# Medical traditions and chronic disease in Ethiopia: a story of wax and gold.

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## Abstract

Effective medical care for major chronic, non-communicable diseases (NCD) remains lamentably poor in Ethiopia and many other sub-Saharan African countries. And so, where modern medicine does not reach or engage, traditional treatments prevail. Such indigenous forms of practice are fragmented and esoteric by nature, and their understanding of illness episodes and the role of the practitioner are so fundamentally different, that major misunderstandings and conflicts proliferate when attempts are made to introduce modern medical care. Ethiopia is an example of a country that is host to a variety of longstanding traditional belief systems that coexist and function together, where modern medicine is often viewed as just another available choice. This multiplicity of approaches to illness is accompanied by the Ethiopian tendency to both imbed and read layers of meaning, often contradictory, into speech and conversation – sometimes referred to as 'wax and gold'. The wax being the literal and the gold its deeper, even hidden meaning or significance. We argue that engagement with these belief systems and the underlying mindset of the target population is fundamental to the successful development of modern medical services.

> " … hospitals have always been regarded with suspicion. Many will resist … so long as there is some alternative – whether it is traditional medicine, a holy fountain or the *Adbar*.[1] It is only after the bitter roots have failed to cure the

[1] The *Adbar* is a tree that is sacred to local spirits.

> ailment; after the holy water has gone amiss, refusing to wash away the evil eye; and after the sacred tree has failed to defeat the devil, the patient is sent to the sanatorium. It will then take a miracle to keep the individual alive. No wonder hospitals were reputed to be places of the dying."[2]

## The Problem

The rising prevalence of chronic, NCD in Ethiopia and similar countries in sub-Saharan Africa have led to a plethora of "top-down" policies and initiatives to expand and improve existing medical services. Under the aegis of the World Health Organisation (WHO)'s global action plan which sets out priorities and targets for NCD control, these include surveys of the frequency of key diseases and their risk factors, the strengthening of leadership and national capacity, the creation of health-promoting environments and the extension of primary health care systems.[3] Yet in many of the poorest countries, the impact of these has been muted, especially in rural areas where most of sub-Saharan Africa's population still live. Although there are several reasons for this, especially the notorious under-resourcing of formal health systems, the lack of qualified medical staff and the understandable tendency to focus hard-pressed medical systems on communicable diseases, an important but greatly neglected factor is the tension between modern medicine and traditional medical systems. Families and communities who bear the primary responsibility for the care of chronic disease patients quite naturally resort to traditional forms of therapeutic knowledge. Being the more recent arrival, modern medicine is, accordingly, perceived by these communities through the prism of their indigenous belief systems. However, studies of how these world-views have absorbed the concepts and practices that have been introduced by modern medicine are still in their infancy.[4]

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[2] Mezlekia, `: *An Ethiopian Boyhood*, 2002, p. 242.
[3] Cite …
[4] For plurality of medical belief systems in sub-Saharan Africa see Slikkerveer, and with a particular focus on Ethiopia Wonwosen, Kloos & Kaba ...

In Ethiopia the ratio of traditional healers to population is 1:500 compared with 1:40,000 for doctors. It is no surprise, therefore, that healing traditions are used by over 80% of the population; [5] some of which have a literary lineage that is centuries old. The remarkable depth and longevity of these ideas are well-illustrated by the indigenous Jewish émigrés who, after several decades of access to modern medicine in Israel, still come back to consult practitioners in the Gondar area of Ethiopia seeking treatments that the modern system can, and will, not provide.

Ethiopia's population is heir to a multiplicity of indigenous belief systems.[6] "Healer shopping"[7] - or seeking treatment from a succession of healers using a variety of techniques, some religious, some secular - is the norm for many patients, who may only attend the clinic as a fourth or fifth choice, and if all else fails.[8] Unfortunately, a large number of patients who could benefit from the clinic never attend. The gap between patient expectation and what the clinic presumes to offer leads to high default rates, patient non-compliance to treatment, and eventually a cycle of disappointment with it. Long-term treatment may subsequently be compromised and ineffective. Clearly if the goal of universal health coverage is going to be effective, policies and practices need to be shaped to take account of these disparities.

## Medical Belief Systems at Odds

Fundamental to such policy-making is an appreciation of how the concepts of health and disease are understood by the community. It is often difficult for a biomedical practitioner to realize just how different a patient's conception of wellbeing and illness may actually be. This is particularly apparent when considering etiological reasoning of what determines the human condition which, in Ethiopian culture, involves a well-developed supernatural dimension. Another difference is that, contrary to western perceptions, disease

[5] Kassaye, 2006
[6] Slikerveeer ??
[7] ??
[8] Slikskeever ??

may actually be viewed as something that may enrich one's ways of life.[9] Furthermore, western medical terms for particular conditions and diseases do not always have parallels in the lexicon of local traditional medicine. And even when they do, they frequently do not match up as a result of the very different ontological perspectives. Conversely, traditional medicine may recognize conditions which have no Western equivalent. One example is diabetes, the particular combination of symptoms the sum of which does not match up to any one particular named condition in the traditional medical Ethiopian lexicography. Conversely, conditions such as the so called *Kurenya* disease comprise a variety of symptoms which in their totality do not match any specific condition found in modern medicinal taxonomy.[10]

The gulf between traditional and modern concepts of the understanding of disease is even greater when considering the issue of treatment. Most local healers will claim to cure any kind of sickness. Yet the majority of chronic diseases of importance in sub-Saharan Africa are understood by modern medicine to be, by their nature, incurable, requiring long-term management and regular clinic follow-up to monitor progress. One should not be surprised at recent interviews among chronic disease patients in Ethiopia that present a frequent sense of disappointment that a cure was not being offered by the clinic. This disparity between worldviews is well illustrated by the very word used in modern Ethiopia to describe pharmaceuticals, *medhanit*, that also means in Old Ethiopic (OE) both 'health' and 'redemption' (or 'salvation'), demonstrating deep-set theological sensibilities. To be sure, one of the OE epithets of God is *medhane 'alam*, 'The Redeemer/Healer of the World'; spiritual redemption often viewed as more significant than actual physical healing.[11] Attempts to find appropriate wording to describe clinical treatments are, unsurprisingly, fraught with potential misunderstandings.

[9] Overcoming illness, like tolerance of privation such as prolonged fasting, and coping with adversity in general, are means of penance and signify strength of, and adherence to the, faith. In The Orthodox calendar there are over 200 fasting days that require the adherent to abstain at least from animal products, if not from food for part or most of the day.

[10] Young …

[11] Such overlaps in the terminology relating to healing and redemption occur in other Semitic Christological theologies, such as the Syriac …

Two stories illustrate clearly the kind of disparity that can and does emerge. The first was related to us by a senior medical colleague[12] about the consequence of a campaign to promote "life-extending" retroviral HIV-related drugs in Ethiopia. The meaning might seem evident to the reader, but it soon emerged that patients' demand surged for the retroviral drug to treat their elderly and feeble. The powerful Ethiopian Church authorities rapidly demanded that the campaign change its wording, for they reasoned such claims to be sacrilegious, as only God could extend life. Another example was related by an Israeli doctor[13] who worked in Addis Ababa in the early 1970s at mother and child birthing clinics. She recounts that during one of the health education sessions given to mothers of new-born children, two images were presented: one had a picture of a milk bottle, while the other had the same bottle with a fly on the teat and a big 'X' over it. When asked which was the correct image, the women, without exception, opted for the one with the fly on the teat and the 'X' across the picture. Puzzled, the doctor asked why they would opt for the one with the fly. They answered that, as it had a cross (a religious symbol) upon it, that this was surely the correct one to follow.

A quote from another informant - a patient - further illustrates our point: "I was diagnosed as having diabetes. It is said that it could be healed with holy water, so I wanted to try that before I started the medicine. I had a long debate (with the medical practitioners) because I refused to begin the medicine and wanted to leave the premises to try holy water."

It may be noted that diabetes patients, as well as patients with other chronic diseases that we interviewed, did tend to note that holy water did not manage to do what modern medicine could do. They were, however, almost unanimously clear that it was necessary. We suggest that what the patients are implying is that modern medicine is effective in its own way, yet that holy water provides, what modern medicine cannot – redemption.

[12] Yoseph Mamo at …
[13] Dr Susi Levene, personal communication …

## Discussion

Can these world-views, traditional and modern, match up in making sense of each other's taxonomies? On one side is the view that, apart from cases where a herb or a physical praxis might by chance be effective, these traditional belief systems are on the whole fictitious, misguided, often harmful, and to a great extent sham.[14] On the other side is the approach currently favoured by the WHO – one of regulation and integration, while recognising the contribution of traditional medicine to health-care. This includes the development of training programs, registration of practitioners, regulation of safety and efficacy and the licensing of traditional medicines.

Yet one must question to what extent such praxis and belief can be 'governed' and controlled, as doing so is likely to remove or detach it from that very complex of elements that make it 'traditional' Making use of manpower by modern official systems is surely both inevitable and necessary. At the same time, elements appropriated from traditional forms of praxis detach them from the social and knowledge base that give force and power to 'tradition' – continuous, yet fragmented stretching back into the mists of time.

## Wax and Gold – Layers of Meaning

Donald Levine, in his *Wax and Gold, Tradition and Innovation in Ethiopian Culture* (1965), argues that duality of meaning, as exemplified by the poetic 'wax and gold' tradition, is a fundamental characteristic of Ethiopian communication at all levels. Mohammed Girma[15] suggests this tradition is "a philosophical foundation for an Ethiopian hermeneutic" that pervades not just the personal but also the greater social and political arenas. Ethiopia's poetic tradition that is known as 'Wax and Gold' (*Sen-ena-Werq*) is one that has long been used to characterise 'Ethiopianness' (Levine 1965 and Girma 2012).

The simile for this tradition is derived from the lost wax (*cire perdu*) casting technique that is used in the production of gold jewelry and

[14] Murdock ==.
[15] *Understanding Religion and Social Change in Ethiopia: Towards a Hermeneutic of Covenant* (2012).

other objects. The process referred to is as follows. The form of the object is initially fashioned in wax. It is then invested in refractory (heat resistant) material – usually a type of plaster or ceramic. The invested wax is then fired during which the wax is melted and burned out completely leaving behind only a negative impression of its shape in the mould (made of the investment material). Into this mould the molten gold is poured and thereby takes the shape the original wax object had left as only an impression.

In terms of the poetic, the illusion is to a duality of meaning that the skilled Ethiopian *Kene* poet/scholar invests into his literary creation. The hidden meaning is the gold, which is mystical or even contradictory to the plain/literal meaning, which is characterised as the wax. A skilled *Kene* poet might study up to 35 years to perfect his craft, which is appreciated as one of the finest of Ethiopian forms of lore.

We would argue that this expectation of duality of meaning is a useful metaphor in exploring this semantic conundrum that is so pervasive in communication regarding medical issues in a country that is host to a variety of medical belief systems that coexist and function together. The 'wax' represents the apparent meaning, and the 'gold' the deeper, often hidden, meaning. Acknowledging this mindset, practitioners can better figure, while considering a wax and gold dualism, the variety of associations, worldviews and beliefs attached to any statement on medical issues. The gold that is conjured in the mind of the patient may not always be as obvious as one might initially have expected.

## Looking Forward

From this brief account, there appear to be two prerogatives that can take precedence in terms of any research that aims to provide a better understanding of the nature, history and dynamics of the 'traditional' medical systems in Ethiopia. Firstly there is a need for the recording and understanding of 'traditional' medical belief and praxis systems as dynamic forms of knowledge and culture that have evolved, and are still evolving. As their equivalents have done in other parts of the

world, they steadily change, transform and in parts disappear. The second is to determine the best use of these systems and what their practitioners have to offer as a resource in the scheme of integration into the ‘modern’ biomedical health system/service.

Current treatments and the beliefs that underpin traditional medical world-views in Ethiopia form little or no part of health education curricula, are poorly understood and are mostly ignored by medical staff – who are, in any case, overloaded by clinical demands. Making such knowledge available could lead to novel and more effective ways in the approach to and treatment of patients. It could help in explaining disease aetiology and pathogenic processes in terms that are understandable to patients (and medical staff) with traditional mindsets. It could help explain what is achievable, what the limitations are of current therapies for chronic disease, where traditional treatments could offer a valuable adjunct and, conversely, which traditional treatments to avoid. Perhaps more importantly, there is a need to work with the wider community, asking the rarely asked question as to how biomedicine is perceived, and how it could find greater acceptance in the population.