



INDIGENOUS HERBAL MEDICINAL KNOWLEDGE AMONG THE SHINASHA

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Abstract

This study explores herbal medicinal knowledge of the people of the Shinasha, in north western part of Ethiopia. It is aimed at elaborating a general systemic overview of the medical tradition of the Shinasha. Resting on qualitative research approach, the study utilized primary and secondary data collection methods. Informal conversation with the residents, in- depth interviewing of herbalists, focus group discussion with herbalists and ordinary members of the community and systematic observation were the methods where firsthand field data were gathered. Secondary data were collected through critical review of related literature from books and electronic sources and from statistical documents. Primary and secondary data were organized and analyzed thematically, triangulating the data collected through the different techniques to increase the validity and reliability of the findings.

The study found that for the Shinasha, herbal medicine is the ultimate medical knowledge and practice, where it is considered as the very gift of God for them. The study reveals that herbal medicinal knowledge is preserved and transferred from the senior/experienced herbalist to the junior/ prospected one orally. In the study area, official herbal medical practice is generally a male profession. The selection of the person who heirs medical knowledge is based on critical evaluation of the personality of an individual, which is usually from father to a favorite son. Medical knowledge acquisition is through longer period of apprenticeship and practice; and, it is finally officially transferred to the prospected person accompanied by a blessing ritual ceremony. The scope of the Shinasha herbal medicine is broad, which also includes wide range of herbal- magical arenas. Medicine for the Shinasha is holistic and exists almost in all aspects of the community. The Shinasha herbalists possess herbal medicinal knowledge for illnesses of natural, supernatural and personal etiology and for a wide range of herbal magical purposes. Generally, for the Shinasha, herbal medicine is wholesome, visibly manifesting in their individual, familial and social lives.

Key Words: Herbal Medicine; Herbalist; Medicinal Knowledge; Shinasha.

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1. Background

1.1 What is Indigenous Medicine?

Indigenous medicine, alternatively termed as ‘traditional medicine’, ‘folk medicine’, ‘local medicine’, etc. can be conceptualized as the local health-care knowledge which is unique to a given society (Young 1983, cited in Tebaber, 2015). Hammond (1994, cited in Abraham, 2018) defines indigenous medicine as “the use of local herbs and plants as a drink, salve or inhalant, bloodletting, bone- setting, cauterization, the utterance or writing of special prayers for curing purposes, exorcism of spirits said to possess the body, and the use of holly water and other sanctified substances such as soil, ash, or sand.” Accordingly, healers may specialize in one or more of the above mentioned types of healing. The World Health Organization defines indigenous medicine as:

The sum total of knowledge, skills and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of mental, physical, and social imbalance, relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in written forms (WHO, 2002: 1).

The above conceptualization of indigenous medicine is most comprehensive, more socio-anthropological and ideal for my analysis of the Shinasha herbal medicine. Moreover, according to WHO (2002), life within indigenous medical sector is defined as the union of body, senses, soul and mind; and health as the blending of physical, mental, moral, social, and spiritual wellbeing.

1.2 Herbal Medicine and Herbalist

Herbal medicine includes herbs, herbal materials, herbal preparations and finished herbal products that contain active ingredients, parts of plants, or other plant materials, or combinations extracted and prepared for medical purposes (WHO, 2011: 4). According to WHO (2011), the parts of plants that are used for medical purposes include leaves, roots, flowers, seeds, resin, root, bark, inner bark (cambium), berries or other portions of the plant. Medicinal plants, since time immemorial, have been used in virtually all cultures as a source of medicine. The widespread use of herbal remedies and healthcare preparations, as those described in ancient texts such as the Vedas and the Bible, and obtained from commonly used indigenous herbs and medicinal plants, has been traced to the occurrence of natural products with medicinal properties (Hoareau and DaSilva, 1999: 1). Herbal remedies are part and parcel of the entire system of indigenous medicine. The use of plant extracts or active substances is generally believed to constitute the major part of the therapy in this system (Etana, 2007: 21). In this study, I employed WHO (2011) conceptualization of herbal medicine as a working definition.

The term herbalist refers strictly to medical specialists who prepared and administered herbal drugs only. Though largely illiterate and dependent on memory to learn and preserve their medical information, the majority of herbalist healers commanded an extensive knowledge of the plant kingdom (Solomon and Assefa, 2005: 15). Although I used this definition of herbalist in my study, in the study area, indigenous herbalists are generalists (they also perform non-herbal medical operations). But, I preferred to call them “herbalists” because they heavily depend on the use of herbs for their medical practices.

1.3 The People and the Study Area

The Shinasha are an Omotic (language family) speaking people mainly inhabiting areas north of the Blue Nile River, in what is now Benishangul Gumuz regional state, North West Ethiopia. They are designated by the FDRE constitution as one of the indigenous inhabitants of the region. The majority of the Shinasha live in Metekel zone in rural lands mainly in Bullen, Wombera, Dibate and Dangur *woredas*² ranging from highlands to midlands and hot lowlands (Miruts, et al, 2006). Their economy is mainly based on subsistence cultivation (maize, sorghum, teff, beans, sesame, linseed, nigerseed, etc.) and raising livestock (cattle, sheep, goat and donkey). The 2001

² *Woreda* is an Amharic equivalent for district level administration.

Population Census Report estimated the Shinasha to be 32, 000. But, other sources suggest their number to be much more than given by the census. Their number is subject to controversy, partly because the Shinasha had been highly assimilated especially by the Oromo people, thus, even the remnants from the assimilation live scattered and unrecognized (Abebe, 2012).

This study was conducted in Bullen *woreda*, in Matanabapuri and Bakuji *kebeles*³. The *Woreda* is named after its highest point, Mount Bulen. It is bordered by Dangur *woreda* in the north, Mandura *woreda* in the northeast, Dibate *woreda* in the east, the Abay River (Blue Nile) on the south (which separates it from the Kamashi Zone), and by Wombera *woreda* in the west. Its largest settlement is Bulen town which is the administrative centre of the *Woreda* (FEDB of Bullen *Woreda*, 2006). Bulen town is 118km away from Metekel zone capital, Gilgel Beles, and 580km away from the Ethiopian capital, Addis Ababa. The *Woreda* consists of 19 *kebeles*; Matanabapuri and Bakuji are two of the 19 *kebeles*.

With a total area of 2, 857.97 square kilometers, Bulen *woreda* has a total population of 45,523 people; of whom 23,386 (51.4%) are males and 22,137 (48.6) are females; 38,992 (85. 65%) of the population lives in rural areas; the rest of the population lives in urban areas. Bulen *woreda* has a population density of 10.2 people per square kilometer which is greater than the Metekel zone average of 8.57 (CSA 2008). Concerning religion, 67.37% of the population practice Ethiopian Orthodox Christianity, 12.68% practice traditional beliefs, 10.16% of the population are Protestant, and 9.68% are Muslim. The five largest ethnic groups found in Bulen *woreda* are the Shinasha (48%), the Gumuz (33.5%), the Amhara (9.8%), the Oromo (8%), and the Awi (0.5%). All other ethnic groups made up 0.2% of the population. Boro (the language of the Shinasha) is spoken as a first language by 45% of the inhabitants, 33.4% speak Gumuz, 11% Oromiffa, and 10% speak Amharic. The remaining 0.6% spoke other languages (CSA, 2008, cited in Abraham, 2018). Therefore, the Shinasha make the majority of the *Woreda's* ethnic groups.

The prominent agro-ecological feature of Bulen *Woreda* consists of mainly warm and moist (sub- humid lowland to mid and highland cool sub- humid). The *Woreda* is mostly *Qola*/lowland/ (85%), *Woinadega*/midland/ (10%) and *Dega*/highland/ (5%). The topography is hilly/rolling/ with an altitude ranging from 900-2300 meter above sea level. The *Woreda's* land

³ *Kebele* is an Amharic equivalent for a smaller level administration below *woreda* level.

is composed of cultivated land (8%), forest and wood land (43%), shrubs and grasslands (41%), bamboo forest (5%) and others (3%). The major constraint of the *Woreda* is malaria, *tsetse* fly, poor infrastructure, and inadequate social services (FEDB of Bullen *Woreda*, 2006, cited in Abraham, 2018).

2. Herbal Medicine among the Shinasha

2.1 Overview

“There is a favourite saying⁴ about the origin of the Shinasha herbal medicine that can be quoted from every ordinary Shinasha. By referring to their oral tradition, it is from Canaan that the Shinasha moved to Egypt where they further developed their medicinal knowledge; and then come to Ethiopia, and settled in their present day territories” (Abraham, 2018: 852). The Shinasha, when asked about the source of their medicinal knowledge, they tend always to associate it with their origins. They believe that, for the Shinasha, God put wisdom on trees. They consider their herbal medicinal knowledge to be the very gift of God to them.

Despite the claim that medicine is gifted from God, one can find the medicinal knowledge, practice, and healing system of the Shinasha well adapted to local socio-cultural and environmental conditions. To some extent, the medical belief and practice of the Shinasha is influenced by the beliefs and practices of Christianity (Abraham, 2015). Also, if we take in to consideration the oral tradition, it is also fair to assert that the Shinasha herbal medicinal knowledge is influenced by their contact with different peoples and cultures during their movement towards Ethiopia.

⁴Based on oral tradition of the Shinasha, God gave, for the Amhara book (because the Amhara love and protect his father) so that they administer or govern people; cup for the Oromo so that they prophes using the cup (during coffee making time); white teeth for the Gumuz (because the Gumuz laughed at his naked father); for the Shinasha God put wisdom on trees. There are some people who say that for the Gumuz God gave *shupa* (the word is *Shinashigna*), a magical like wisdom and practice to treat or remove foreign objects from the body.

Ordinary people as well as herbalists propose that there are some clans for whom there is a special gift of medicinal knowledge. However, this claim may be subject to biases. Nevertheless, within a field setting, actually there are some clans with a large concentration of notable herbalists, among which is the Endibo clan in which most of my herbalist key informants belong to. These herbalists have key places in the society; their blessing is vitally accepted and believed to be powerful, and their curse is feared and believed to cause devastating, negative individual and social impacts.

The Shinasha herbal medicinal knowledge and practice covers broad areas: herbal medicinal knowledge against human illnesses, veterinary medicine, as well as wide range of herbal magical knowledge for diverse purposes. The knowledge and practice of herbal medicine is entirely and deeply entrenched in the cultural system. As Kleinman (1978, cited in Abraham 2018) argues on “medical systems as cultural systems”, among the Shinasha too, we can find that the indigenous medical system is part of the cultural system of the people.

In *Boro* (the language of the Shinasha), indigenous medicine is named as *atta* or *Bori atta* and healers with herbal medicinal knowledge known as *gafa*.

2.2 Learning, Practice and Transfer of Medical Knowledge

In-depth interview and observational data reveal that among the Shinasha, herbal medicinal knowledge acquisition, maintenance, and transmission is entirely oral. Within the system of oral culture (without alphabetical writing system) maintaining the knowledge requires sustaining practice, high recalling ability, and intelligence to differentiate the various medicinal plant types which are used for different purposes. In the absence of written instructions, it also requires a great effort to master and continue practicing herbal medicinal preparation, preservation, and administration activities. These seemingly cumbersome tasks are in part simplified by the fact that, for the practitioners medicine is part of their life. They have the opportunity to get ample trial and error experiences, because medical practice for such people is not less than performed as their daily activities.

Most of the professional herbalists in the study area are adult and elderly men. The reason that most of the notable herbalists are adults and elders is that, since their fathers prefer to transfer their knowledge only when they get too old and weak, and since mastering the knowledge and

practice takes many years, when they reach the level of professional herbalists, they already enter their adult age. I will come later to the cultural justification as to why there are no female herbalists. Herbalists broadly practice their herbal medicinal knowledge for a long period of time in their lives. They do this not in a purely specialized manner. Instead, they work on medicinal practices by mixing it together with their livelihood works. In this context, most of the herbalists are farmers as well. Herbalists continue to work on their farms partly because, according to the strict medical tradition of the Shinasha, they cannot make a living only through their medical profession. Therefore, in order to sufficiently support themselves and their families, herbalists have to engage in other occupations, in occupations which are engaged by other ordinary members of the community, such as agriculture.

The elderly man, after he has practiced exhaustively his herbal medicinal knowledge, decides to transfer his knowledge to one of his favorite sons. There are firm, culturally accepted criteria to select the son who will be heiring the knowledge. The father makes critical evaluation and judgment for a longer time to decide as to whom to transfer his medical knowledge. Upon frequent observations of the behavior and personality of his sons, the father finally passes a decision regarding to whom to transfer his medical knowledge. According to the key informant (KIH-2⁵), the son who is proposed to heir the medical knowledge from his father is one who is wise, patient, and confidential; committed to learn and practice; and one who is God fearing i.e., not going to harm or revenge others by his virtue of possession of herbal knowledge. Politeness, trustworthy, and good interpersonal communication are also greatly valued. There are also people who are believed that medicine works effectively in their hands, which is an additional criterion that contributes for the selection of the heir. In addition to the above issues, the father also takes in to consideration the attitude and feeling of his son towards him. Usually, father tends to transfer his knowledge to a son who has good attitude to him, and loves and protects him. Regarding this, one of the key informants says:

For the future, it is to my middle son that I will transfer my medical knowledge. The reason that I preferred to give my medical knowledge to him is because he loves me; he welcomes me warmly when I enter home. He takes care of me. He washes my leg. He obeys my command. His

⁵ KIH-3 is a code given to one of the herbalist key informants and, hereafter, the sources of such primary data are cited like this.

hand is also good- blessed, i.e., the medicinal plant that he cuts and touches works (KIH-4, Bakuji, 20th February 2015).

Knowledge transfer is usually from father to a favorite son. But, it is common that whenever a man does not have a son, or even if he has a son, if his sons could not attract his attention, he may transfer his knowledge to one of his brother's sons. Indeed, herbalists who inherited medical knowledge from their uncles⁶, consider their uncles just like their fathers, partly because the Shinasha practice levirate marriage⁷. The father may also give his medical knowledge even to a person other than his son or his brother's son if it is his wish and, as long as he trusts the person. Among the six herbalist key informants, four of them inherited their medical knowledge from their fathers, whereas two of them inherited their knowledge from their uncles. Daughters are not proposed to heir medical knowledge, because it is believed that if they are allowed to possess medical knowledge, they will pass over the knowledge to nonrelatives, which is to their husband. In the Shinasha social organization, members of the same clan are considered as relatives. So, people marry someone who is out of their clans. Therefore, it is argued that if a daughter is allowed to acquire herbal medical knowledge, when she marries a husband, she may dispose the knowledge to her husband, who is from another clan. Medical knowledge is supposed to be strictly kept in one's clan. Medical knowledge accumulation and maintenance seems one method of maintaining unity and solidarity of members of a clan. Due to this, females are excluded from medical knowledge and practice at least in the case of the specialized herbal medicine, but there are exceptions⁸.

Life experiences such as prolonged illness and final treatment outcomes also contribute to the decision- making as who will be the next stronger figure taking over the medical knowledge and ensure its continuity to the next generation. Among the indigenous herbalist key informants, two of them had passed through hard and prolonged illness periods in their lives. After they have tried all of the available treatment options including biomedicine, they were finally resorted to indigenous herbal healers where both of them were cured from their illnesses. These practical experiences have made them to full heartedly believe in indigenous medicine and enabled them

⁶ Levirate marriage is a type of marriage practiced in many cultures in which a man inherits the wife of his deceased older brother.

⁷ The uncles from whom herbal medicinal knowledge is inherited may be either from paternal or maternal side.

⁸ Although I found in my study sites that daughters are not allowed to heir herbal medicinal knowledge, in other areas of the Shinasha such as Wombera, I was informed that there was a notable woman herbalist.

to be committed and courageous in learning and practicing the knowledge. Regarding this, the key informant presents his experience as follows:

Before I inherited my medical knowledge from my uncle, I was seriously ill suffering from backache. Subsequently, I was humped. The illness was caused by the intentional sorceries deed of a man who was the enemy of my father. I failed on bed very badly for two years. My families took me to a health centre and to other places where they hoped treatment for me. Finally, I was treated by our medicine⁹. This experience helped me to trust our medicine from heart. It also enabled me to be committed to learn and practice herbal medicine (KIH-2, Mata, 17th February 2015).

The other key informant (KIH-3) says: “I myself had a severe headache since my childhood. I could not be treated by biomedicine. I had lived with the headache for many years. Finally, I was treated by the Shinasha medicine. This experience encouraged me to love and practice ‘traditional’ medicine.”

Coming back from factors that influence the selection and motivation of an individual inheriting medical knowledge to the actual transmission process, the father, after identifying his heir, allows him to observe his medical practices. Now the floor is open for the son to critically observe and learn the wisdom of his father. According to the key informant (KIH5), the prospected son learns from his father which plant types as well as which parts of the plants are utilized for what purposes, how to extract and prepare medicinal plants, how to preserve them, and so on. The son also knows and internalizes how to bless and spiritualize medicines, because according to the medical tradition of the Shinasha, it is not only the natural content of the plant that works, but also the blessing made upon the herb when it is cut and given to people in need of the medicine. The son goes on through a long period of apprenticeship, learning and at the same time practically working on medicine.

Over time, the son’s medical involvement increases. According to the key informant (KIH-6), at times when the father becomes busy or gets weak, he sends his son to cut and bring a certain medicinal plant. The son goes to the forest and brings what he is commanded, conducting all the necessary blessings, sayings, and processes that his father would do when cutting that medicine. The son also starts to serve people sometimes, when his father is not available. He assists his father as long as his level of knowledge and skill allows him. It takes longer years to effectively

⁹ By ‘our medicine’ the key informant is referring to the Shinasha medicine.

know and easily practice herbal medicine, because knowledge is taught, acquired, and accumulated orally (KIH-4). Therefore, the son has a great responsibility of carefully and critically learning and practicing medicine. Considerable accountability awaits him to properly and safely serve people. The son has to be conscious at everything taught by his father, so that he discharges his responsibility effectively after he takes his father's place officially.

The son learns medicine not in a full time basis, but together with other tasks expected from him, just like his brothers. Therefore, in order for the son to acquire the knowledge and practice fully, it takes time. Concerning the knowledge transfer and learning processes, one of the key informants states:

I learned my medical knowledge from my uncle. My uncle gave me the knowledge because he has no son. The other reason that he taught me his knowledge is because he loves and trusts me. He tells me 'go, cut and bring such kind of medicinal plant.' I go and return back with the medicine he ordered me to bring. In the absence of writing, it requires high recalling ability to identify several medicinal plant species from one another. It took me 16 years to completely master the knowledge (KIH-4, Bakuji, 21st February 2015).

The other key informant (KIH-1) says that it took him more than 15 years to fully master the knowledge and practice of herbal medicine from his father.

Even under those circumstances where the door of learning is opened, there may be some medicines and/or practices that are still kept hidden from the prospected son. Such types of medicines and/or practices will finally be revealed to the prospected son immediately before the official medical knowledge transfer and blessing ritual. The father, after he gets too old and weak and believes that he can no more effectively work on his medical knowledge, decides to hand over his knowledge to his prospected son by organizing an official ritual.

Though son has been learning and practicing medicine for several years, in order to take his father's place, the blessing ritual must be conducted. Although the son has been assisting his father, he cannot practice his knowledge publicly unless he is officially blessed in the ritual. On the day of the ritual, close relatives are gathered and minor feast is served. Sheep is slaughtered; traditional food and drink is prepared and served. After the necessary ritual processes are performed, finally, the father passes over his medical knowledge to his son officially. Father blesses his son saying, "Let everything you touch and pick up by your hand works." Together

with the blessing, the father also hands over all the tools and equipment he has been using to cut medicinal plants. After this ritual, the son officially replaces his father and starts to fully and publicly practice his medical knowledge. However, although the father passes over his place officially to his son in the ritual, he can still involve himself in medical practices and serving of people in this respect. At times, the son also asks help from his retired father and, the father is ready to advise and mentor his son of whatever age, as long as he persists and, until he passes away.

Nevertheless, there are times in which the father dies out without transferring his medical knowledge due to different reasons. According to the key informants (KIH-1 and KIH-5), the Shinasha believe that, in such circumstances the prospected son who was about to heir the medical knowledge, sleeps being clean (bodily cleaning and being free from sexual activity); then he is told in his dream the medical knowledge which were not passed to him from his father or the previous senior practitioner. A closely related belief, stated by the above key informants is that, especially in the previous times, when people come and seek remedy for their problem and, if the herbalist does not know the medicine for that problem, he washes his body and sleeps alone; and in his dream is the medicinal plant which is the solution for that problem revealed to him. Then, in reality he goes to the forest and finds the medicinal plant exactly as he saw in his dream.

Currently, there are changes in the medical practice and knowledge transfer pattern of the Shinasha herbalists. However, the changes are not internally induced. They are rather mainly caused by a pressing external pressure as a result of modernization and globalization. The current trends of globalization and political economy of health which can be explained by the theory of critical medical anthropology (according to Ember and Ember, 2004; Good 1994; Farmer, 2003; and Morgan, 2009), are affecting the indigenous medical practice of the Shinasha. One of the changes the Shinasha indigenous medical practice nowadays undergoing is that, knowledge of herbal medicine is not being fully and properly transferred as it is used to be in the previous times. Sons of the herbalists are not committed enough to hold and firmly practice the knowledge of their fathers. Furthermore, most of the herbalist's sons are nowadays living either in urban centers with non- farming activities or, are students that will migrate to the nearby urban areas in the near future to attend higher level grades. Conversely, in order to successfully learn the

Shinasha herbal medicine, it requires one to spend considerable years in rural areas where the medicinal plants are available. Since most of the experienced and notable herbalists live in rural areas where they earn their livelihood in agriculture, learning the knowledge also necessitates adapting and loving rural, forest natural environment.

Together with the changes in lifestyle, the changes in people's attitude towards indigenous medicine are also causing negative impacts on the sector of the Shinasha indigenous medicine. In a focus group discussion held with herbalists (FGD-5¹⁰), they aggressively speak about the present generation's reluctance and carelessness to keep its cultural values. Herbalists emphasize that nowadays, even their children despise the Shinasha medicine. They are rather oriented toward following what they call it 'modernization.' They are not interested to know the Shinasha medicine. Dwindling of natural vegetation is also affecting negatively the continuation of medical wisdom.

Thus, although the Shinasha can still be identified as excellent possessors and practitioners of herbal medicine, (as their neighboring peoples also admire them and use their medicines), the knowledge transmission process is not as tight and solid as it was before. This may result in the transmission of the knowledge continue in a loosely manner, that over time the knowledge may lack originality. In fact, I was informed by the key informant (KIH-1), that some of the vital medicinal plants are already lost, in that the plants can no more be identified even if they may be present in the bush or in the forest. In regard to this problem, the key informant says:

When the knowledge is transferred from my grandfather to my father and from my father to me, many medicines are forgotten in the process of the transmission. With the use of a magical herbal medicine, my grandfather had been looking and controlling this area while he being/living/ in Addis Ababa. My grandfather used to move from place to place unidentified by using a herb. Also, with a magical herbal, my father could gallop lion like a horse. All of these herbs are now forgotten. Therefore, compared to my grandfather and my father, what left with me are simple medicinal plants, the minor and dirty ones¹¹ (KIH-1, Mata, 18 February 2015).

¹⁰FGD-5 is a code given to the focus group discussion held with herbalists; hereafter, primary data gathered and analyzed from all other focus group discussions and discussants are cited like this.

¹¹By 'dirty ones' the key informant is referring to medicines which are simple, known by many herbalists, and which do not deserve to be called great or vital medicines.

The key informant (KIH-1) who said the above quote is in his sixties, but still did not decide as to whom to transfer his medical knowledge, because he could not find a trusted person to whom he can give his medical knowledge confidently and full heartedly. The other four herbalist key informants have decided as to whom to transfer their medical knowledge; their sons proposed to heir the knowledge from them are all students. Only one key informant has an adult son who is a farmer, neighbor of his herbalist father, who is learning herbal medical knowledge in a proper socio- cultural and natural environment.

2.3 Dimensions of Herbal Medicine

Among the Shinasha, medicine is multidimensional. Medicine is part of the broader cultural beliefs and practices. It occupies central place in the culture of the Shinasha. For this reason, it is not surprising that every member of the Shinasha society refers the specialty of the Shinasha to be medicine. When saying ‘medicine’ by default, the Shinasha refer to ‘herbal medicine’. Herbal medicine is the most distinguishing cultural feature of the Shinasha which broadly functions multi purposes. It plays both preventive and curative roles.

Kleinman (1978: 91) presents the anthropological argument that, “in small-scale, preliterate societies, medical systems tend to serve more general (non-medical) functions than in more developed and differentiated societies.” The same is true in the case of the Shinasha medicine (although it needs further research whether or not the Shinasha are a small-scale society). Among the Shinasha, the issues and problems that are considered as the subject of herbal medicine are wide ranging. Herbal medicine as a solution encompasses from illnesses which are believed to be naturalistic causes to those of personalistic and supernatural origins; from magically achieving (attracting) several important individual and communal matters to magically protecting and warding off malevolent spirits; from halting epidemics and natural disasters to damaging (if only needed) as well as restoring the natural habitat; from blessing the whole community to protecting it from enemy. Although inclined to human medicine, the Shinasha medicine has veterinary aspects as well. Even if my ultimate focus is on the part of medicine related with human health, for the sake of having clear and broader understanding about the Shinasha medicine, I have presented the general and holistic aspects of herbal medicine as well. To sum up, it means that herbal medicine serves to solve or deal with personal, familial, communal, natural, as well as supernatural matters (these issues will be dealt in the next chapter, under the sub section of

‘domains of healing’). So, medicine is deeply intertwined with the socio-cultural, economic, political, and belief aspects of people’s lives. There are no aspects of people’s lives as such far from the influence of medicine. As a result of the broad scope of medicine, healing is not only physical and psychological, but also covers diverse problems such as those mentioned above. Healing system is also guided and conducted culturally.

The Shinasha conception of medicine is not even comparable to that of biomedicine. It is much wider and deeper in scope than biomedicine. According to the data gathered and analyzed from (FGD-2; FGD-4; and FGD-5), even in the aspect of disease which is the core subject of biomedicine, the Shinasha herbal medicine entertains many issues that are not the concern of biomedicine, for natural as well as personal and supernatural illness etiologies.

2.4 Scope of Herbal Medicine

Because the Shinasha herbal medicine covers wide ranging issues, lists of matters for which there are herbal medicines are diverse. A single herbalist usually possesses herbal medicinal knowledge for illnesses (of naturalistic, personalistic, and supernatural etiology), herbal magical knowledge for several purposes, veterinary knowledge, medicine for maintaining natural resources and controlling some aspects of natural events such as rainfall, medicine for ensuring communal survival and protection, and so on. The types of herbal medicinal knowledge possessed vary from herbalist to herbalist. In addition to other reasons, the low knowledge and experience sharing trend of herbalists one another contributes for the variation of medical knowledge among herbalists. Nevertheless, I have tried to present the herbal medicinal knowledge of the herbalists together by classifying medicines content wise. My classification (grouping of medicinal categories) is conventional which I thought it is better if it is dealt like this. For illnesses which are known universally (shared by many peoples’ cultures), I directly put the English terms; for illnesses and other matters which are not much known out of the Shinasha and the surrounding communities, I put the Amharic terms in italics (since the Shinasha themselves describe most of the terms in Amharic) and gave some explanation in front of each term or phrase. Therefore, according to the in- depth interview data gathered from the herbalist key informants (KIH-1, KIH-2, KIH-3, KIH-4, KIH-5, and KIH-6), in the study area, some of the lists for which the Shinasha herbalists possess herbal medicinal knowledge are the following.

Illnesses of Natural, Personal, and Supernatural Etiology

- ❖ Amoebiasis
- ❖ Giardiasis
- ❖ Tuberculosis
- ❖ Coughing
- ❖ *Wugat*- sharp and severe pain on the stomach, back, etc.
- ❖ Rheumatism
- ❖ Stomach- ache
- ❖ Headache
- ❖ Eye illness
- ❖ Tooth illness and/or decaying
- ❖ Gastroenteritis
- ❖ Blood pressure
- ❖ *Nidad*- Malarial infection
- ❖ Ulcer
- ❖ Swelling
- ❖ Haemorrhoids
- ❖ Pus
- ❖ Asthma
- ❖ Measles
- ❖ Boil
- ❖ To facilitate mother's delivery
- ❖ *Mich*- skin eruption believed to be caused by exposure to sunlight after touching some things in the household or going out unwashed after eating food.
- ❖ *Gastro*- intestinal worms
- ❖ *Yewof beshita*- hepatitis
- ❖ Epilepsy (it has its own indigenous explanations about its origin).
- ❖ Sexual impotency (for men)
- ❖ *Yesew eji*- a collective name for different types of physical and mental illnesses caused by intentional bad deed of humans and/or poisoning
- ❖ *Buda*- evil eye

- ❖ *Saytan likifit*- illness and abnormality caused by evil spirit, ghost
- ❖ To halt epidemics

Veterinary Medicine, Pest Control, and Protecting Harmful Wild Animals

- Snake bite (as well as to avoid snake presence in the surrounding)
- Scorpion bite
- To kill/remove tick from the bodies of cattle
- To kill/remove parasitic worms from the bodies of cattle
- To avoid/eradicate termite
- To kill/protect pests that damage crops

Herbal Magical Knowledge¹²

- ✓ For love (to attract opposite sex)
- ✓ To restore love and good relationship between spouses
- ✓ *Yeginbar*- to enable one to be daring, orator, accepted by others, and be protected from external threats and enemies¹³.
- ✓ To protect the community from enemies
- ✓ Rain control- inducing rain or stopping it when needed
- ✓ To kill wild animals by gun with target (during hunting)
- ✓ To protect oneself from the harm of envious, spiteful people

Others¹⁴

- ☞ *Letimihirit*- for intelligence in learning
- ☞ To originate or restore dried springs
- ☞ To keep grain in abundance (before harvesting as well as after the grain is harvested and accumulated at home)
- ☞ To enhance cattle raising (to mean just like attracting wealth through the production and accumulation of a flock of cattle)

¹²I preferred to call these medicinal knowledge lists as ‘herbal magical knowledge’ because, according to all of the herbalist key informants, such medicines incorporate to a large extent magical aspects and, the making magical of these medicines is the result of both the natural content of the plants and the actions and blessings made upon the medicines.

¹³Key informant (KIH-1, Mata, 18th February 2015) says that the Shinasha herbalists applied this medicine to protect the community during the 1928 Fascist Italian invasion of Ethiopia.

¹⁴I preferred to treat medicinal lists under this part as ‘others’ because the medicinal lists do not fit to either of the other categories.

☞ To bless the community (meaning attracting good things to the community such as peace and order, health, material abundance, etc)

☞ To avert natural calamities such as famine

However, the herbal medicinal knowledge of herbalists of the Shinasha is not limited to the above listed illnesses and matters. Because of the oral nature of the knowledge, herbalists face difficulty of remembering all of their herbal medicinal knowledge during interview. Therefore, one has to take in to consideration that once the herbal medicinal knowledge are depicted scope wise like in the above categories, the lists of medicinal knowledge that can be included in each category are much more.

3. Conclusion

Herbal medicinal wisdom is considered as an asset for the Shinasha, and at best their share of gift from God. Given their long history of practice, herbal medicine among the Shinasha is found to be deeply intertwined in the culture and natural environment of the people. Knowledge transmission is based on oral lengthy apprenticeship, with strict and secretive patterns. The Shinasha herbalists command extensive plant wisdom ranging from human medicine for all kinds of etiology to veterinary medicine to magical performance. The Shinasha locality, as one of the forested areas in the country, had been providing abundant medicinal resources for the Shinasha herbalists for millennia, which is obviously one sustaining factor for the medical tradition. But now days, there is an alarming deforestation, in a freighting pace, which is a direct threat to the existence of medicinal plants and then the wisdom itself. This needs an acute intervention by the civil society, the government and all other concerned bodies.

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¹⁵ I put first name, followed by father name for Ethiopian authors, and second name for non Ethiopian authors

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