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Ethiopian Herbal Medicine Practice and the Recognition with Modern Medicine

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ABSTRACT

Countries in Africa, Asia, and Latin America use traditional medicine to help meet some of their primary health care needs. Use of traditional medicine for primary health care is extensive in Ethiopia –90 %. Ethiopian herbalists use different types and parts of plants with medicinal value. The traditional medical practices and remedies are recorded in oral traditional and in early medico – religious manuscripts and traditional pharmacopoeias, which, according to the estimates of some historians, date back to the 15th century AD. Drugs are prepared in various dosage forms including liquid (e.g. solution, suspension), semisolid (e.g. ointment) and solid (e.g. powder). Ethiopian government firmly recognizes the traditional medicine, mainly herbal medicine. A significant number of people depend on herbal medicine even if it is not part of conventional health care system. The development of herbal medicine is greatly affected by environmental degradation, poor resource management, urbanization and lack of awareness on the contribution of herbal medicine. Responsible body- government and the public at large- should be recommended to initiate the implementation of the policy through developing rules and regulations on co-recognition or integration of herbal medicine. As medicinal plant is a resource affected by environmental degradation, it is wise to implement environmental protection policy. People awareness on herbal medicine needs to be improved by mainstreaming of course on this area especially for students of modern health science concept. In addition to this, delivering formal training and organizing of the on job herbalists is necessary.

Key words: Ethiopia, Herbal medicine, Co-recognition, Integration

INTRODUCTION

Traditional medicine therapies include medication therapies (herbal medicines, animals' parts and /or minerals) and non-medication therapies (acupuncture, manual therapies and spiritual therapies) (1). The world health organization (WHO) defines traditional medicine as health practices, approaches, knowledge and beliefs incorporating plants, animals and mineral based medicine, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses and maintain well being (2).

Countries in Africa, Asia, and Latin America use traditional medicine to help meet some of their primary health care needs. In Africa up to 80% of the population uses traditional medicine for primary health care. Use of traditional medicine for primary health care is extensive in Ethiopia –90 % (3).

Herbal medicine involves the use of herbal remedies. Herbal remedies include herbs, herbal materials, herbal preparations and finished herbal products that contain as active ingredients parts of plants or other plant materials or combination thereof (1). Herbal medicines are assuming large use in the primary health care of individuals and communities consistently with the growing interest in traditional and alternative systems of medicine in many developed countries (4).

Medicinal plants since times immemorial have been used in virtually all cultures as a source of medicine. Plants are still an indispensable source of medicaments in the contemporary health care delivery system (5). For instance, 25 % of modern medicines are made from plants used traditionally (4). The wide spread use of herbal remedies and health care preparations have been traced to the occurrence of natural products with medicinal properties. Interest in medicinal plants as a re-emerging health aid has been fuelled by the

rising costs of prescription drugs in the maintenance of personal health and well being, and the bioprospecting of new derived drugs (2).

Ethiopia is essentially a traditional society and thus for a variety of socio-cultural reasons, the majority of the people will continue to rely on indigenous remedies. The indigenous knowledge about many of the medicinal plants has justified its existence by the biomedical benefits that have been established through observations of generations of people is demonstrated by the history of medicine, which parallels the history of modern drug discovery from plants which were employed in traditional medicine in other countries such as China and India (6).

Ethiopia is a land of topographical diversity, the altitude ranging from 200m below sea level at Denakil depression to about 4,500m at semen mountains coupled with the climatic (tropical, subtropical and temperate) and ecological variations. The diversified topography has resulted in very heterogeneous vegetation (5). Ethiopia has an enormous resource of plant species that are used in traditional medicine, among the 7000 higher plant species that are known to exist in the country, about 800 of them are employed in the traditional health care delivery system to prevent and treat nearly 300 physical and mental disorders (7).

Although modern health care started in Addis Ababa in 1906 when Menelik II Hospital was established had its growth and development have been stunted (8). According to the 1982 – 83 rural health survey, majority of service seekers relied on traditional healers, lay treatment or self care (9). The use of traditional medicine among the urban population is also very high for instance studies in Addis Ababa, where modern /

conventional health service is relatively better showed that a significant percentage of population uses traditional medicine (10; 11) even of people of Ethiopia depends on the traditional medicine to the aforementioned level, research on the use of herbal medicine in the context of primary health care has not yet received a serious attentions. Literature on traditional medicine reveals little data on the promotion and use of herbal drugs in primary health care. In this article some of the major characteristics and practices of Ethiopian herbal medicine have been summarized in an attempt to provide a brief overview relevant to regulatory situations.

HERBAL MEDICINE PRACTITIONERS IN ETHIOPIA

Traditional medical practitioners include bonesetters, birth attendants (called 'wogesha' and 'yelimd awalaj' respectively in Amharic), tooth extractors, herbalists as well as debtera and spiritual healers (12). Ethiopian herbalists, include 'kitelbetash' and 'sir mash' use different types and parts of plants with medicinal value. The traditional medical practices and remedies are recorded in oral traditional and in early medico – religious manuscripts and traditional pharmacopoeias, which, according to the estimates of some historians, date back to the 15th century AD (2). Two decades before, a compilation on ethno pharmaceutical / pharmacological information was done by university scholars and book named as 'este debdabe', letter of plant.

CHARACTERISTICS OF HERBAL MEDICINE IN ETHIOPIA

Ethiopia has long history of traditional medicine and has developed ways to combat disease through it (12). The ways are also as diverse as the different cultures. Herbalists in Ethiopia obtain their drugs from different types of plants.

A study in rural area showed that herbalists prescribe a single or polyherbal formulations made from roots, leaves and fruits in descending order (7). Documentations of traditional medicinal plants of northern Ethiopia (5) and a survey conducted in Central plateau and Rift valley of Ethiopia (13) indicated that root is one of the most extensively used plants part in the preparation of traditional herbal remedies but survey from Addis Ababa (14) and other rural area, Butajira (15) showed that the leaf is highly used as source of medicine in comparison with other plant parts. In general the roots and leaves are used widely and the name 'sir mash' and 'kitel betash' is give by the people accordingly, respectively.

Drugs are prepared in various dosage forms including liquid (e.g. solution, suspension), semisolid (e.g. ointment) and solid (e.g. powder). Drugs are also prescribed in a non-formulated form- the existing crude drug can be chewed. Additive like, sugar, honey and alcoholic drinks, are usually used to improve the patient compliance (14; 15). Healers prepare the appropriate drugs by following some procedures such as infusion / maceration, decoction, making paste, ointment and powder.

Herbal preparations are administered using different routes, the main ones being oral, topical and inhalation (7). Topical route is employed in major to manage skin disorders. When untoward effect of the preparation become severe, herbalists

recommend antidotes like milk, egg and roasted barley flour (7). The healers imposed restriction when certain types of drugs were taken by patients, they also have knowledge about contraindication of some drugs for certain group of patients-pregnant woman, lactating mothers and the like (7).

PREVENTIVE AND CURATIVE PRACTICE

Ethiopian traditional medicine practices are not only concerned with curing of diseases but also with the protection and promotion of human physical social and mental wellbeing (16). Traditional Ethiopian medicine includes several elements on disease prevention; sweeping or covering floors with particular plants is traditionally practiced disease preventive measure (12).

Traditional Ethiopian medicine is commonly used to treat a variety of diseases employing substances as recommended by traditional medical practitioners- herbalists. The conditions that claim to be treated include gastrointestinal disturbance, sexually transmitted diseases, hemorrhoids, impotency, respiratory disorders, rabies, liver disease, hypertension, diabetes, malaria, intestinal parasites and others (17). Traditional healers known by different names in different parts of the country are the primary players in the curative aspect of traditional medicine practice. One of the recognized groups of these healers is the herbalist- 'kitel betash' or 'sir mash'. They use a large number of plant medicines and most possess pharmacopoeias for the purpose of references (12). Ethiopian herbalists examine the disease conditions like other traditional medical practitioners by physical examination and taking patient history they are not assisted by diagnostic aids (12). In Ethiopia, people have used herbal remedies for self care (14) and herbalists are consulted for specialized traditional knowledge (12).

CHALLENGES IN THE DEVELOPMENT OF ETHIOPIAN HERBAL MEDICINE

Environmental degradation, deforestation, agricultural expansion, over grazing and high population growth is potential threats to the survival of many potential valuable medicinal plants (18). This trend is increasingly jeopardizing the Ethnobotanical and other natural resources of the country, especially in the high lands, largely due to over population inadequate environmental policies and failure to fully implement them (19; 20).

Throughout its development many factors have influenced the Ethiopian traditional medicine one of those is the urbanization process. The negative impacts are the intensification of rivalry among healers, and the emergence of the so – called "false" healers. In Ethiopia the traditional medicines practitioners were stigmatized by the society despite their valuable contribution. They were condemned as 'sir mash' (root excavators) and 'Kitel betash' (leave cutter). These derogatory attitudes towards the traditional medicine practitioners had forced healer to keep their knowledge and practices in secret. In fact, the old feudal regimes of Ethiopia has marginalized most of the traditional technologies like pottery tannery, iron and gold smith, the fate of traditional medicine and practitioners was not different from the abovementioned traditional professions (21).

TRAILS IN CO-RECOGNITION OF HERBAL MEDICINE

In 1986, over 6000 practitioners of traditional medicine were registered with the Ethiopian Ministry of Health (11). Proclamation 100 of 1948, Penal Code 512/1957, and Civil Code 8/1987 all state conditions for the practice of traditional medicine and the importance of the development and use of traditional remedies. The 1974 change of government in Ethiopia was followed by official attention to the promotion and development of traditional medicine, particularly after the adoption of the Primary Health Care Strategy in 1978. In November 1979, the Office for the Coordination of Traditional Medicine (14; 16), which is now a full-fledged department directly under the Vice-Minister of Health, was established to organize, train, and register traditional medicine practitioners, and to identify, describe, and register those traditional medicines with actual or potential efficacy. The Ministry of Health also incorporated traditional medicine into the National Ten-Year Perspective Plan 1984–1994 (12), which called for the organization, training, and supervised use of traditional medicine practitioners in strengthening and expanding primary health care services.

The Health Policy and the Drug Policy of 1993 both emphasize the need to develop the beneficial aspects of traditional medicine through research and through its use in the official health delivery services. Proclamation 1999 was issued based on the National Drug Policy. In Article 6, Sub-Article 8 of the Proclamation, it is stated that the Drug Administration and Control Authority (DACA) shall prepare standards of safety, efficacy, and quality of traditional medicines and shall evaluate laboratory and clinical studies in order to ensure that these standards are met. The Authority shall also issue licenses for the use of traditional medicines in the official health services.

By the early 2006 DACA had not yet carried out any activity on traditional medicines and no traditional drug was registered and licensed although guidelines are being prepared (12). Drug researches have been conducted on toxicology and efficacy of medicinal plant based drugs in drug research department of the Ethiopian Health Nutrition Research Institute (12). Though herbal medicine is recognized by policy like other traditional medicine, nothing is done to integrate the service into the conventional medicine.

The level of knowledge, attitude and skill of herbal medicine by formal educators is not beyond research. Herbalists were not trained in formal program; in contrary to traditional birth attendants ('yelimd awala'), who were trained for better utilization of their knowledge in midwifery (22).

There is no national health care insurance or private insurance covering traditional medicine- herbal medicine. The official Ethiopian health care system is almost exclusively based on the concept of modern medicine and no officially recognized schooling is provided in traditional medicine (2). However, efforts were recently made by schools of pharmacy in Ethiopian universities to expand their curriculum and encourage research on traditional medicine, particularly herbal medicine safety and efficacy.

CONCLUSION AND RECOMMENDATION

Ethiopian government firmly recognizes the traditional medicine, e.g. herbal medicine. The use of herbal medicine in the context of primary health care has not yet got attention. A significant number of people depend on herbal medicine even if it is not the conventional health care system. The development of herbal medicine is greatly affected by environmental degradation, poor resource management, urbanization and lack of awareness on the contribution of herbal medicine.

Responsible body- government and the public at large should initiate the implementation of the policy through developing rules and regulations on co-recognition or integration of herbal medicine, traditional medicine in general. As medicinal plant is a resource affected by environmental degradation, it is wise to implement environmental protection policy. People awareness, on herbal medicine, needs to be improved by mainstreaming of course on this area especially for students of modern health science concept. Finally delivering formal training and organizing of the on job herbalist is necessary.

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