients who even got the treatment in specialized public hospitals. A case in point is a patient that arrived at the door of acupuncture after seven years of biomedical treatment:

Mr. Taregkegn Madebo came from regional town about 327kms far from Addis Ababa. He came to learn about the service from a local weekly medical newspaper. The family including his son who is a civil engineer, discussed on the issue. The family finally decided Mr. Tarekegne should try acupuncture.

Tarekegne has been suffering from total body paralysis for the last seven years following a brutal gang attack in his home town 327 km from Addis Ababa. He was treated at four different referral hospitals in Addis Ababa. He does not have much to talk about the outcome of the treatment except the antibiotics prescribed, the surgery he underwent and yet the negligible progress in his overall conditions. He explained the improvements in his conditions over the last ten days resulting from treatment with acupuncture and other supportive techniques such as physiotherapy had been impressive. He stated he was able to walk being supported with a walking stick, able to open a door, wash his hands and face by himself; which he could not do for the last seven years. He attributes these improvements in his conditions to the treatment with acupuncture and supportive techniques though he also feels the service cost may not be affordable to all. And yet, he applauds the practice for the major contributions to the
improvements in health conditions and the relationships of the practitioner with patients.

The success stories of acupuncture especially on cases failed at biomedical treatment center is able to attract many patients even after failure of treatment at different service centers. The case below illuminates how patients make decisions at different phases of their illness and how acupuncture becomes popular in Addis Ababa although popularity does not necessarily mean efficacy.

Mr. Hagos Berhe is a pensioner living in Addis Ababa. He used to work in the Ethiopian Road Authority as a foreman. He is a married person who leads a decent life. About ten years ago, Hagos experienced a feeling of chronic pain on his shoulder. He consulted a private biomedical higher clinic where the result from diagnosis shows nothing was wrong with his shoulder. He then tried physiotherapy at government owned hot spring enterprise in Addis Ababa in order to relieve himself from the pain. But he said nothing comes out in relation to his pain. Next, he immersed himself into his religious practices further and travelled 150 km out of Addis Ababa to bath in holy water famous for healing different illnesses. He is a committed Orthodox Christian who prays everyday as well as who observes the fasting in the religion. But he could not get the healing he sought from his immersion in the holy water too. Finally, he heard about acupuncture. He received the treatment although he desperately described the outcome as unhelpful to him. At the moment Hagos is living with his shoulder pain.
In general, acupuncture is gaining much popularity in the study area among patients. The location of the practice within biomedical clinic has facilitated the opportunities for more patient flows. But the relatively higher treatment cost has made it less popular among the poor.

**3.2.3.2 Tianse Supplements**

Although a new experience to the city, food supplement sales offices are booming in Addis Ababa. The most known company for this in the city is “Tianshi”, a Chinese company originally founded in 1995 in China. The sales person states Tianshi is a multimillion dollar company operating in 190 countries throughout the world. The sales person conducts the explanation from a booklet prepared for this purpose. Hence, many people are attracted to the product of this company for self-treatment with guidance from a person from the company’s sales office.

The people in Tianshi sales offices in Addis Ababa orient the client that they sell organic supplements. In other words, they clearly state that their products neither substitute nor contradict with biomedicine. They even underscore in their orientations the importance of immediate biomedical attentions for acute illness or emergency cases. But they recommend their products as supplementary to the biomedical treatment be it in acute or emergency cases.
The sales persons in *Tianshi* group Addis Ababa office stressed the products are prepared in line with the knowledge and skill of Chinese traditional medicine. The office tries to back this statement by referring to the Chinese 5000 years experience in traditional herbal health care. They regard the Chinese long experience in traditional medicine as the mystery behind Tianshi’s mastery over the source of health problems as well as how to prevent it.

The *Tianshi* sales office in Addis Ababa orients patients and potential clients that human beings are classified into three according to their health status: 5% healthy; 20% sick; and 75% sub-healthy. They emphasis in their orientation on how the human body is consisting interconnected organs and how important is the balance among the activities of each organ in the body for good health. This is a simplified explanation of yin and yang explanations in Chinese approach to health. So, the imbalance between the yin and yang causes illness according to the *tianshi* teaching. The imbalance results when the flow of “chi” (life force), blood, body fluids, and nutrients to the key organs is blocked. Any obstruction to the flow leads to imbalance which ultimately results in illness. The organic supplements become essential, here to clear the blockage and restore the system to balance.

The *Tianshi* sales offices prescribe a four steps journey to wellbeing for their clients. First, clients are advised to cleanse their body from undesirable toxins. The medium for the toxins to enter the body according to the *Tianshi* sales officer include polluted air,
contaminated water, fertilizer and pesticide treated foods, drugs, alcohol, cigarette and radiations from electronic devices. Therefore, the cleansing step targets these toxins in a client’s body. They commonly prescribe what they call “Tianshi Chitosan”, their own product available for this purpose in their sales offices. Secondly, there comes a step of regulating or adjustment. They prescribe Calcium powder and Spirulina prepared from herbs at this stage in order to replace the toxins with the natural nutrients the body has been missing. Thirdly, they strengthen the body’s immune system and maximize the effects of treatments in step one and two by using Cordyceps, Spirulina, Calcium and Zinc. They call this step replenishing. Finally, they prescribe Calcium powder, Cordyceps, Chitosan, Zinc in order to prevent disease and maintain the body system in balance. All organic supplements prescribed and used in the treatment process are Tianshi’s products and they are available in Tianshi sales offices in Addis Ababa.
Plate 3.8 *Tiashi* products in Addis Ababa, photo by Dejene, July 2012
Most of the patients coming to *Tianshi’s* sales offices are from Addis Ababa. The clients have diverse socio-demographic backgrounds. Males, females, the young, middle aged, and people at different stages on the educational ladder are commonly observed at the office. No child patient came to the sales office during fieldwork which could partly be due to the company’s minimum age requirement of its patient-clients who are also potentially its network marketing members to be older than 18 years. Some patients came to *Tianshi* Office after being desperate with their biomedical treatment health outcomes. Others visited the *Tianshi* office to stay in good shape as well as to make some fortune because the sale of the organic supplement is made through network marketing. So, a member receives dividends depending on the number of new members admitted to the company’s business and facilitated the sales of *Tianse* products. The network marketing strategy is an important channel of advertisement to potential clients of the company. So, it is a transnational company that works with patients as potential business partners.
What is Multi Level Marketing?

Multi Level Marketing is a marketing system which is designed to overcome the setbacks of traditional marketing system. There are over 5000 companies that follow the Multi Level Marketing system. As per the present growth rate of the industry it is estimated that after 2050 60% of products will be channeled through Multi Level Marketing. At present this is 100 Billion USD annual sells industry. This system started in 1950s but it has started to grow faster since 1990s.

1. Traditional Marketing

   ![Diagram of Traditional Marketing]

   - 500 $
   - 600 $
   - 700 $
   - 800 $
   - 900 $
   - 1000 $

   Consumer

   - Retailer
   - Whole Seller
   - Importer
   - Exporter
   - Distributors
   - Channels

2. Multi Level Marketing

   ![Diagram of Multi Level Marketing]

   - 500 $
   - 600 $
   - 700 $
   - 800 $
   - 900 $

   Customer

   - Direct sell
   - Words of mouth advertisement
   - Compensation

   Products

   - Multi Level marketing benefits.
   1. Cheaper and more quality products.
   2. Product damage decreases.
   3. Stops forgery.
   4. Consumer advertises and makes money.
   5. The producer makes more profit.

   Traditional Marketing drawbacks
   1. Makes the product expensive.
   2. Product damage increases.
   3. Encourages forgery.
   4. Expensive, exaggerated & advance advertisement.
   5. The customer doesn't get what he advertised.
The following case may vividly summarize how organic supplements become part of the current aspects of medical pluralism in Addis Ababa:

Mr. Abera Duressa is a university lecturer. He is single and in his early 30s. He came to know about the organic supplements from his nearest kin living in Addis Ababa. His kin in turn heard about it from a neighbor. Mr. Abera has a chronic seizure for the last eight years. He was treated at a biomedical hospital in the beginning. The physicians prescribed him tablets that he should take daily for three consecutive years. The tablets cost him nominal fees (2 Ethiopian Birr for 60 tablets). But he resorted to Tianshi after the unsuccessful treatment with biomedicine. He believes physicians could not help him with biomedical treatment. The agent at Tianshi sales office oriented him (at my presence) about the products. The sale agent underscored the products supplement biomedicine and by no means intended to replace it. So, she advised the client that he should consult a physician for acute illness if there is any. After he told her about the symptom and his earlier experience with biomedical treatment, the sales agent prescribed three groups of Tianshi products in line with Tianshi’s four steps principles to wellbeing: cleansing, adjustment/regulating, replenishing and preventing. The whole package cost about 3,500 Birr. Further, he was admitted to the Tianshi network marketing group. Membership entails up to 15 % discount on Tianshi products during transaction. Moreover, the more he introduce new members to the group is the more he is going to make money according to the principle of Tianshi group network marketing. However, Abera bought neither the full package of the Tianshi products prescribed for his illness nor invited a new member to the network. He bought only the product intended for cleansing the body. He did not get the other products because he could not afford it. He argues the cost of the products prescribe for a month by far exceed the drugs prescribed by physicians. Yet, he likes about the zero degree side effects of the Tianshi
products described by the sales agent. Abera has now planned to turn his face to traditional healers too; whom he used to suspect of their competence in dosage, hygiene and efficacy. His unsuccessful treatment at biomedical hospital and the cost of Tianshi products have now compelled him improve his attitude towards traditional healers whom he has planned to consult.
3.2.3.3 Chiropractic

Musculoskeletal system is well known to both traditional and biomedical practices in Addis Ababa. The understanding among traditional healers in relation to spinal cord stresses its role for locomotion. No traditional healer puts primary emphasis on musculoskeletal dysfunction as the primary or major causes of sickness. But the manipulation of joints and physiotherapy to the spinal cord is part of the traditional medicine in the study area depending on the nature of the illness.

On the contrary, Chiropractic service which began in Addis Ababa ten years ago emphasizes that disease results from the encumbered nervous system and wrong lifestyle. The clinic was established by an Ethiopian trained in the United States of America. She was the first and the only chiropractic doctor in the Ethiopia until she sent another person for training abroad. The two chiropractors are now assisted by physiotherapists and other support staff in their service provision. There are three branches of the chiropractic clinic in Addis Ababa and two more branches in regional towns.

Nervous system is assumed to be encumbered due to misalignment of, protrusion and occlusions of the spine column. A key informant in the study area further simplified the cause of the disease of the patients who visit the chiropractic clinic is the lifestyle of the patients such as working on personal computers for long hours, lack of physical exercises, stress and low awareness on nutrition and healthy lifestyles.
Plate 3.11 An advertisement leaflet about Chiropractic Clinic in Addis Ababa; Photo: Dejene from a leaflet in Chiropractic Clinic in Addis Ababa. February, 2012.

The socio-economic and demographic characteristics of patients in the clinic reflect people in their 30s and above years of age are the principal patients regardless of their
sex. Limited number of younger people sought treatment in the clinic. Patients come to the clinic from Addis Ababa as well as from regional towns. No patient from rural areas seeks medical attention at the clinic unless and otherwise they have a relative in Addis Ababa who makes the necessary arrangements for them. The patients heard about chiropractic mostly by words of mouth from people in their social networks.

Although the clinic call itself alternative to biomedicine, the therapy relies heavily on biomedical diagnostic laboratories. The clinic requires patients to produce reports of X-Ray and Magnetic Resonance Imaging (MRI) scan for diagnosis. The results from biomedical diagnostic laboratories complement the physical observation of patients by the Chiropractor. The clinic lists many illnesses which it claims to treat. These include: neck pain, shoulder pain, back pain, legs and hands joint pain, and palsy. In addition the list goes on to include treatment of sport injuries, headache, respiratory and digestive problems.

Patients with anyone of the above health problem receive the treatment by Chiropractors, Physiotherapists and other support staff in the clinic. Both acute and chronic cases are treated although the inclination is towards the chronic ones. The therapy is organized in such a way that the clinic provides services in chiropractic adjustment, physical and trigger point therapy, rehabilitative exercise and nutritional and herbal counseling. States of art therapy equipment which are all imported from the United States of America are in place. The clinic applies electrical massage and magnetic pulse which it categorizes
under electrical therapy. They call the second therapy category mechanical. Under this category they use different imported physical exercise equipment by which patients do rehabilitative exercises. The clinic combines manual therapy (use of hands for massage, trigger points pressure) with the above equipment supported therapy. Further, it advises on health, diet and detoxification. Avoidance of high protein and fat foods and the emphasis on vegetables, fruits and physical exercises are the major activities in the detoxification.

Among the modification of chiropractic service in Addis Ababa from the main stream chiropractic principle is the tendency to supplement the treatment with antibiotics. I learned from the practitioners as well as the patients that the Chiropractors supplement their therapy with pain killers, nerve stimulants and injections for better therapeutic outcomes. However, the supplements are not prescribed uniformly for every patient. They prescribe the supplements for patients whose pain is very severe. The drugs are prescribed when they are assumed to expedite the relief from severe pain.

The professional link between Chiropractic and biomedicine in Addis Ababa is very loose and almost unidirectional. While Chiropractors refer their patients to biomedical laboratories for diagnosis, physicians do not refer patients to the Chiropractic clinic. Patients that began treatment at biomedical hospital come to the Chiropractic clinic by themselves especially when they are desperate about biomedical treatment outcomes, dread of surgery at biomedical hospital or both. The key informant in the clinic hardly
remembers a patient that has been referred to the clinic by a physician from biomedical hospitals. Moreover, patients bypass biomedicine and could come directly to Chiropractic clinic after they learnt the effectiveness of treatment outcomes from someone they know.

Treatment at Chiropractic clinic is no less costly than the average cost of private biomedical outpatient services. Both the staff and patient key informants agree to the opinion that the service cost in the clinic is high. But the chiropractors justify the fairness of the cost given the fact that the treatment equipment is imported. The import of the equipment is very susceptible to escalating foreign currency exchange rates. The informants added the clinic at times compromises its profit margins in order to accommodate the needs of patients that fail to pay. Despite their concern over relatively high treatment cost, many patients were on the waiting list to see the Chiropractor at times negotiating for immediate consultation during my fieldwork.

According to my observation from the written testimony of patients on the guest book, my interview with patients and the staff of the clinic, most patients are satisfied with Chiropractic therapeutic outcomes. The written testimonies on the guest book show most of the patients expressed that they have observed very good improvements in their health conditions as well as their satisfaction with the therapeutic outcomes. Others testified only minor improvements in their conditions. A few patients testified they did not witness any improvement in their conditions due to chiropractic therapy. In relation to this, the
staff key informant estimated about 95% effectiveness in the therapeutic outcomes in the clinic. The patients whom I interviewed tend to support the opinion of this key informant.

3.3 Safety, Efficacy and the Missing Link in the Practice of Medical Pluralism

“Ethiopia bahiil niqaa yetiim atidersiim;” literally
“Ethiopia, ashamed of its culture will never get anywhere.”

A traditional healer in Addis Ababa, December, 2011.

The safety and efficacy of the medical practices in the study area is one of the major sources of disagreement among practitioners and government officials. Since practitioners do not treat patients using the same procedures and similar material medica, it is often common to come across different views of safety and efficacy among biomedical health professionals, traditional healers, practitioners of non-indigenous alternative medicine and government officials responsible for drug control and administration in the country.

Any medical practice including the drugs used for treatment must undergo a stringent scientific test for its safety and efficacy before application on patients for biomedicine. Biomedicine benefits from the global scientific knowledge and medical research in this regard. The Drug Administration and Control Agency is recently established to facilitate this task. The task was previously carried out by the Ethiopian Institute of Nutrition and Health Research.
A huge gap of understanding exists on safety and efficacy among different medical practitioners in the study area. This gap becomes clear when one looks into the views of biomedicine and the government offices established to administer and control drugs on the one hand and, indigenous traditional and non-indigenous alternative medicine on the other. For biomedicine, any medical practice and drugs in the study area should be proved safe through scientific experiments before use for the treatment of patients. The efficacy of the practice and the drugs should be established in similar ways and there should be little or no treatment outcome whose explanation falls short of scientific standards. This stand held on safety and efficacy by biomedicine and government offices for drug administration and control in the study area complicates their interaction with practitioners of traditional and non-indigenous alternative medicine. But alternative medicine which is neither indigenous traditional medicine nor integrated to biomedicine is better off in dealing with biomedicine and government offices. The reason behind this position of indigenous traditional medicine is partly due to the common assumption that the healers could not determine the dose of the drugs they use in addition to absence of the absence of certification from government offices about the safety of the drugs. Moreover, since traditional healers are linked with religion in one way or the other, there is a tendency to downplay the efficacy of their healing by biomedical standards. On the other hand, non-indigenous alternative medicine is much closer to biomedicine compared with indigenous traditional medicine in the above respect. For instance, they do not claim to treat illness of personlistic causes. They do not externalize and link the illness to
somewhere else outside the stickperson's body. Moreover, their use of modern medical technologies is not comparable to indigenous traditional medicine.

However, the above relative position of indigenous traditional healers in the pluralistic medical system of Addis Ababa has created inconvenience to the healers. The chairperson of the dissolved National Association of Traditional Healers underscored in his discussion with me “Ethiopia bahiil niqaa yetiim atiderism...” whose literal translation is “Ethiopia ashamed of its culture will never get anywhere.” This is one of such similar feelings by traditional healers regarding their overall interaction with biomedicine and the government office responsible for drug administration and control in the study area. They feel marginalized by biomedicine and ignored by the government.

Many attempts by these healers to get licensed by the government had been failed due to the procedures of the licensing process. The traditional healers refer either to Ethiopian Orthodox Church education or Islamic teachings as their ultimate reference for explaining their healing. The healers argue the safety and efficacy of their medicine has been proved by their forefathers. They claim they prepare the drugs from various cereal compounds being consumed by the population in daily diets in addition to herbs. A key informant added “…tikiit alga hospitals wust yistunina bel tamamivun adiinu yibelun. Gin yihen ayadergum tamamivu wodegna endemimeta yawukalu…” The key informant literally says “if the officials want us prove the efficacy of our healing, all that we need is a few beds in the hospital wards where we would prove the efficacy of traditional
medicine. But they [the officials] know biomedicine is going to lose patients to traditional
medicine and they will not allow this to happen.”

The basic challenge however, is any medical practitioner is expected to prove the safety
and efficacy of the practice to biomedical experts at the Ethiopian Institute of Nutrition
and Health Research. The procedure at the Research Institute creates two fundamental
challenges to traditional healers. First, their knowledge and skill will not put to test
exhaustively because the Institute does not accept anything other than empirical
evidences subjected to scientific tests. The second major challenge emerges from the
nature of power relation between traditional healers and biomedicine in the study area.
The huge government support to biomedicine over the last one hundred years has
gradually eroded the power of traditional healers to negotiate with biomedicine on equal
footings. Such marginal status is reflected in the process of testing the material medica
submitted by the healers at the Ethiopian Institute of Nutrition and Health Research. The
healers do not have any guarantee for their patent of the material medica they submitted
for testing. Neither do they receive proper feedbacks of the test result for their material
medica. Mekonne (1991) indicated before two decades that the challenge of integrating
traditional medicine with biomedicine in Ethiopia lies among other things in the power
relation between the two in the process of integration. The skewed power relation is still
damaging the potential benefits from the cooperation between the two. However, the
healers are able to maintain their power of a healer through the visits made by many
patients to their service centers in the city where the geographic accessibility of primary
health care has reached 100% at the moment and hospitals are available more than anywhere in the country.

The healers’ interaction with the Ethiopian Institute of Nutrition and Health Research is accompanied by mistrust and cunning to protect the drugs they use in traditional medicine. The Institute requires the submission of non-compound substance for testing. But many traditional healers confirmed during fieldwork that they intentionally submit a compounded substance for testing at the Institute in order to misguide the officials. In fact, similar strategy was used about sixty years ago when traditional healers were asked to submit their material medica for testing. Pankhurst (1990) recounts:

In the 1950s the registration and the granting of licenses to traditional healers started. Practitioners were supposed to submit the herbs they used so that these could be examined by the Central Laboratory to ascertain whether or not they were injurious to health or life. As for various reasons this was difficult to implement.....the procedure of licensing by appointing a committee doctors who were to be responsible for the proper licensing of traditional practitioners.... During this period the committee found that the information received was unreliable as the candidates were secretive and the medicine received from them compounded and therefore-though on the whole essentially harmless-were not recognizable (Pankhurst, 1990:251).

Perhaps, the other angle from which the safety and efficacy of plural medical practices in the study area could be understood is from the patients’ perspective; though most patients may not argue using the technical jargons employed by different medical
practitioners. The reference for patients to measure safety and efficacy is the extent to which they or someone close whom they know is relieved from sickness without much undesirable effects of the treatment. The patients I found both at biomedical and traditional medical service centers did not grossly associate their safest and most efficacious treatment experience with a specific medical practice. They appreciate the clarity of the dose of prescribed drugs by physicians. The hygiene of the treatment environment of biomedicine under ideal condition especially in private practice is another positive aspect of biomedicine. Moreover, patients opined that biomedicine is efficacious in most cases if the service is delivered by a competent physician working in adequately equipped health institution for acute and emergency cases.

However, patients with whom I discussed the issue also disagreed to the gross categorization of non-biomedical medical practices in the study area as unsafe and non-efficacious. In fact, biomedicine itself according to these informants is not free from criticism on this point. While the scientific procedure through which biomedicine becomes available to public enhances its safety, there were many occasions in the study area where safety is jeopardized in the treatment process by health professionals. So does the efficacy of biomedicine is questioned by patients who resorted to traditional medicine due to their unimproved health outcomes after treatment at biomedical hospitals. These patients were given a specific dose of drugs at traditional health service centers. Hence, they disagree to the gross categorization that traditional medicine lacks the concept of dose which endangers its safety.
Plate 3.12 A traditional healer showing the tablets he prepared for treatment


Most of the patient informants reported that the treatment they received at the traditional health service centers is efficacious. But the efficacy of traditional medicine should be understood in the context that healers are effective in treating specific diseases /illness which could not fit to biomedical procedures or which could also be treated at biomedical institutions but patients prefer traditional ones for various reasons. It is worth mentioning at this point the efficacy of a given medical practice may be understood by either or all of the three standards: the empirical, scientific and symbolic (Young, 1980:104). Therefore, the major disagreement between traditional healers and biomedicine on the issue of safety and efficacy is that while biomedicine relies on scientific standards of efficacy,
traditional healers judge measure their efficacy usually by empirical and symbolic standards.

3.4 The Source and Production of Medical Knowledge

All medical practices in the study area do not claim the same source for their medical knowledge. Their sources, methods of acquiring as well as the further production or advancement of the knowledge are different.

The medical knowledge required to practice biomedicine is acquired through formal education in medical schools whose curriculum transcend local cultures. The medical schools admit only limited number of student that scored top grades in the National Secondary Schools Leaving Examination. The medical schools then acquaint their students with the theories and practices of medical sciences. Students are expected to produce a modest amount of research papers before graduation. In fact, the process that began at the medical school remain part of their life after graduation because they are expected to engage in medical research activities or at least update themselves with new research findings in medical sciences. Therefore, medical knowledge is acquired and produced in well organized ways through medical schools; national and international research workshops. International assistances are available as well to boost the biomedical health services in the country. The picture below depicts one of such cooperation between the Ethiopian Ministry of Health and two of its global partners to enhance the management capacity of hospitals in Ethiopia by replicating improved management systems that improves patient care and outcomes in hospitals throughout the country.
Plate 3.13 Biomedicine and international links in Ethiopia.


Hospital Management Initiative: Blueprint for Hospital Management in Ethiopia. New Haven: Yale Reprographic and Image Services.
On the other hand, there is no formally organized medical school with clearly stated curriculum for traditional indigenous and non-indigenous alternative medicine in Addis Ababa. Traditional healers got acquainted with healing activity through being an apprentice to a healer or through informal training without formal curriculum under a willing par time healer who is knowledgeable about traditional medicine due to his religious education. In this case, the tendency to knowledge reproduction outweighs knowledge production. Those who mentor an apprentice in informal training try largely to transfer what they learnt from their predecessors or reproduce through written and oral forms than supported with new findings. This is partly because the socio-cultural and economic context in which they train is rarely conducive to the production of the knowledge of traditional medicine.

Yet, a new trend is emerging nowadays in the study area where healers from different countries have begun to share experiences. The trend could perhaps, transform their reproduction of the traditional medicine to the production of the knowledge. An exception to this is feature of traditional medicine is faith healing. The knowledge about faith healing is part of religious education in Ethiopian Orthodox Tewahido Church. What makes the process of acquiring the knowledge slightly different here is the fact that the Church offers theology courses at four colleges in addition to thousands of church schools throughout the country. The process of acquiring the healing knowledge and skill is therefore more organized in the faith healing of the Ethiopian Orthodox Church than other traditional healers. Nonetheless, the emphasis is on knowledge reproduction than
knowledge production. Moreover, individual variations are quite common among those who passed through the similar process of church education in their ability to heal. The difference is attributed to the grace of God and the spiritual dedication of a healer.

Alternative medical practices such as acupuncture and chiropractic are new to the study area. The practitioners acquire their knowledge and skill from abroad. They did not open any formal or informal training institutions of these practices. But they have better external links through which they import the necessary treatment devices and update themselves about alternative medicine compared with indigenous traditional medicine. It seems alternative medicine in the study area is not in a position to produce medical knowledge because it is both a new comer to the study area and does not have the necessary human and material resources. Absence of health policy that accommodates the production of medical knowledge other than biomedicine is another impediment both to indigenous traditional and non-indigenous alternative medicine.