The Quest for Regulating Traditional Medicine and Its Discontents in Ethiopia

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Abstract

This study analyzes the regulatory framework in Ethiopia in reference to fostering indigenous medical knowledge and its effectiveness with fieldwork data collected from healers, their assistants, patients, pharmacists, and botanist. Hence, the study reveals that the procedure for certifying healers falls short of understanding the nature of indigenous medical knowledge which has led to healer frustration and mistrust of health care professionals entrusted by the government to regulate traditional medicine. The study acknowledges the attempt to regulate traditional medicine in Ethiopia as a quest of good intent; however, it may produce disastrous long term outcomes, unless it begins to involve an interdisciplinary understanding of the practice.

Key Words: regulation, indigenous medical knowledge, Ethiopia, critical medical anthropology.

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Background

Anthropological studies indicate the existence of diverse understandings of health, illness and healing. The diversities include variations on the theory of etiology, a system of diagnosis and techniques of appropriate therapy (Levinson 1997:137). The World Health Organization for instance defines traditional medicine as "the sum total of the 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 physical and mental illnesses" (WHO, 2000:1).

In this regard, diverse medical lore and local traditional pharmacopeia have been in place for a long time in Ethiopia. The people used and are still using this medical lore and local pharmacopeia to prevent treat and cure ranges of illnesses (Pankhurst, 1965; 1990).[1] Medical historians indicate the existence of literatures of traditional medicine in the local languages of Geez and Amharic that dates back to at least the second half of eighteen century. These literatures contain thousands of prescriptions for a wide range of diseases. However, the medico-religious manuscript of traditional medicine did not make clear distinctions between the medical and extra medical aspects of disease in the eyes of western ontology. Disease is not treated in any different manner from other problems of human beings. The literature for instance contains prescriptions not only for the treatment of epilepsy, syphilis, rabies, kidney trouble, hemorrhoid, sterility , snoring but also magic formula to assist in dealing with various concerns such as averting the evil eye and overcoming demons (Pankhurst, 1990:113).

Recently, the Ethiopian government has interested to standardize/regulate the practice of traditional medicine in the country. The major focus of this quest for standardization is to ensure "the safety, efficacy and quality" of traditional medical services. To this end, the government enacted a proclamation entitled "Food, Medicine and Health Care Administration and Control Proclamation No.661/2009" on January 13, 2010. The proclamation clearly stipulates while traditional medication means "a medical service using plant, animal or mineral product or physical means out of indigenous and customary knowledge which is accepted by the society;" traditional practitioner is defined as "a person who is licensed by the appropriate body to provide traditional medication." (Federal Negarit Gazeta No. 9, 2010:5162-5163).

However, the issue of regulating traditional medicine is often fraught with diverse at times conflicting views. While health care professionals trained in biomedicine underscore the need for stringent scientific procedures to ensure the safety, efficacy and quality of traditional medicine others for instance (Waldron,2010; Nyamnjoh,2004) situate the issue in broader context of the power relation between the West and Africa at epistemological level. In other word, what has been established as a bench mark to classify something as scientific and the process of knowledge production specifically in medicine is challenged for its blindness to and the marginalization of African indigenous health knowledge.

The expansion of biomedicine was the aspirations of consecutive rulers throughout Ethiopian history although the fate of traditional medicine was not so clearly fallen in the hands of professionals trained in biomedicine. Hence, this article attempts to analyze whether the recent proclamation is conductive to foster traditional medical knowledge, the attitudes of healers towards the policy and the extent to which the policy has been effective since it came into force first in 1948 and recently in 2010.

[1] on the popularity of traditional medicine in different parts the country, see Abrararw T. (1998); Mirgassa K. (1993) ; Nigussie B.(1988) Slikkeveer J. (1990).

Methods and Setting

The study area is the capital city of Ethiopia and the seat of many international organizations including the African Union. The city covers an area of 530km^2 and divided into ten sub cities. Addis Ababa is home to an estimated population of about 3 million in July, 2011 (CSA, 2010:30). The annual population growth rate in Addis Ababa is 2.1% which entertains diverse socio-economic and cultural conditions.

The study is based on an ethnographic design. The data for the research came from primary sources through fieldwork between January and May 2014 in Addis Ababa. Participants were traditional healers and their patients that were willing to share their views. Accordingly, the data for this came from eight healers, ten assistant healers, twenty patients, three pharmacists and one botanist. Observation, unstructured and semi structured interviews as well as discussions were conducted to collect primary data from these participants. Also data was collected two years earlier for another project were used to augment this study.

While scholars (Jurg, 1993 in Steklenburg, 2005:68) classify traditional healers into four categories as traditional birth attendants, faith healers, spiritualists and traditional herbalists, my research in Addis Ababa focuses on one of these categories, i.e., traditional herbalists. The major reason behind this decision was that traditional birth attendant work in rural areas mainly in collaboration with primary health care clinic where there is shortage of health personnel. They don't have separate organized offices from which they deliver health care service in Addis Ababa. Thus, this research targets the medical practices in organized forms at the study area. Secondly, the spiritualist category involves a few individual healers who operate not openly, especially after a spiritual healer was sentenced to life imprisonment four years ago. The government accused the spiritual healer of fraud and homicide in the healing process. Moreover, the inclusion of faith healing widely observed in the study area at religious congregations would make the study too feasible to manage given the time and financial hurdles.

Therefore, the remaining category of traditional herbalists is the focus of this study regarding traditional medicine in Addis Ababa. However, the boundary between traditional herbalists and faith healing becomes fluid on some aspects. Since the herbalists have backgrounds in religious education, they base some aspect of their healing on religious ideas although their pharmacopeia which comes from plants, animals and mineral products. In addition, the very term herbalist is at times too narrow to represent the broad ranges of their services. Therefore, it is in this context that the terms herbalist, traditional medicine and traditional healer are used in this study.

The Situation of Traditional Medicine in Addis Ababa

Traditional healers operate without formal recognition by the government in different parts of Addis Ababa. However, the government office responsible for the study of traditional medicine (from biomedical perspective) does not have concrete data on the number of service providers since there is no traditional healer licensed by this office to provide the healing service. Hence, one could observe and make rough estimates that the number of service providers has been raising even without the required license. This could be identified from the increasing number of new traditional medicine service centers in the city and the growing advertisement of different healers in private newspapers and magazines. The oldest healer had died just months before my fieldwork for this research. But he was willing to share his views two years before his death during my fieldwork for another research project. He had seventy three years of traditional health care service experience. And within this, new traditional medicine service centers are also mushrooming from time to time, given the demand for traditional medicine and the lucrative financial return from the practice.

Healer key informants reported that they acquired their knowledge and skill acquired informally. The training and apprenticeship is usually a long process under a recognized mentor. There is no fixed time frame to complete the training since the training lacks a formal curriculum. The training involves the ability to recognize different plant species including the poisonous ones, know their geographic distributions, recognize specific plants that are used in treatment, as well as how they are collected and prepared for use. And in the training process, in addition to the the cognitive caliber of a trainee, it is expected that the mentor should believe in the trainee's moral strength to discharge the duty of healing.

The healers claim the dual causes of illness as naturalistic and personalistic causes. 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 its existence and/or which are beyond the realm of biomedicine. They use natuaralistic causal explanations to the extent that they list a series of diseases commonly known in biomedical nosologies, such as amoeba, gastritis, cancer, sexually transmitted infections, hypertension, diabetes, gangrene, etc. But they trace the etiologies of illness that are outside the realm of biomedicine to personalistic situations that are shared by their patients.

The healers do not have a diagnostic laboratory, however, they diagnose patients by asking a patient about his/her feelings and observe symptoms on the patient, or they may ask for laboratory test report from biomedical diagnostic centers if they think the illness is of naturalistic causes. However, they don't require the report from biomedical diagnostic laboratories if they think the illness results from personalistic causes and 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 during diagnosis.

In this regard, despite their appreciation for biomedical diagnostic laboratories, 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. Hence, they have to rely on their age old techniques to diagnose their patients or they must ask patients for reports from biomedical diagnostic laboratory as some healers do for specific diseases.

The healers treat patients mostly with the drugs they prepare themselves. They provide treatment services the application of herbal medicine, cold water therapy, the use of antibiotics, modern physiotherapy machine and equipment for bloodletting. But their experience and the facilities they use to provide the healing services are different from one clinic to another.

The probability of a healer to employ imported modern physiotherapy machine, equipment for bloodletting[2], 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 to practice traditional medicine. Healers that have the financial capacity, relatively long experience and have exposure to healing practices in other countries tend to back their herbal treatment with non-herbal therapies. One of the key informants for instance 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 side by side herbal medicine depending on the nature of the illness. Par-time and some fulltime traditional herbalists however, rely mainly on the drugs they prepare locally for treatment.

Moreover, the healers in the study area prepare their drugs not only from herbs. They prepare the drugs from plants, minerals and animal products. The traditional pharmacopeia comes from vegetable kingdom 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. However, 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.

[2] 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 healers collect 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 healers. But healers including the above two collect the material medica mainly from rural areas. 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.

Moreover, religious ideas guide to a significant degree the process of collecting the material medica. For instance, a key informant refers to guidance in the Book of Genesis in the Bible for the collection of the material medcia 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 also 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." Similarly, a healer with background in Islamic teachings stressed Alah has created herbs used for treating any possible illness facing humanity and it is up to human being to seek this wisdom and make use of it.

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.

Traditional healers 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. They 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 (curative) drugs for treatment.

These healers also 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 in the process. 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. However, 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. Yet, 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.

Nowadays, the issue of 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 data of patients at the traditional medical service centers show that people from different socio-demographic backgrounds seek treatment at these centers. The least observed 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 healers 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 this study had not confirmed this assertion by the healers. Yet, I observed a university graduate and pensioner from the Ministry of Federal Government collecting drugs after working hours in the evening at one of the traditional medicine center.

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 at expensive private hospitals on the other. We have patients between the extremes whose economic background did not force them to consult traditional herbalists. These group of patients could afford modest biomedical treatment at public hospitals or health centers.
Patients come both from Addis Ababa and outside Addis Ababa to traditional healers' clinics in city. Those from Addis Ababa bypass many private and public biomedical clinics and hospitals to arrive at traditional medicine service centers. Others 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. Leaflets and roadside banners. 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.

Nonetheless, there is no consensus among healers as to who makes a good healer. Every healer boasts of his/her service. Their service is not standardized. But patients rate a healer as better when: The healer has good record of successful healing, the service charge is reasonable, and the sanitation/hygiene of the service giving room is modest. A healer who meets these criteria of patients rarely needs advertisement.

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.

Other than resort to traditional medicine by patients who felt 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 these kinds of illness.

Unlike the above cases, a number of patients also come directly to the traditional healers' 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 being treated in traditional healers' clinics in Addis Ababa. They commonly seek treatment for hemorrhoids, hypertension. Diabetes, herpes zoster, sterility, impotence, asthma, gastritis and illness which they suspect of personalistic causes.

However, the popularity of traditional medicine in the study area does not imply that patients and healers do grossly reject the importance as well as effectiveness of biomedicine. From my interaction with patient and healer key informants, it was evident that neither patients come to traditional healers for acute or emergency illnesses mainly when they are confident it is not of personalistic causes nor healers dare treat this kind of illness. On top of this, they unequivocally appreciate the diagnostic technologies of biomedicine as well as its complex interventions in the treatment of somatic ailments. Yet, the healers were especially direct in expressing their discomfort with the attitude of biomedicine towards their service. What I understood from my interaction with the healers was that they were not against biomedicine but they were crying for recognition by public health officials of their knowledge and skill.

The treatment cost at traditional healers' 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 cost of rent 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 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. In general, the cost at traditional healers' 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.

Traditional Medicine and the Quest for Regulation

The zeal for introducing biomedicine in the country dates back to long time although the establishment of the first ever biomedical hospital was only about 120 years ago. Unlike most of the countries in Africa, this enthusiasm to introduce biomedicine was self-initiated by the rulers at different times. But systematic influences by diplomats, travelers and lately the World Health Organization were undeniable stimulants (Massow, 2001). In line with this, the first medical school was established 1950s and the country has been working hard on its expansion that trained many qualified health care professionals since then.

On the contrary, there is no officially recognized traditional medicine training college although empirical evidences indicate the existence of traditional pharmacopeia in local vernacular as early as 18th Century (Pankhurst, 1990).

Traditional medicine owes its existence largely to religious institutions and concerned individuals that informally pass over the knowledge and skill to the next generation on the one hand and the robust client base on the other. The healers in the study area are also individuals who took the initiative to provide the traditional health care services in the midst of murky health care policies and complexes licensing requirements. It is this service that sustained itself without much support from the government and that is mushrooming in the state capital. The government is trying to regulate this age old tradition whose clients are about 90 % the country's population (WHO, 2003:5).

The Premise and Procedures of Regulation

The premise that necessitated the regulation of traditional medicine is clearly stipulated in the proclamation No.661/2009. It lies in the necessity "to protect the public health from unsafe, inefficacious and poor quality modern and traditional medicines." The Drug Administration and Control Agency has been entrusted with the responsibility in the process from collecting the samples from traditional healers, examining the safety, efficacy and quality of the drug samples submitted by healers and eventual certification.

However, healer key informants complained about the procedures as imposition on them by biomedical professionals who do not understand how traditional medicine works. The nature of power relations between the healers and the healthcare professions in the process is also skewed towards health care professionals. For instance, the case below could shade light on this point:

> Mr.X was one of the longest serving traditional healer. On the issue of certification, he severely criticized the experts in government offices from experience regarding the procedures for certification. He reported that the experts asked him to show them how he prepares some of his drugs. Accordingly, he took the material medica and the tools he uses to these experts' office hoping that he will be certified. However, he lost hope when the experts were not willing to communicate with him the progress of his application. He then went to the office and took back the tools and material medica to his traditional health care center. But his service center was always crowded by patients coming as far as 400 kms in the country and from abroad.

Similarly, another healer who has 44 years of experience as a traditional healer criticizes the certification process as follows:

> Mr.Y stressed that the certification process marginalizes traditional medicine. It made healers to frustrate. He pointed out that traditional medicine is proved effective through centuries old trial and error by orthodox Christian Church fathers and Islamic teachings. Hence, he suggests that rather than restricting the practice of traditional medicine, the officials could have asked the healers to prove their competence by assigning patients and follow up the outcome of the treatment intervention by these healers. The outcome itself would have been a testimony to the competence of the healer. In connection to this, he also indicated the existence of quacks that collect exorbitant service charges from patients without having proper qualifications to do so. He thinks the practical examination he suggested for qualification would have filtered this kinds charlatans. On the other hand, the prohibition of traditional medicine until biomedical experts establish its safety and efficacy is tantamount to prohibiting the Ethiopian population from eating "Enjera[3]" until the safety and efficacy of teff is established by these experts.

From the perspective of biomedicine, anything that should be taken as medicine should undergo stringent measurements, testing and prove safe and efficacious. The key informant in government offices responsible for licensing the traditional hears blamed the healers in this regard that they are not willing to disclose the procedures of drug preparations and administrations. Moreover, he accuses them of adulterating their drugs with scientifically produced antibiotics which in turn contributes to the emergence of antibiotic resistant pathogens.

Discussion

The attempt to regulate the practice of traditional medicine in Ethiopia resembles similar measures by African governments at some point in time (Roux-Kemp, 2010; Teuton etal , 2007). But it is not an easy task by using the biomedicine as a frame of reference. The approach that is hinged on western ontology does not seem to yield the intended results. This is because health and healing in the context of traditional medicine in Ethiopia is too broad to fit to the frameworks of biomedicine. In this regard, the healers still maintain their holistic intervention that Bishaw (1991:1994) noted before twenty five years ago. The stalemate that currently face the certification process in Ethiopia is also similar to that of sixty years ago. Pankhurst (1990:251) states this experience:

[3] Stable food of the majority of the Ethiopian population that is prepared from a cereal called *teff.*

> In the 1950s the registration and 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 of doctors who were responsible for the proper licensing of traditional practitioners …During this period the committee found that information received was unreliable as candidates were secretive and the medicine received from them compounded and therefore-though on the whole essentially harmless –were not recognizable.

The data from key informants interviews with healers , botanist and pharmacists during field work fits to what Pankhurst (1990) succinctly described above. Pharmacist and botanist key informants blamed the healers of secrecy, mistrust and vanity about their knowledge and skill which is not yet scientifically verified. The healers on the other hand, explained that they submit unidentifiable compounds to government office for testing the safety and efficacy of their drugs when they feel their "patent" over the drugs could be at risk. However, at the core of the discontents is the attempt to regulate traditional medicine using the yardsticks of biomedicine which is not compatible with the very definition of tradition medicine offered by WHO as "the sum total of the 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 physical and mental illnesses" (WHO, 2000:1). In other words, the quest to regulate them using biomedicine as a reference is equivalent to assuming western epistemology/ontology fits all societies across the globe. Perhaps, one of the important missing links, is the fact that the attempts to regulate the practices are often made by professionals from specific fields of study while the problem demands an interdisciplinary understanding.

The mistrust as well as misunderstanding between traditional healers and biomedicine is similar to what healers in other African countries had been grappling with. Much has improved in these countries that could serve as input to the regulation process in Ethiopia (Offiong, 1999; Roux-Kemp, 2010). More viable lesson could also be drawn from Asian countries (Goh, 2012).

Conclusion

Tradition medicine is an integral part of everyday life for the majority of people in Ethiopia. A number of practitioners work hard to meet the demands of this large population. The introduction and expansion of biomedicine brought new concern about public health and a new perspectives on how to regulate the practice of medicine in Ethiopia. There have been attempts to regulate the practice of tradition medicine for long. However, these quests are entangled by discontents that stem from the processes and yardstick to measure the safety, efficacy and quality of traditional medicine. Therefore, it is important to draw lessons from cross-cultural research in order to come up with appropriate regulatory framework which promotes the advancement of traditional medical knowledge on the one hand and that safeguards public health on the other.

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