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# Indigenous Medicine: Beliefs, Healing Practices, Opportunities And Challenges Of Hemorrhoids In Farta Woreda, South Gondar, Ethiopia

Fentahun, Getie

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**BAHIR DAR UNIVERSITY**

**FACULTY OF SOCIAL SCIENCE**

**DEPARTMENT OF SOCIAL ANTHROPOLOGY**

**INDIGENOUS MEDICINE: BELIEFS, HEALING PRACTICES,  
OPPORTUNITIES AND CHALLENGES OF HEMORRHOIDS IN  
FARTA WOREDA, SOUTH GONDAR, ETHIOPIA**

**BY**

**FENTAHUN GETIE**

**JANUARY, 2025**

**BAHIR DAR, ETHIOPIA**

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**FACULTY OF SOCIAL SCIENCE**  
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OPPORTUNITIES AND CHALLENGES OF HEMORRHOIDS IN  
FARTA WOREDA, SOUTH GONDAR, ETHIOPIA**

**BY**  
**FENTAHUN GETIE**

**A Thesis Submitted to the Faculty of Social Sciences, Department of Social  
Anthropology in Partial Fulfillment of the Requirements for the Degree of  
Master of Arts in Social Anthropology**

**Advisor: Tebaber Chanie (PhD)**

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**Advisor's Approval Sheet**

I hereby certify that I have supervised, read, and evaluated this thesis titled “**Indigenous Medicine: Beliefs, Healing Practices, Opportunities and Challenges of Hemorrhoids in Farta Woreda, South Gondar, Ethiopia**” prepared by Fentahun Getie under my guidance. I recommend the thesis be submitted for oral defense.

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**Declaration**

As member of the board of examiner, we have examined this thesis entitled “**Indigenous Medicine: Beliefs, Healing practices, Opportunities and Challenges of Hemorrhoids in Farta Woreda, South Gondar, Ethiopia**” by Fentahun Getie. We hereby certify that the thesis is accepted as fulfilling the requirements for the award of the degree of Master of Arts in Social Anthropology.

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## GLOSSARY

<i>Afegara</i>	Anus
<i>Debteras</i>	Learned cleric
<i>Emnet</i>	Looks like dust and/ash but is holy and used for spirit cleansing services by priests
<i>Kintarot</i>	Hemorrhoid
<i>Lebeq</i>	Stick that cutting from medicinal plants
<i>Meregeta</i>	He leads the church's rituals and serves as a priest
<i>Michi or gerefit</i>	the attacks of fever
<i>Muhat</i>	Hot springs
<i>Selafar</i> healers	the local name for medicinal drugs obtained from Sudan by local
<i>Tela</i>	A local beer, which is made from the ingredients of sorghum barley, wheat, etc.,
<i>Tsbele</i>	Holy water
<i>Tsena</i>	It is used for as fumigation materials in the church
<i>Tuafi</i>	It is a lamp that is lit in the church or is used for lighting

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## ACRONYMS

AIM	African Indigenous Medicine
ANRS	Amhara National Regional State
CAR	Central African Republic
CM	Community Members
CSA	Central Statistical Agency
EIM	Ethiopian Indigenous Medicine
FGD	Focus Group Discussions
HD	Hemorrhoid Disease
HO	Health Officers
ICM	Indigenous Chinese Medicine
IHPs	Indigenous Health Practitioners
IM	Indigenous Medicine
LH	Local Healers
WHO	World Health Organization

## ABSTRACT

*Indigenous medicine has been widely used for hemorrhoids treatment. However, a comprehensive study has not been done on this topic. Therefore, the main aim of this study was to investigate the beliefs of the community towards the causes, healing practices, opportunities and challenges of indigenous medicine for hemorrhoid treatment in Farta Woreda, South Gondar, Ethiopia. Qualitative approach and an ethnographic design were employed. The study area and sample participants were selected through purposive sampling technique. Primary data were gathered through in-depth and key informant interviews, focus group discussion and observation. The study was conducted from April – August, 2024. The study employed thematic analysis method to analyze the collected data.*

*The finding of the study revealed that the main perceived causes of hemorrhoids among the local communities are sitting in the heat, the attacks of fever (Michi), using the toilet for a long time, exposure to hot surface, constipation and diarrhea, and heredity. Also, this study reveal that indigenous healers utilize various plant parts, animal products, and minerals to prepare remedies for hemorrhoids. The main methods used by indigenous healers to diagnose hemorrhoid diseases include observation, interviewing, experience-based assessment, physical examination and modern equipment. Anointing with medicines, syringe treatments, cracking and cutting (incision), drinkable and fumigation and cauterize are the common treatment methods of hemorrhoids in a study community.*

*Moreover, as an opportunity, the finding of the study revealed that due to accessibility, effectiveness, stigma and historical significance within the community indigenous medicine is widespread use for treating hemorrhoids and other ailments. The main challenges facing indigenous hemorrhoid medication in the face of modernization include the stigmatization and discrimination of indigenous healers, the loss of resources and material challenges they encounter, and the lack of awareness and non-recognition of their practices by the media. In addition, the study findings indicate that several drawbacks of indigenous hemorrhoid treatment include inadequate diagnosis, drug balance issues, bleeding, scarring and accountability problems. Generally, indigenous medication practices play a crucial role in maintaining the health and well-being of communities. By acknowledging and cooperated these practices with modern medicine, we can enhance treatment effectiveness and better address the specific health needs of the population.*

**Keywords:** Indigenous medicine, Hemorrhoid, healing, Farta Woreda

# CHAPTER ONE

## 1. INTRODUCTION

### 1.1. Background of the Study

Hemorrhoids are a very common anorectal diseases that affect a large number of individuals throughout the world (Huang et al., 2023). Hemorrhoids, also known as piles, are characterized by inflamed or swollen veins in or around the rectum(Azeez & Isiugo-Abanihe, 2017). The risk factors for hemorrhoid disease are constipation, pregnancy, aging, diet, and socioeconomic factors, such as prolonged sitting on the toilet (Kacholi & Mvungi Amir, 2022). Symptoms can vary and may include bleeding, bulging, pain, and itching, affecting both men and women of all ages (Amiri et al., 2023).

Hemorrhoids have been a persistent health concern for centuries, with evidence dating back to ancient Egyptian times. Humans have struggled with this hemorrhoids since the advent of bipedalism or walk, and it's mentioned in both Buddhist and Old Testament texts (Yang & Yang, 2014). Numerus historical records document the prevalence and treatment of hemorrhoids. For instance, Egyptian palaces treated hemorrhoids as early as 2500 BC, and medical texts from India, China, Greece, and Rome also discuss the condition. Additionally, the Edwin Smith Papyrus (1700 BC) and Ebers Papyrus (1500 BC) provide further evidence of ancient knowledge about hemorrhoids (Yang & Yang, 2014).

Globally, determining the exact prevalence of hemorrhoid disease is challenging due to many patients not seeking medical attention, and prevalence likely varies across countries(Fišere et al., 2021). However, various studies have reported a prevalence of 4.4% in the general population (Kedir, 2019b) and (Okafor et al., 2023). In the United States, hemorrhoid disease ranks as the fourth most common outpatient gastrointestinal diagnosis, accounting for 3.3 million ambulatory care visits (Kibret et al., 2021).The prevalence of hemorrhoid in Australia (38.93%), in Israel (16%), and in Saudi Arabia (16%) (Al-Masoudi et al., 2024) and in Korea (16.6%) (Hong et al., 2022).

In Africa, hemorrhoids are prevalent, and they can affect everyone in the community. It is a common health challenge that affects quality of life. Pregnancy, nutrition, and obesity are major risk factors (Azeez & Isiugo-Abanihe, 2017). The incidence of hemorrhoids varies from one country to another. For instance, 18% in Egypt (Kibret et al., 2021), 31.3% in Benin

(Sehonou et al., 2015), 38.5% in Gabon, 58.88% in Bangui (CAR), and 30.4% in Mali (Coulibaly et al., 2016). Indigenous herbal medicine derived from medicinal plants is commonly used for hemorrhoid treatment in various African countries (Chukwu et al., 2023).

In Ethiopia, hemorrhoids are a significant health concern or problem, affecting 13.1% of the population. Constipation and overweight are major risk factors for hemorrhoids in the country (Kibret et al., 2021). Indigenous medicine in Ethiopia plays a significant role in treating various health issues, including hemorrhoids. Indigenous herbal remedies are commonly used in Ethiopia to address hemorrhoid symptoms. Some practices involve secret herbs, cultural rituals, and sacrifices for both prevention and treatment (Chaitanya, M. V., et al., 2021).

In Farta Woreda, one of the Woredas of the South Gondar Zone of the Amhara regions, indigenous medicine plays a vital role in treating various health conditions, including hemorrhoids. Indigenous healers in the area utilize a variety of medicinal plants to address hemorrhoid. However, related research conducted on indigenous medicine for hemorrhoids regarding beliefs about the causes, healing practice, opportunities and challenges and associated community knowledge about indigenous healing is not studied in that area. Thus, documenting the indigenous medication for hemorrhoids is very important.

Therefore, this study aims to investigate the beliefs of the community about the causes, healing practices, opportunities and challenges of indigenous medicine for hemorrhoids in Farta Woreda, South Gondar Zone, Ethiopia. This research will contribute to a better understanding of the role of indigenous medicine in managing hemorrhoids in Farta Woreda. The findings may inform the development of culturally appropriate healthcare interventions and promote the cooperation of indigenous medicine into modern medical practices.

## **1.2. Statement of the Problem**

Hemorrhoids affect millions of people in the world and cause many medical and socio-economic problems (Amiri et al., 2023). It creates physical and psychological discomfort and significantly affects the quality of life of the patients due to its sensitive symptoms such as anal bleeding, pain, and itching sensations (Kibret et al., 2021).

Hemorrhoids are the most prevalent health issue in Ethiopia. It has a significant influence on morbidity and has an effect on society's economy and social structure (Kibret et al., 2021). Several factors can contribute to the development of hemorrhoids, including constipation,



obesity, diarrhea, insufficient dietary fiber, pregnancy, hypertension, prolonged sitting (especially on the toilet), aging, and a sedentary lifestyle (Kacholi & Mvungi Amir, 2022). Additionally, traditional beliefs in Ethiopia associate hemorrhoids with exposure to strong heat, such as sitting on heated ground or using heated stones as toilet paper (Kahissay & Fenta, 2015).

Hemorrhoids can be treated with both contemporary medications and indigenous therapy (De Marco & Tiso, 2021). However, many people are dissatisfied with the potential side effects of modern treatments or surgical interventions, leading them to seek herbal remedies (Astana et al., 2021). In Ethiopia, hemorrhoids have traditionally been treated with medicinal herbs within the context of indigenous medicine (Getachew et al., 2022). Some preventive and treatment practices for hemorrhoidal disorders may involve traditional rituals, secret medicines, and sacrifices (Chaitanya, M. V., et al., 2021).

Ethiopian indigenous medicine is widely used in both urban and rural areas to treat various diseases, including hemorrhoids. Its popularity is attributed to cultural acceptability, perceived efficacy, accessibility, and affordability compared to modern medicine (Gedif & Hahn, 2002). Indigenous healers play a crucial role in their communities, but they face several challenges that can impact their treatment efficacy. These challenges include stigmatization, inadequate conservation of medicinal plants, exploitation of communities that possess traditional knowledge (Gakuya et al., 2020) and also faced a lack of standardized dosages, potential adverse effects, and scientific validation for safety (Mohammed et al., 2024) and (Dubale, Abdissa, et al., 2023).

Various studies have highlighted the use of indigenous medicinal plants for treating hemorrhoids and the prevalence of hemorrhoid disease in different regions. For example, Kibret, A. A., et al. (2021), Getachew, et al., (2022), Tilahun, A., et al. (2024), and Chukwu, M., et al. (2023) have conducted research.

A study conducted by Chukwu et al. (2023) in north-central Nigeria aimed to identify plants used for treating hemorrhoids through an ethnobotanical survey. They discovered 48 plant species from 27 families with ethnomedicinal properties for hemorrhoid treatment. Euphorbiaceous plants were the most common, with leaves, bark, roots, and whole plants being the primary parts used. Notably, ethnomedicine was widely accepted, even among educated individuals, and many of these plants were cultivated. However, while the study focused on the biomedical aspects of plant-based treatments for hemorrhoids, it did not delve

into the anthropological dimensions. The researchers did not explore beliefs about the causes of hemorrhoids, healing practices, opportunities and challenges associated with indigenous medicine for hemorrhoid treatment.

Another study by Kibret et al. (2021) investigated the prevalence and associated factors of hemorrhoids among adult patients visiting the surgical outpatient department at the University of Gondar Comprehensive Specialized Hospital in Northwest Ethiopia. The study found that hemorrhoids were the most common health issue among surgical patients, with a high overall prevalence and a higher prevalence among male subjects. This highlights the significant medical and social impact of hemorrhoids, affecting millions of people worldwide. However, the study did not explore the use of indigenous medicine in treating hemorrhoids.

Getachew et al. (2022) conducted a systematic review of medicinal plants used in Ethiopia to treat hemorrhoids. The study identified various herbs, shrubs, and trees as commonly used remedies, with leaves and roots being the most frequently used plant parts. While the study focused on the medicinal plants themselves, it did not delve into the broader cultural and social aspects of indigenous medicine, such as beliefs about the causes of hemorrhoids, healing practices, opportunities, and challenges associated with indigenous hemorrhoid treatments.

A. Tilahun et al. (2024), study found that a higher prevalence of hemorrhoids and other perianal problems during the puerperium in Ethiopian mothers. Mothers with continued second stages of labor and newborn babies were more likely to develop hemorrhoids. These issues can cause physical and psychological issues, deteriorating the mother's quality of life. Eliminating these risk factors may lead to a higher quality of life during pregnancy and the puerperium. This study primarily examined the impact of hemorrhoids and perianal complications on postpartum mothers. It did not include an anthropological investigation of indigenous hemorrhoid treatment.

Most the above literature focused on biomedical and ethnobotanical studies and medicinal plants for hemorrhoid disease; it did not concentrate on indigenous medications for hemorrhoid disease from an anthropological perspective. Research on indigenous medicine, particularly regarding beliefs about causes, healing practices, opportunities, and challenges of hemorrhoid, is limited. So, this research articulates the geographical and conceptual gaps in previous research.

In Farta Woreda, hemorrhoids are a common health problem, and indigenous medicine plays a crucial role in their treatment. The region is known for its numerous healers and a high prevalence of hemorrhoids. People in the study area, prefer to treat hemorrhoid more indigenous medicine than the modern ones. I have also personally witnessed individuals who have been successfully treated for hemorrhoids using indigenous methods. Despite the widespread use of indigenous practices for hemorrhoids and other ailments, there is a lack of research on these practices and healing systems. Moreover, there is limited documentation and understanding of indigenous medication practices for hemorrhoid diseases, and comprehensive studies on the indigenous uses of medicinal plants specifically for hemorrhoid treatment are scarce.

Therefore, this study aims to investigating the community's beliefs about the causes, healing practices, opportunities, and challenges of indigenous medication for hemorrhoid treatment from an anthropological perspective in both rural and urban communities in Farta Woreda, South Gondar Zone.

### **1.3. Objectives of the Study**

#### **1.3.1. General Objective**

The overall objective of this study is to investigate the community's beliefs about the causes, healing practices, opportunities, and challenges of indigenous medicine for hemorrhoid treatment in Farta Woreda, South Gondar, Ethiopia.

#### **1.3.2. Specific Objectives**

Based on the general objective, the following specific objectives were drawn. These are:

- To explore the beliefs of the study communities towards the causes of hemorrhoid disease.
- To examine the indigenous healing practices of hemorrhoid.
- To explain the opportunities of indigenous medication for hemorrhoid treatment.
- To analyze the challenges of indigenous medication for hemorrhoid treatment.

### **1.4. Research Questions**

This research was an attempt to address the following research questions.

- What are the predominant beliefs held by the community in Farta *Woreda* regarding the causes of hemorrhoids?

- What are the most common indigenous healing practices employed for hemorrhoid treatment in Farta *Woreda*?
- What are the potential opportunities of using indigenous healing practices for hemorrhoid in Farta *Woreda*?
- What are the main challenges faced by indigenous healers and communities in utilizing indigenous medication for hemorrhoids?

### **1.5. Significance of the Study**

This research significantly contributes to several key areas. Firstly, it contributes to indigenous knowledge. By documenting the community's beliefs and indigenous healing practices related to hemorrhoids, this study helps preserve indigenous knowledge and cultural heritage in the study area. This documentation is crucial for understanding how indigenous practices can coexist with modern medicine, enriching the academic discourse on health and healing practices. Secondly, it promotes the cooperation of indigenous and modern healthcare. By understanding the community's perceptions of indigenous medication for hemorrhoids, this study may facilitate the cooperation of indigenous healing practices with the modern healthcare system. This cooperation is vital for improving access to culturally appropriate treatments, which is an important area of study in medical anthropology and public health.

Thirdly, it provides insights for Public Health interventions. By investigating the challenges and efficacy of indigenous medication for hemorrhoids, this study offers valuable insights for public health interventions, promoting safe and effective indigenous medication for managing hemorrhoid symptoms. Fourth, it addresses research gaps. The study fills a gap in research on indigenous medication practices related to hemorrhoids, particularly in the context of Farta *Woreda*. By doing so, the research adds to the existing literature and provides a foundation for future studies on indigenous health practices, which are often overlooked in academic research.

Fifth, it serves as a resource for stakeholders. The findings serve as a valuable resource for various stakeholders, including healers, patients, researchers, physicians, and policymakers. This broad applicability underscores the study's significance in informing future research and practice in the field of indigenous medicine.

Generally, this study advances knowledge in the fields of ethnomedicine, public health, and medical anthropology. By addressing these key areas, the study provides a foundation for future research and policy development that can promote the sustainable use of indigenous knowledge and improve healthcare access in the study areas.

### **1.6. Scope of the Study**

The scope of the study was focused on geographically and thematically. Geographically, it is focusing on Farta *Woreda*, South Gondar, Ethiopia, to provide a localized perspective on indigenous medication practices for hemorrhoids. Thematically, this study was limited to exploring indigenous medications for hemorrhoids. The study was focused on the beliefs of the local community towards the causes of hemorrhoid diseases, the healing practices of hemorrhoids through indigenous medication, opportunities and challenges of indigenous medication for hemorrhoid treatment in Farta *Woreda*.

### **1.7. Limitation of the Study**

Although the problem of the diseases has a holistic approach to deal with based on biological, cultural, social, ecological and other dimensions, with respect to the subject matter, it mainly focused on the sociocultural aspects of hemorrhoids with a specific reference to selected *kebeles* and urban center of the *woreda*. This is due to the fact that anthropological fieldwork is tiny (microscopic) in nature and focuses on in-depth investigation of a particular topic and place. Nevertheless, this restricts the extent to which the research findings may be used, as it is not feasible to draw broader conclusions from this particular ethnographic investigation. Therefore, the study's findings are still relevant for the target population alone.

Limited integration with modern healthcare. The study primarily focuses on indigenous medicine. It may not adequately explore the interplay between indigenous and modern healthcare systems in the management of hemorrhoids, which is crucial for understanding the current healthcare landscape.

While examining the literature on hemorrhoids, a few issues need to be kept in mind. One major problem was lack of anthropological studies on hemorrhoids in Ethiopian contexts, maybe due to the topic's perception in medical science research. As a result, anthropological ethnography on the diseases of hemorrhoids in Ethiopia is scanty. For this reason, I encountered some difficulties in drawing an adequate conceptual framework of the study.

However, an effort is made to evaluate a few relevant works of literature that focus on the world, Africa, and the Ethiopian context.

### **1.8. Definition of Term or Concept**

**Hemorrhoids:** is a disease that causes swelling of the veins or blood vessels in and around anus and lower rectum.

**Health:** able to function well physically, mentally, socially, and spiritually to express the full range of one's unique potentialities within the environment in which one lives.

**Diseases:** pathological or physiological disorder, infection or malfunction of the body.

**Illness:** The patient's subjective experience of physical or mental states, whether based on some underlying disease pathology or not.

**Indigenous medicine:** 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.

### **1.9. Organization of the Thesis**

This thesis is organized into seven chapters. Chapter one deals with the background of the study, statement of the problem, objective of the study, research questions of the study, significance of the study, scope of the study and operational definition. Chapter two deals with literature that is organized into sub titles such as conceptual framework of indigenous medicine and hemorrhoid disease, causes, and symptoms of hemorrhoid, healing practice of indigenous medication, and its challenges, empirical studies related to treatment of hemorrhoid diseases and theoretical schools of thought in medical anthropology. Chapter three deals with research methodology, research design, description of the study area, study population, sampling technique, method of data collection, method of data analysis, and data quality assurance, ethical consideration. Chapter four elaborates beliefs of the community towards the causes of hemorrhoid diseases. Chapter five healing practices of hemorrhoids through indigenous medication. Chapter six opportunities and challenges of indigenous medication for hemorrhoid treatment. The last chapter presents a conclusion and recommendations of the study.

## **CHAPTER TWO**

### **2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

This section reviews the existing literature related to the research question under study. It begins with explaining the conceptual framework of indigenous medicine. Then present indigenous medicine in Ethiopian context and beliefs of the community towards the causes of disease/illness. Other issues focus on healing practice of indigenous medicine, opportunities and its challenges of indigenous medication. It presents a brief account on the concepts, causes and symptoms of hemorrhoids. Furthermore, the treatment mechanisms for hemorrhoid diseases are reviewed. At the end, it presents the major theoretical schools of thought in medical anthropology.

#### **2.1. The Concept of Indigenous Medicine**

Indigenous medicine often involves the use of local herbs and plants as drinks, salves, or inhalants. Other practices may include bloodletting, bone-setting, cauterization, special prayers for healing, exorcism, and the use of holy water or other sanctified substances like soil, ash, or sand. Healers may specialize in one or more of these healing techniques (Hammond 1994, cited in Genet (2018).

The World Health Organization (WHO) defines “indigenous medicine (IM) as the sum of knowledge, skills, and practices based on theories, beliefs, and experiences indigenous to different cultures. These practices, whether scientifically explainable or not, are used to maintain health and prevent, diagnose, improve, or treat physical and mental illness” (WHO, 2019).

Indigenous medicine (IM) is often practiced alongside or as an alternative to conventional medicine. It is deeply rooted in cultural traditions and has been refined over centuries. Some of the most well-known IM systems include Ayurveda (India), Traditional Chinese Medicine (TCM), and Unani medicine (Arabic) (Abbott, 2014). WHO defines indigenous medicine (IM) as health practices, approaches, knowledge, and beliefs incorporating plant, animal, and mineral-based medicines, spiritual therapies, manual techniques, and exercises. These practices may be used individually or in combination to treat, diagnose, and prevent illness or maintain overall well-being (WHO, 2002).

Throughout history, various cultures, including Asian, African, Arabic, Native American, Oceanic, Central and South American, and others, have developed a diverse range of indigenous medication systems (WHO,2002). The Alma Ata Declaration of 1978 recognized indigenous medicine's importance in universal health, and WHO member states and governing bodies promote its promotion in healthcare systems (WHO, 2004). The new indigenous medicine strategy for 2025–2034 is gaining global recognition due to increasing demand for personalized healthcare, particularly for remote and rural individuals. This approach offers cultural acceptability, accessibility, and affordability, making it an essential part of overall health and well-being(WHO, 2023).

African Indigenous Medicine (AIM) is a holistic healthcare system with three main levels of specialization: divination, spiritualism, and herbalism. It is deeply intertwined with African cultural beliefs and practices (Chaitanya, M. V., et al., 2021).

### **2.1.1. Indigenous Medicine in an Ethiopian context**

Ethiopian indigenous medicine (EIM) has been a significant part of Ethiopian society since ancient times, used to combat and manage diseases in humans and livestock (Berhanu & Alamnie, 2021). It is deeply rooted in the culture, belief system, and way of life of the Ethiopian people, and up to 80% of the population relies on indigenous medicines for healthcare needs (Workneh et al., 2020). Ethiopian indigenous medicine is complex and diverse, varying across ethnic groups and incorporating a holistic approach to treatment. Practitioners use herbs, spiritual healing, bone-setting, and minor surgical procedures in their therapeutic interventions ( Bishaw, 1991, cited in Gall et al. (2009). Indigenous healing within Ethiopian medicine not only focuses on the curing of diseases but also emphasizes the protection and promotion of holistic well-being encompassing physical, spiritual, social, mental, and material aspects (Ember, 2004).

Ethiopian indigenous healing practices play a significant role in healthcare, widely utilized across different regions(Teshome et al., 2023). Indigenous healing practices in Nekemte District, Ethiopia involve oral transmission of ethnomedical knowledge, treating various ailments like gonorrhea and fractures (Geremew Gonfa & Dessalegn Wirtu, 2019). Indigenous Healers in the Kereyu pastoralist area of Ethiopia utilize indigenous healing practices for tuberculosis, showing willingness to collaborate with conventional health systems for TB control (Sima et al., 2024). Northwestern Ethiopia indigenous medicine's significant role in primary healthcare, treating various ailments like malaria, spiritual



illnesses, and fractures, integrating cultural traditions with biomedicine (Workneh et al., 2020). Indigenous healing in Farta Woreda is a complex interplay of cultural beliefs, traditional knowledge, and community dynamics, playing a crucial role in the health care landscape of the area (Mulugeta, 2018).

Ethiopian indigenous medicine gained official recognition in 1942, with its practice considered lawful as long as it doesn't harm health. The Ethiopian Penal Code and Civil Code set standards for indigenous medicine applications, but without registration requirements. In 1950, licensing and registration were introduced (Bishaw, 1991) ; Kassaye et al. (2006). During the Derg era, the country prioritized disease prevention and rural healthcare expansion. The Primary Health Care Strategy was adopted in 1978, leading to the establishment of the Office for the Coordination of Indigenous Medicine. However, these societies lacked necessary leadership, resources, and manpower to support their efforts (Dubale, Edris, et al., 2023) ; (Mulugeta, 2018).

The 1993 National Policy for Indigenous Medicine in Ethiopia prioritizes indigenous medicine as one of eight key areas in the current health policy. The policy aims to promote the use of beneficial aspects of indigenous medicine, coordinate research to integrate it with modern medicine, and develop appropriate regulations and registration processes for practitioners (Kassaye et al., 2006). However, the current regulatory framework for Ethiopian indigenous medicine is insufficient to ensure quality, safety, efficacy, and rational use (Dubale, Edris, et al., 2023).

### **2.1.2. Beliefs of Communities Towards the Causes of Diseases/Illness**

Medical anthropology is a specialized field that examines the connection between cultural factors, perceptions, and beliefs and health disorders ( Scupin and Decorse, 1995, cited in Doda (2005). It covers various health-related issues, including the causes of disease, preventive measures, and curative measures (Sikkink, 2009). Anthropologists categorize illness causation theories into personalistic, naturalistic, and emotionalist types, focusing on how people explain and treat health issues across different cultures (Kottak, 2002, cited in Doda (2005). Personalistic disease causation theory suggests intelligent agents cause diseases; naturalistic theory focuses on scientifically verifiable agents; and emotionalist theory focuses on psychosomatic diseases caused by intense emotional experiences.

According to Huff (2020), research identifies four main categories of illness causality: individual, natural, social, and supernatural. Individuals are influenced by personal behaviors, hereditary traits, and social circumstances. Natural factors include accidents, toxins, and environmental factors, while social factors involve interpersonal conflicts, witchcraft, and sorcery. The supernatural realm includes deities and ancestral spirits.

In Ethiopia, various communities hold diverse beliefs regarding the causes of diseases. Indigenous communities like the Bayso associate disease sources with supernatural forces, while the educated attribute them to natural factors like environmental hygiene (Fekadu, 2024). The other community in Ethiopian pastoral areas holds beliefs like traditional husbandry practices, mixing wild animals with livestock, and consuming raw animal products contribute to zoonotic disease spread (Desta, 2016). Similarly in rural North-Eastern Ethiopia, beliefs on illness causation include supernatural (God, spirits), natural (sanitation, poverty), and societal factors (social trust, family dynamics) (Kahissay et al., 2017).

The Aari community in Ethiopia attributes diseases to hereditary factors, divine intervention, malnutrition, and sanitation. Some diseases are considered 'curses' due to generational impact and social stigma (M. Tilahun et al., 2024). The community in Ethiopia believes zoonotic diseases can transmit from animals to humans (93.2%) more than from humans to animals (26.0%), with dog bites (81.6%) being a common mode of transmission (Abera et al., 2016). The community in Ethiopia holds beliefs that leprosy is caused by bacteria, curse/punishment from God, and heredity, impacting patient care and access to health services (Tesema & Beriso, 2015). The community in Ethiopia holds beliefs attributing leprosy to causes like vitamin deficiency, unclean environment, impure blood, and hereditary factors, with some associating it with sins or curses (Atinkut et al., 2018).

In the Konso community, illness is caused by supernatural forces like deities' anger, societal norm violations, and naturalistic factors like food scarcity and microorganisms (Workneh et al., 2018). In the Berta community, mental illness is caused by witchcraft, supernatural forces, hereditary factors, substance abuse, and food poisoning (Gutema & Mengstie, 2023). In the Afar Dewe community, illnesses may be caused by natural (personal hygiene, environmental sanitation, and seasonal change) or supernatural factors (sorcerer, witchcraft and evil spirits) (Kedir, 2019b).

Generally, the Ethiopian community holds diverse beliefs regarding the causes of diseases and illness. These beliefs are deeply rooted in cultural tradition and spiritual perspectives.

### **2.1.3. Healing Practices of Indigenous Medicine**

Indigenous medicine is a holistic approach based on knowledge passed down through generations and incorporating medicinal therapies, spiritual practices, manual techniques, and exercises. It varies across cultures and regions. It used to diagnose, treat, prevent, and promote overall well-being (Mokgobi, 2014). In Ethiopia, indigenous medicine and treatment methods are based on indigenous knowledge, using locally available plant, animal, and mineral products from healers (Kedir, 2019b). The indigenous healer practices in Ethiopia involve using plant, animal, and mineral-based medicines (Gobana et al., 2022). Ethiopian indigenous medicine is vastly complex and diverse and varies greatly among different ethnic groups. Indigenous medical practitioners primarily use herbs, spiritual healing, bone-setting, and minor surgical procedures to treat illnesses (Bishaw, 1991). Indigenous healing practices in Ethiopia encompass spiritual healing, prevention, curative, and surgical methods, reflecting diverse cultural beliefs and focusing on holistic well-being beyond disease treatment (Kassaye et al., 2006).

Herbal therapy is an indigenous medicinal method used to manage diseases and illnesses, utilizing roots, leaves, flowers, and juices (Olutope, 2020). Many plants and herbs native to Ethiopia possess medicinal properties that have been recognized and utilized for centuries. These plants are often prepared as infusions, decoctions, ointments, or poultices to treat various ailments (Zemedet et al., 2024).

Spiritual healing plays a significant role in Ethiopian indigenous medicine. Many indigenous healers believe that certain illnesses have spiritual causes and can be treated through rituals, prayers, and exorcisms. These rituals often involve the use of amulets, talismans, and sacred objects (Kahissay et al., 2020). Ethiopians utilize religious practices like prayer and attending services for healing, including holy water, which they believe has curative properties (Kassaye et al., 2006). Shamanism is an ancient magico-religious practice where a shaman is a master of ecstasy, possibly possessing magical expertise (Baer et al., 2013).

Therapeutic dieting is an indigenous medical practice involving specific food consumption or avoidance, often used by healers with spiritual inclinations (Olutope, 2020). Diet is considered an important aspect of health in Ethiopian indigenous medicine. Specific diets and food restrictions are often prescribed as part of the healing process. For example, certain foods may be avoided or recommended based on the nature of the illness (Usure et al., 2024). Surgery is another method of healing employed in Ethiopia, particularly in the setting of

bones, which is considered an important surgical procedure requiring skill and experience on the part of the healer (Chaitanya, M. V., et al., 2021).

One study in Ethiopia shows that the common indigenous medical practices for under-five children, including uvulectomy, tonsillectomy, cauterization, and herbal medicine, emphasizing the need for safer practices and health education (Sadik et al., 2013). Indigenous healers in the Berta community of Ethiopia use herbals, religious books, and bone divination for diagnosing and treating mental illnesses, showcasing indigenous healing practices in Ethiopia (Gutema & Mengstie, 2023).

Ethiopia's indigenous folk medicine system relies on endemic herbs, magical beliefs, and astrological influences, reflecting a unique blend of African, Greek, Arabic, and Hebrew traditions for healing practices (Yadav, 2013). In Ethiopia, indigenous healing practices for mental and psychosomatic disorders involve spiritual healers in Coptic, Islamic, and traditional African contexts, utilizing spiritual rituals, herbal remedies, and prayers (Jacobsson, 2002).

Generally, Ethiopian indigenous medicine, often referred to as traditional medicine, encompasses a diverse range of healing practices that have been passed down through generations. These practices often involve the use of natural resources, spiritual rituals, minor surgery and dietary therapies.

#### **2.1.4. Opportunities of Indigenous Medicine**

Indigenous medicine is an object or substance used in indigenous health practice for the diagnosis, treatment or prevention of physical or mental illness; or well-being in human beings. African indigenous medicine plays a large role in the management of health, holistically, and in either a preventative, curative and/or palliative nature (Mothibe & Sibanda, 2019). Indigenous medicine is widely used on the continent to meet healthcare needs because of ease of access, low cost and cultural acceptance. The WHO has issued statements recognizing the importance of indigenous medicine (Mutombo et al., 2023). Indigenous medicine used to be the dominant medical system available to millions of people in Africa in both rural and urban communities. It is an important and effective therapeutic regimen in the management of a wide spectrum of diseases some of which may not be effectively managed using Western medicines (Abdullahi, 2011).

Due to extraction from plants and natural elements, indigenous medicines are less toxic and have less side effects as compared to allopathic medicines (biomedicines/pharmaceutical drugs). Indigenous medicine is more affordable and easier to access. Indigenous medicines are more available in society and indigenous medicine has more practitioners (indigenous medicine practitioners) than conventional medicine. Indigenous medicine is usually decentralized in the sense of being everywhere in the community, hence is available everywhere. It is socially acceptable to the community where it is applied, hence has a wide spatial coverage in terms of access, as each community has its own indigenous practice, ethnomedicines and ethno-pharmacopeia (Sifuna, 2022).

Indigenous Medicine is playing an important role to solve the health problems of many developing countries like Ethiopia and the WHO recognized the importance of it. Indigenous medicine is an important health care system in Ethiopia (Kedir, 2019a). Ethiopian indigenous medicine can offer valuable insights and innovative techniques that may directly benefit public health and the economy. Ethiopian indigenous medicinal practices represent the richness of Ethiopian cultures. The Ethiopian communities have historically relied on indigenous medicine for disease prevention, treatment, and overall well-being. Ethiopia's health and drug regulations acknowledge the significance of indigenous medicines in healthcare (Million et al., 2022).

Due to cultural, geographical, and socioeconomic factors, Ethiopia heavily relies on indigenous medicine to meet its primary healthcare needs. Ethiopian indigenous medicine is focused not only on curing diseases but also on protecting, promoting, and manifesting human physical, spiritual, social, mental, and material well-being (Workneh et al., 2020).

Use and practices of indigenous medicine are a contribution to primary healthcare by reducing disease burden and harmful practices. Indigenous healers may contribute significantly to the identification, prevention, and treatment of illnesses and diseases. Indigenous medicine is more effective than modern medicine in the treatment of fractures, impotence, infertility, hemorrhoids, mental disorders, and hypertension (Workneh et al., 2020).

Indigenous medication has its own economic benefits for the communities that are more preferable than the modern medication treatment. The indigenous medication could be sources of economic wealth for healers and the clients also motivated to get treatment by paying low cost as their economic level. This healing system has also time saving importance

for patients to leave traveling long distances in search of biomedical medication (Mulugeta, 2018).

One study shows that the widespread use of indigenous medicine among both rural and urban populations in Ethiopia could be attributed to cultural acceptability, efficacy against certain types of diseases, physical accessibility and economic affordability as compared to modern medicine (Gedif & Hahn, 2002). Another study suggests that the use of indigenous medicine is influenced by several factors, including perceived ineffectiveness of biomedicine, belief that certain diseases cannot be cured with biomedicine, positive testimonials about indigenous medicine, affordability of indigenous medicine and reluctance to discuss certain medical conditions with biomedical practitioners (Legesse & Babanto, 2023).

People often prefer indigenous medicine due to its affordability, religious beliefs, proximity to home, perceived effectiveness, and cultural significance. About 80% of Ethiopian people rely on indigenous medicine to meet their healthcare needs which could be attributed to cultural acceptability, perceived efficacy against certain types of diseases, physical accessibility, and affordability as compared to modern medicine (Aragaw et al., 2020).

Generally different societies in different regions have led to indigenous medication for the purposes of free from diseases or treating diseases due to cultural acceptability, affordability, effectiveness and accessibility of indigenous medication and indigenous practitioners.

#### **2.1.5. Challenges of Indigenous Medicine**

Indigenous healers face numerous challenges in practicing indigenous medicine, including stigmatization due to poor perceptions and attitudes, inadequate efforts to conserve medicinal plants and indigenous knowledge, modernization, knowledge exploitation, issues on safety, efficacy, and quality, access, misuse and overuse of herbal medicines and lack of policy and regulation (Gakuya et al., 2020).

One study shows that indigenous healers have faced various challenges in practicing treating people living with HIV AIDS. Some of the challenges are financial challenges in their practice, lack of medical plant for treatment, community attitudes towards indigenous healers is discriminatory and that of maltreatment, no specific treatment procedures on treating clients (Zimba & Tanga, 2014).

Indigenous medicine effectively manages chronic illnesses and addresses health problems not adequately treated by Western medicine. However, there are several potential drawbacks or limitations of indigenous healers for diseases treatment; such as safety, appropriate use, lack of information on herbal-based treatments, fake healers, and untrue practices, preservation and dosage measurement problem (Erah, 2002; Firenzuoli & Gori, 2007; Olutope, 2020).

Indigenous healers play a crucial role in healthcare, addressing diseases, non-communicable diseases, mental and gerontological health issues, and managing chronic illnesses (Sifuna, 2022). However, they face several challenges, including misidentification of herbs, overdosing, adulteration, and environmental contaminants like pesticides, heavy metals, and microbial and fungal contaminants (Hina, 2023). Another challenge is misuse of indigenous medications by unqualified practitioners and non-adherence to professional codes of ethics can also pose risks. Heavy metals, fumigation agents, microbial toxins and pharmaceutical substances have been found in toxic concentrations in IM therapies. Finally, incorrect use of IM therapies can have fatal outcomes (WHO, 2004).

African indigenous medication can cause damage to basic structural, functional, and biological units of the organism, such as cells or organs like the heart or liver. These medicinal plants can cause problems in certain human body systems, such as the cardiovascular, digestive, and nervous systems (Kamsu-Foguem & Foguem, 2014).

In Ethiopia, studies have revealed the challenges of indigenous medications including bleeding, abortion, visual loss, tetanus, jaundice, fistula, gastritis, psychosis, exacerbation of illness, paralysis, heartburn, constipation, skin irritation, allergic reactions, interaction with medication, overuse or misuse and even death (Wassie et al., 2015) and (Million et al., 2022). Indigenous healers face significant challenges, including structural issues, mistrust, unethical behavior, lack of local government support, improper licensing, inadequate shelter, and inadequate working spaces in religious healing sites (Gietaneh et al., 2023).

The limitations of indigenous herbal medicine in Ethiopia include variable efficacy, lack of standardized dosages, potential adverse effects, and inadequate scientific validation for safety during pregnancy (Mohammed et al., 2024). Other limitations of indigenous medicine in Ethiopia include lack of documentation, limited collaboration with modern practitioners, and insufficient support, impacting healthcare preservation and resources (Geremew Gonfa & Dessalegn Wirtu, 2019).

The above-mentioned literature clearly emphasizes the challenges encountered by different countries of the world including Ethiopian indigenous medicine. Despite its significant value and acceptance from stakeholders, indigenous medicine faces multiple obstacles that hinder its widespread adoption for the prevention and treatment of various diseases, including hemorrhoids.

## **2.2. The Concept of Hemorrhoid Diseases**

The word “hemorrhoid” comes from the ancient Greek words “[H]ema”( blood) and "rhoos,"( flowing) meaning the flow of blood from the veins of the anus (FA et al., 2018). Hemorrhoids are the most common anorectal condition worldwide (Miyamoto, 2023). Hemorrhoids are common diseases of the anal region that can cause significant physical and psychological discomfort, negatively impacting quality of life (Ali & Shoeb, 2017). As one of the most common rectal diseases affecting millions globally, hemorrhoids pose various medical and socioeconomic challenges. They are anal protrusions resulting from inflamed veins around the anus or within the rectal canal. It has been estimated that they can occur at any age and can affect both men and women (Amiri et al., 2023).

Hemorrhoidal disease (HD) is the symptomatic enlargement and distal displacement of the normal anal cushions, and it is the most common anorectal disorder (Lohsiriwat, 2012), (Pata et al., 2021) and (Şahin et al., 2024). Hemorrhoid is one of the most common diseases of the anorectal region, with indications of pain, bleeding, and mass exit from the anal area. It is a painful disease that causes inflammation and enlargement of the veins around the anus(Karimi et al., 2016). Hemorrhoids can be classified as internal hemorrhoids that develop inside the rectum and are typically not visible or uncomfortable. They may cause bleeding during bowel movements and can eventually interfere with normal bowel movements if they enlarge (Hosseini, 2023), whereas external hemorrhoids develop around the anus and are more likely to be visible and cause discomfort. They can be swollen, red, and painful, especially during bowel movements. External hemorrhoids are exposed to friction, making activities like sitting or walking painful (Erbay & Sarı, 2018).

Determining the exact global prevalence of hemorrhoids is challenging due to many patients not seeking medical care and varying prevalence rates across different countries (Fišere et al., 2021). However, various studies estimate the prevalence of hemorrhoids in the general population to be around 4.4% (Okafor et al., 2023).



Hemorrhoids have emerged as a significant contributor to morbidity, exerting both economic and social consequences on society. This condition brings about physical and psychological distress and profoundly impacts the patients' quality of life due to the presence of sensitive symptoms such as anal bleeding, pain, and itching sensations (Kibret et al., 2021). Hemorrhoids significantly impact daily life, causing discomfort, anxiety, stress, embarrassment, and sleep disturbances. Activities like sitting, exercising, and eating can become uncomfortable, affecting mental wellbeing, social interactions, and sleep (Mawale et al., 2023).

### **2.2.1. Causes of Hemorrhoid Diseases**

In most parts of the world, hemorrhoids are a prevalent anorectal illness diagnosis. Hemorrhoids have a wide range of causes, manifestations, and symptoms (Okafor et al., 2023). Some of the main causes of piles are: The first cause of hemorrhoids is straining during bowel movements. This straining puts pressure on the veins in the anal area, leading to swelling and inflammation. The second cause is chronic constipation. Constipation can also cause piles by putting additional pressure on the veins in the rectal area (Lohsiriwat, 2015) and (Hong et al., 2022). Other causes are diarrhea and Pregnancy. Chronic diarrhea can irritate the rectal area, leading to inflammation and swelling, which can contribute to the development of hemorrhoids. Pregnancy is another common risk factor due to the increased pressure on the rectal area from the growing uterus. Engaging in anal intercourse over extended periods can also weaken the anal and rectal muscles, increasing the risk of hemorrhoids (Ananya, 2023).

The other causes of hemorrhoids are aging and sitting or standing for long periods. As people age, the tissues in the rectal area can become weaker, increasing the risk of piles. Sitting or standing for long periods can also increase the risk of developing piles by putting pressure on the veins in the rectal area (Mawale et al., 2023). Genetic factors can also predispose individuals to developing hemorrhoids. Other risk factors include obesity, a low-fiber diet, and a sedentary lifestyle. Therefore, it's important to maintain a healthy lifestyle, including eating a high-fiber diet, staying hydrated, and getting regular exercise, to help prevent the development of piles (Kranthi et al., 2010). A study indicates that poor lifestyle habits, such as improper toilet training during childhood, inadequate fluid intake, and unhealthy toilet habits like prolonged sitting and straining during bowel movements, are major contributors to hemorrhoid development (Hosseini, 2023).

Constipation and being overweight are significant causes of hemorrhoids in Ethiopia, as identified in the study conducted at the University of Gondar Comprehensive Specialized Hospital (Kibret et al., 2021). The Ethiopian community believe that strong heat can also serve as a major cause of hemorrhoids, such as sitting on heated soil or stone, or using heated stones as toilet paper (Kahissay & Fenta, 2015).

### **2.2.2. Treatment Mechanisms of Hemorrhoid Disease**

Treatment options for hemorrhoids include surgery, dietary adjustments, and lifestyle improvements. Hemorrhoids can be treated with both contemporary medications and indigenous therapy (De Marco & Tiso, 2021). Patients with mild to severe symptoms might benefit from nutritional supplements in bulk as well as a high-fiber diet to assist lower pressure and bleeding. It is crucial to counsel patients to drink water and flush as soon as they get the desire (Mawale et al., 2023). Diets high in fruits, vegetables, legumes, whole grains, and water can increase the frequency of bowel movements and soften the consistency of stool, which can lessen strain during defecation and pressure on the anal tissues, hence lowering the risk of hemorrhoids. Because of its capacity to cure anorectal problems non-surgically, the heated sitz bath is frequently advised. Additionally, flavonoids may aid in the healing of hemorrhoids, lessen bleeding, pain, itching, and symptom recurrence, as well as ease anal fissure sufferers' discomfort (Hosseini, 2023).

Indigenous methods of treating hemorrhoids include a broad range of techniques based on regional herbal and cultural traditions. Indigenous medicines have been utilized for generations in many cultural contexts and offer a natural option for treating hemorrhoids. One of the illnesses that is frequently treated with medicinal herbs is hemorrhoids. People who are unhappy with the possible adverse effects of surgery prefer herbal therapy in many cultures (Astana et al., 2021). Herbs may have bioactive chemicals that are useful in the treatment of hemorrhoids, which makes them advantageous as hemorrhoid treatments. Hemorrhoids are being treated by employing various plant components, including leaves, stems, leaf juice, roots, fruit, and seeds (Amiri et al., 2023).

Iranian ethnobotanical resources have identified several native plants with effective properties for managing hemorrhoids, such as pistachio, yarrow, and camel thorn. These indigenous approaches provide insights into natural and holistic ways to manage hemorrhoids, offering alternatives to conventional medical interventions (Karimi et al., 2016). Herbal remedies for hemorrhoids are promising because medicinal plants contain

bioactive compounds that may effectively treat hemorrhoids. Many native Iranian medicinal plants have demonstrated potential benefits in managing hemorrhoids (Dehdari et al., 2018).

African indigenous healers utilize a range of diagnostic techniques, often rooted in local customs and beliefs, to identify hemorrhoids (Azeez & Isiugo-Abanihe, 2019). indigenous herbal remedies derived from medicinal plants are widely employed as treatments for hemorrhoid. Due to concerns about potential surgical side effects, many African countries have turned to ethnomedicine, specifically medicinal plants, to manage hemorrhoids (Chukwu et al., 2023). In addition to herbal remedies, simple treatments like consuming water and warm beverages like milk, tea, and oatmeal are also used to alleviate symptoms (Kacholi & Mvungi Amir, 2022).

Many medicinal plants contain bioactive compounds with potential benefits for treating hemorrhoids. Various parts of these plants, including leaves, stems, leaf juice, roots, fruits, and seeds, are used in indigenous remedies. Some of these plants exhibit anti-inflammatory, antioxidant, anti-parasitic, anti-tumor, and anti-cough properties, which may contribute to their effectiveness in managing hemorrhoids (Amiri et al., 2023). Indigenous healers in Tanzania's Tabor area utilize a wide range of medicinal herbs to treat hemorrhoids. They employ 26 different herbs from 19 families and 25 genera. The most commonly used herbs, such as *Psidium guajava*, *Allium sativum*, and *Aloe Vera*, are believed to possess anti-inflammatory properties that can help reduce hemorrhoid inflammation (Kacholi & Mvungi Amir, 2022).

In Ethiopia, hemorrhoids are often treated through a combination of indigenous herbal therapies and modern medical procedures. Traditional healers in Ethiopia utilize various medicinal plants to address hemorrhoids, including popular herbal mixtures. Ethiopian indigenous medicine has a long history of employing herbal remedies for hemorrhoids, and a significant portion of the population relies on these natural treatments for various ailments (Getachew et al., 2022). Beyond herbal remedies, some communities incorporate secret herbs, cultural rituals, and sacrifices into their preventive and curative practices for hemorrhoids (Chaitanya, M. V., et al., 2021). Additionally, dietary adjustments, such as increasing fluid and fiber intake, sitz baths, and surgical interventions, are employed to manage hemorrhoid (Denekew, 2014).

Getachew et al. (2022), found that over 50 medicinal plants commonly used in Ethiopia for hemorrhoid treatment, with Fabaceae and Solanaceae being the most prevalent families. Plant

parts like leaves and roots from species such as *Euphorbia Abyssinia*, *Olea europaea*, and *Solanum incanum* are frequently used in indigenous preparations. This diverse range of plants and their parts demonstrates the rich ethnomedical knowledge and practices employed in Ethiopia to address hemorrhoids.

A study by Wang (2022), found Ethiopian herbal medicines for hemorrhoids treatment. The study revealed that herbal remedies have been claimed to reduce the pain, bleeding, and itching associated with hemorrhoids. In addition to reducing hemorrhoidal cushions and rectal prolapse, these remedies promote wound healing. Medicinal plants have long been used in indigenous medicine to maintain health and treat chronic conditions like hemorrhoids.

In Ethiopia, indigenous medicinal plants like *Ruta chalepensis* (*Tenadam*) and *Croton macrostachyus* (*Bisana*) are used to treat hemorrhoids (Agidew, 2022). Other plants used for this purpose include *Opuntia ficus-indica* (*Yebereha Kulkual*), *Eucalyptus globulus* (*Nech Bahir Zaf*), *Cordia Africana*, and *Foeniculum vulgare* (Talema, 2020). Additionally, healers in Bale Mountains National Park utilize ethnomedicinal plants to manage hemorrhoids (Yineger et al., 2008).

However, the above literature focuses more on biomedical treatment mechanisms and medicinal plants for hemorrhoid treatment in different countries of the world, including Ethiopia, and does not deeply explore the indigenous medication of hemorrhoid regarding beliefs about its causes, healing practices, opportunities and challenges in Farta Woreda, South Gondar, Ethiopia.

### **2.3. Theoretical Framework**

Issues of health and illness have been explained from various perspectives. The first major theoretical approach to understanding health systems emphasizes the importance of the environment in shaping health problems and how they spread. The second highlights symbols and meaning in people's expressions of suffering and healing practices. The third point is the need to look at structural factors (political, economic, and media) as the underlying causes of health problems

#### **2.3.1. Medical Ecological perspective**

Medical anthropologists explore human health within diverse environmental and cultural contexts. Medical ecology, a subfield of medical anthropology, specifically examines the

environmental factors that influence health (McElroy, 2009:7). According to them medical ecology is concerned with basic questions:

*How do people survive in their environment? How do they cope with hunger and disease? What resources help them address health issues? Who controls these resources? Are resources limited by ethnic or class divisions? Is the population growing, and if so, how quickly will it outstrip available resources?*

Answers to these questions reflect relationships among community, environment, and health. Therefore, the vulnerability and exposure to specific types of disease within a given societal group is related to environmental factors. Medical anthropologists using an ecological perspective to understand disease patterns view human populations as biological as well as cultural entities.

Adaptation is a key concept in medical ecology. It explains the changes, modifications, and variations that increase the chances of survival, reproductive success, and general well-being in an environment. Alland was among the first to apply the concept of adaptation to medical anthropology. Humans adapt through genetic change, physiological responses, cultural knowledge and practices, and individual coping mechanisms. Therefore, the basic premise in this approach is “health is a function of environmental adaptation, and disease indicates disequilibrium”. The other premise is that “the evolution of disease parallels human biological and cultural evolution”. Foraging, agricultural, and industrial societies face distinct health risks. The epidemiological profile of each subsistence type is shaped by human interactions with the environment and other species, including food sources, domesticated animals, and pathogens (Alland, 1970).

I believe that indigenous medicine among the Farta *Woreda* communities is deeply intertwined with their environment. The knowledge of indigenous healers is closely linked to their understanding of the natural world. This theory provides a valuable framework for comprehending the complex relationship between health, environment, and culture, especially in the context of hemorrhoid treatment through indigenous practices.

This theory helps us understand how indigenous healers select and prepare medicinal plants based on local ecosystems and cultural traditions. It also sheds light on the significance of various natural resources, such as plants, minerals, or other materials available in the local environment, in indigenous remedies. Furthermore, this theory enables us to explore the

environmental impact on health, including how hazardous environmental conditions might contribute to the incidence of hemorrhoids, while favorable conditions could promote better health outcomes. It helps us understand how communities develop cultural practices in response to their environmental conditions and health challenges like hemorrhoids. Ultimately, this theoretical framework fosters a holistic understanding of health that encompasses biological, cultural, and environmental dimensions. It allows us to examine local health practices within their ecological context, providing a more comprehensive perspective on indigenous medicine and its role in addressing health issues like hemorrhoids.

### **2.3.2. Symbolic and Cultural Interpretive Perspective**

This is also called “the symbolic interactionist” approach and focuses on the social and cultural constructions of health, illness and disease. This theory posits that health and illness are not merely objective conditions but are shaped by complex social interactions. People assign meaning to these states and respond to them in culturally specific ways. Some individuals attribute their illnesses to external forces, such as supernatural or spiritual factors, like punishment for wrongdoing (Doda, 2005).

This perspective argued that medical systems are cultural systems and that “explanatory models” could best explain how illnesses are understood by all those who participate in an illness experience the individual, the family, and the practitioners. The concept of explanatory models of illness proposed by Kleinman (1978) introduced a significant shift in understanding the relationship between culture and disease by emphasizing the "native's point of view." This perspective recognizes that an individual's interpretation of their illness may diverge from a healthcare provider's understanding due to cultural, ethnic, and social differences. This divergence can lead to miscommunication between patients and practitioners.

Some medical anthropologists study health systems as systems of meaning. They explore how people in different cultures recognize, describe, and manage illness. Additionally, they investigate how healing systems offer solutions to both individual and societal distress. Interpretive anthropologists view healing rituals, like trance, as symbolic performances. Healing systems impart meaning to those experiencing seemingly inexplicable suffering. This provision of meaning offers psychological support to the afflicted and may enhance healing through a phenomenon known as the placebo effect or meaning effect. This refers to positive

outcomes from healing methods attributed to symbolic or non-material factors (Moerman, 2002).

In Farta *Woreda*, indigenous medications might be associated with rituals, stories, or traditions that hold important symbolic value for the community. So, symbolic perspectives are important to understand how the study communities' views about health, illness and how the local people give symbolic meanings for the healing rituals and ceremonies.

Therefore, the interpretive/symbolic theory is essential in the paper as it provides insights into the cultural interpretation of hemorrhoids, the role of symbols and rituals in the healing process, the importance of understanding patients' perspectives of their illness and treatment and also the importance of understanding patients' participation in the healing process. By incorporating this theoretical framework, the research can delve deeper into the cultural and symbolic dimensions of indigenous hemorrhoid treatment in Farta *Woreda*.

### **2.3.3. Critical Medical Anthropological Perspective**

This theory is also called the “radical political economy” and it is an approach which stresses on the socio-economic inequality in power and wealth which in turn significantly affects the health status and access to health care facilities. Individuals, groups, communities, and even nations often have unequal access to health resources. This disparity frequently leads to uneven patterns of illness and death within a society. Those in positions of power and privilege tend to enjoy better health, while marginalized groups bear a disproportionate burden of disease (Turner, 1987 cited in Doda (2005).

It is a perspective that emphasizes that social and political factors (for example: poverty, social inequality, discrimination, structural violence) are important elements in understanding and treating health and disease (Ember, 2004). Political economy of health which is influenced by Marxist theory and dependency theory was mainly analysis of the impact of global economic systems specially capitalism on local and national health. So that economical contribution/ economy/ is the major role to survive in the natural world, either in health treatment and other activities. Professional medication to discourage most indigenous types of healing of illness, and maximize their own effective treatment practices (Mulugeta, 2018).

This theory plays a significant role in my research paper, providing a framework for understanding the socio-economic and political factors that influence health and healing

practices. This theory is crucial for understanding the social dynamics of healthcare access in the study area or helps to understand the accessibility and cost-effectiveness of indigenous healing practices to hemorrhoid treatment or to analyze how economic constraints force individuals to seek indigenous treatments.

This theory critiques the dominance of biomedical practices over indigenous healing methods. Based on this helps to understand indigenous medication as being undervalued and often dismissed as ineffective compared to modern medicine. So, this theory is essential for recognizing the cultural significance and effectiveness of indigenous practices in treating conditions like hemorrhoids.

Generally, critical medical anthropology theory is vital in the paper as it provides a lens to examine the socio-economic and political factors influencing hemorrhoid diseases, critiques the dominance of biomedical approaches, and advocates for a more inclusive understanding of health that recognizes the value of indigenous healing practices in the study area. By employing this theoretical framework, the research can provide a more nuanced and critical analysis of the role of indigenous medicine in addressing hemorrhoid treatment in the study area.

Over all, cultural interpretive anthropology and critical medical anthropology might seem like opposing viewpoints, but I used them to explore different aspects of hemorrhoids in Farta Woreda. Cultural interpretive anthropology focuses on understanding the emic (insider) perspective of health and illness. It emphasizes the symbolic meanings, beliefs, and practices associated with a particular condition. In the context of hemorrhoid this theory focuses on eliciting local beliefs about the causes of hemorrhoids and exploring the meanings associated with various healing practices of hemorrhoids. Critical medical anthropology, on the other hand, examines the broader social, economic, and political factors that influence health and illness. In the context of hemorrhoid this theory focuses on opportunities to used and challenges of indigenous medicine of hemorrhoid. Additionally, this theory examining the power dynamics between indigenous healers and biomedical practitioners. By combining these two approaches, I gained a richer understanding of hemorrhoids in Farta Woreda. This can help develop more effective and equitable healthcare interventions that consider both local beliefs and broader social factors.



## CHAPTER THREE

### 3. RESEARCH METHODS

#### 3.1. Description of the Study Area

Farta Woreda is situated in the south Gondar Administrative Zone of Ethiopia's ANRS. With a total area of 817,385,415 km<sup>2</sup>, it is bordered on the north by Ebenat Woreda, on the west by Fogera Woreda, on the south by Estie Woreda, and on the east by Guna Begimeder Woreda. Farta Woreda administrative center, Debre Tabor, is 666 kilometers from Ethiopia's capital, Addis Ababa, and 96 kilometers from the ANRS's seat, Bahir Dar (Mekonnen, 2022).

Farta Woreda spans an altitude range of 1500 to 4135 meters above sea level and encompasses three agro-ecological zones. The three agro-ecological zones are: *Woina-dega* (subtropical), this zone, covering 56% of the area, ranges from 1500 to 2300 meters above sea level. Second *Dega* (temperate), this zone, accounting for 45% of the area, ranges from 2300 to 3200 meters above sea level. Third, *Wurch* (altitude), this zone, comprising 1.5% of the area, lies above 3200 meters above sea level. Over 70% of the land is characterized by gently sloping hills and gullies, making the area highly susceptible to severe soil erosion. Soil erosion is a significant factor limiting agricultural yields in the region (Mulugeta, 2018).

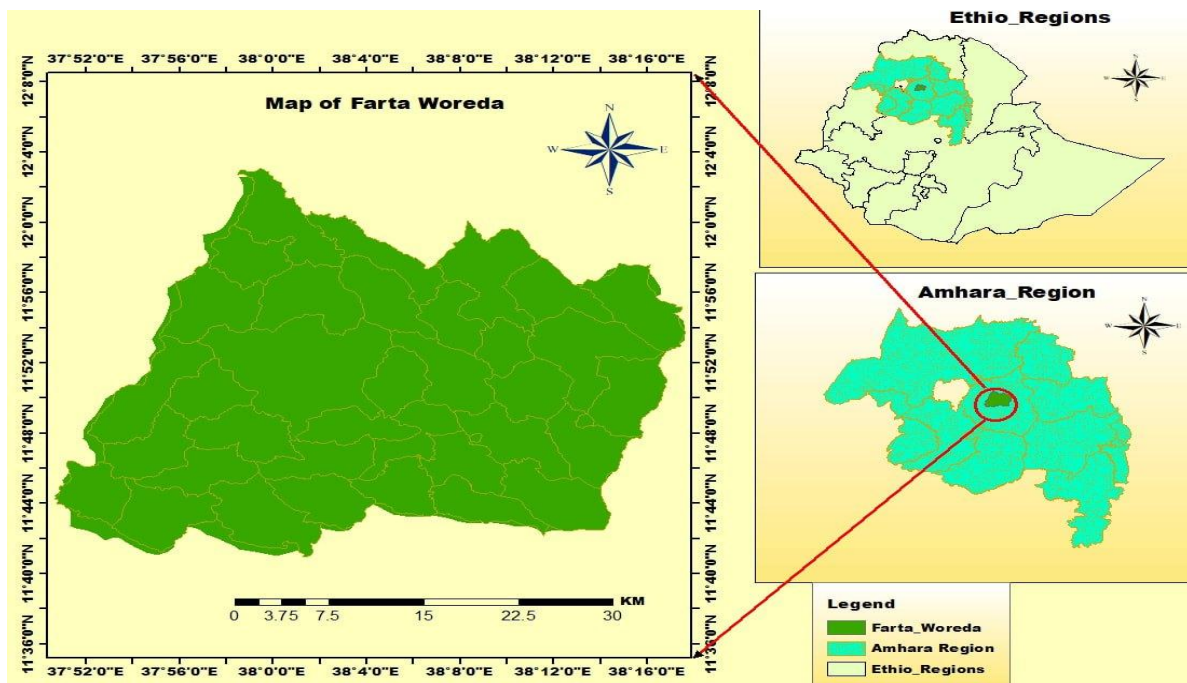


Figure 3. 1 Location of the Study area

Source author 2024

The climatic condition of the study area is suitable for the growth of various types of agricultural crops and the production of various species of livestock. There are four main agro-ecological zones in the region. Those are 25% low-land and 45% medium-high-land. 24% highland 6% gorge. The annual temperature ranges between 9 and 25 degrees Celsius, and rainfall varies from around 1250mm in the lowlands to 1500 mm in the highlands during the rainy season (Agazie, 2015).

### **3.1.1. Natural Vegetation of the Study Area**

The forest and woodland resources of the study areas can be categorized into four major vegetation types, i.e., natural forests, plantation forests, farm forests, shrubs, and bush lands. The research areas' agroforestry practices include woodlots, farmland, border, and roadside plantations. The major indigenous tree species constituted in the natural forest resources of the study areas are: *Wanza* (*Cordia Africana*), *Weira* (*Olea Africana*), *Tid* (*Juniperus procera*), *Kitkita* (*Dodonaea viscosa*), *Mesana* (*Croton macrostachys*), and *Girar* (*Acacia abyssinica*). Other species are also found, but rarely in the lowland parts of the study area. However, in the district, forest-related problems are observed, like forest land degradation and loss of biodiversity, monospecific plantations, shortages of forage trees, a low survival rate, illegal extraction of forest resources, a weak legal framework to penalize those involved in illegal extraction, failure to implement regulations for forestry, a lack of incentives to encourage the private sector, and different institutions that do have good accomplishments. In general, different demographic, socioeconomic, biophysical, and institutional problems are the major challenges that cause forest destruction (Mulugeta, 2018). Generally, the above indigenous trees have been used for the treatment of different diseases like habitats, rabies's diseases, hemorrhoids, malaria, and so.

### **3.1.2. Population, Economic, and Socio-Cultural Conditions**

According to team (2018), the total population of Farta *Woreda* is estimated at 232,337, of which 118,599 are male and 113,738 are female. From this, the urban population is 6,780 and the rural population is 225,557, for a total of 45,739 households. Farta *Woreda* has an estimated population density of 227 persons per square kilometer, and the average family size is 5 (Mulugeta, 2018).

The most important social and economic problems are pervasive poverty and a high population growth rate with declining agricultural production. The primary economic activities in the *Woreda* are rain-fed agriculture and free-range livestock rearing. The

dominant crops cultivated in the area include barley, wheat, teff, sorghum, maize, field beans, peas, chickpeas, oil crops, and root and tuber crops like potatoes (Agazie, 2015).

Agriculture is an important livelihood resource that plays a significant role in household sustenance and income generation. Cattle, sheep, goats, pack animals, and poultry are the most common domestic animals raised in rural areas. In addition, there is the production of honey in the study area. The major challenges in relation to livestock production in the study area include a lack of grazing land, a lack of feed, a lack of improved breeds, livestock diseases, and poor management practices (Mulugeta, 2018). The Amhara ethnic group constitutes the majority of the population in the Woreda, representing 99.57%. Amharic is the primary language for 99.96% of the population, and 99.57% adhere to Ethiopian Orthodox Christianity (Agazie, 2015).

The socio-economic and political center of Woreda is Debre Tabor. During the market days, people from different localities come and exchange agricultural products, manufactured goods, clothes, different animals, etc. In order to put into practice socio-cultural activities and solve problems, the communities had different traditional, social, and cultural organizations like *Mahiber*, *Eder*, *Ekub*, and *Yehager Shmaglie* (Mulugeta, 2018).

Farta Woreda, Ethiopia, has a network of healthcare facilities, including eight health centers and 37 health posts. Additionally, there are hospitals within the woreda, providing a range of healthcare services to the local population (team, 2018). In addition, there are different healers who practice their indigenous knowledge to prevent illness or provide health care for the community. Indigenous practitioners include bonesetters, birth attendants, tooth extractors (called '*Wogasha*' and '*yelimdawalaj*' respectively in Amharic), *herbalists*, as well as '*debtera*', '*tenquay*' (witch doctors), and spiritual healers such as '*Merigeta*' and '*kalicha*' (Mulugeta, 2018).

Generally, hemorrhoids are a common health issue in Farta Woreda, the community provides an appropriate and fertile ground for exploring indigenous health beliefs and practices related to hemorrhoids. However, indigenous medication practices and health beliefs of Farta Woreda related to hemorrhoids are under-researched, and there is a lack of comprehensive research documenting these practices. Thus, the area could greatly inspire me to select and propose a study. Therefore, it is particularly relevant to study this issue in this area. So, due to financial, time, and logistical constraints, the researcher purposefully selected two rural kebeles and one urban center. As it was not feasible to cover all kebeles and urban centers,

the researcher aimed to capture a wide range of perspectives on indigenous medicine for hemorrhoids by selecting participants from various groups.

### **3.2. Study Approach and Design**

In this study, a qualitative research approach was used. In most cases, anthropologists prefer to use qualitative methodology so as to get detailed and reliable data from their study participants (Bernard, 2006). Furthermore, qualitative research is useful to collect data about human life realities, experiences, behavior, emotion and feeling, organizational function, social movement, cultural phenomena, and their interaction with nature (Straus and Corbin, 1998, cited in Mulugeta (2018). In this research, I use a qualitative approach because it helps to explore the thoughts, beliefs, feelings, activities and experiences of the study participants which are difficult to quantify and measure. So, I employed a qualitative approach to gather in-depth information on the beliefs about the etiology, healing practices, opportunities and challenges of hemorrhoid treatment through indigenous medicine of the research participants.

An ethnographic design was employed in this study. Ethnography is a qualitative research procedure for describing, analyzing, and interpreting culture-sharing groups shared patterns of behavior, beliefs, and language that develop over time (Creswell, 2012). Ethnography is a descriptive account of social life and culture in a particular social system based on detailed observations of what people actually do (Johnson,2000 cited in Mesfin.H. (2017).

Therefore, I employed an ethnographic design for this research, as it necessitates careful observation and interaction with members of the study community. I chose this ethnographic design because it allows me to effectively convey the study community's emic perspective on the causes, healing practices, opportunities, and challenges of indigenous medicine for hemorrhoids. To implement this ethnographic design, I conducted five months of fieldwork, during which data was collected through field observation, focus group discussions, and in-depth interviews, including key informant interviews.

### **3.3. Participants of the Study and Sampling Techniques**

#### **3.3.1. Study Participants**

To gain a comprehensive understanding of local health practices and the beliefs of the study community regarding the cause of hemorrhoids, the healing practices, opportunities and challenges of indigenous medicine for hemorrhoids in Farta *Woreda*, I purposefully selected

a diverse range of participants. These participants were chosen to provide insights from various perspectives, including:

**Indigenous Healers:** Participants were selected based on their recognized expertise in treating hemorrhoids. These individuals often have extensive knowledge of herbal remedies, massage techniques, and other indigenous healing methods passed down through generations. Their selection was influenced by their reputation within the community and their accessibility to the researcher. The inclusion criteria for indigenous healers in hemorrhoid treatment research would typically consider factors such as sex, experience, community recognition, willingness to participate and knowledge of indigenous practices, etc. Conversely, exclusion criteria might include lack of experiences and reluctance to participated.

**Patients:** Participants were selected from among clients who had sought treatment for hemorrhoids from indigenous healers. These individuals were chosen for their firsthand experiences with hemorrhoid and the effectiveness of indigenous treatments. Their insights into their perceptions, beliefs, and attitudes towards hemorrhoids and its treatment were invaluable. The inclusion and exclusion criteria for these participants in hemorrhoid treatment research would typically consider factors such as age (above 18 years), sex, residence, and experience with hemorrhoid, willingness to participate.

**Community Leaders/Elders:** Participants were selected to represent the broader community perspective. Their involvement was crucial for understanding the socio-cultural dynamics surrounding indigenous healing practices. The inclusion and exclusion criteria for these respondents in hemorrhoid treatment research would typically consider factors such as age (recognized as respected elders), sex, residence, community involvement and willingness to participate.

**Health Officers:** Participants were selected from local health centers to offer a contrasting perspective on indigenous healing practices. Their views were essential for understanding the relationship between modern medicine and indigenous healing methods. The inclusion and exclusion criteria for indigenous healers in hemorrhoid treatment research would typically consider factors such as sex, profession, experience and willingness to participate.

Generally, the selection of participants was guided by a saturation process, meaning that the researcher continued to include participants until no new information was being obtained.

This approach ensured that the data collected was comprehensive and reflective of the community's diverse perspectives.

### **3.3.2. Sampling Techniques**

The researcher purposively selected participants who could provide valuable insights into indigenous hemorrhoid treatments in Farta *Woreda*. This technique effectively gathers diverse, rich and relevant data from the community regarding indigenous healing practices for hemorrhoid diseases in Farta *Woreda*.

By using a purposeful sampling technique, I choose participants with a specific goal in mind. These goals may include the study's objectives, the data needed to address the research questions, the participants' level of subject-matter expertise, and their willingness to engage in the study. This sampling technique supports data collection from research participants who are knowledgeable about the local culture and health-related practices.

To address the study objectives, two rural kebeles (*Gena Mechawechea* and *Qualeha*) and one urban center (Debre Tabor Town) were purposefully selected. These locations were chosen due to the researcher familiarity with the area or my birth area, the abundance of indigenous healers, and the ease of accessing individuals with hemorrhoids. This purposive sampling aimed to ensure that the selected areas would provide relevant and rich data.

A total of 29 participants (19 males and 10 females) were selected. This sample size was determined by reaching data saturation. The participants included 7 were local indigenous healers, 10 were patients, 7 were community members (local elders and youth) who lived in the study area nearby, and 5 were modern medical officers of the health center. The selection process was guided by saturation, ensuring that the data collected was comprehensive and informative. The selection process considered various demographic factors such as age (older than 18 years), sex, profession, experience, social status, and community acceptance. This ensured a diverse and representative sample of the community.

### **3.4. Methods of Data Collection**

I employed a combination of in-depth interviews, key informant interviews, focus group discussions, and direct observation to gather comprehensive data on indigenous medication practices for hemorrhoids. Each method served a specific purpose in enriching the research findings. Therefore, to get the essential data for the successful completion of this study, the following primary methods of data collection instruments was used:

### **3.4.1. In-depth Interview**

In-depth interviews are a crucial qualitative research method for gaining a comprehensive understanding of an interviewee's perspective or situation. By employing this method, I gather detailed information about a person's thoughts, feelings, and experiences on indigenous medication of hemorrhoid. By conducting in-depth interviews, I can uncover rich, nuanced insights that may not be accessible through other methods. I used an unstructured interview to gather in-depth personal experiences and perspectives from participants in a natural and flexible way on a study topic. Data was gathered through in-depth interviews with local healers, community members, patients and biomedical healthcare providers in Farta *Woreda*, specifically *Gena Mechaweche*, *Qualeha Kebeles*, and Debre Tabor Town, from April to August 2024. This data collection method was essential for gathering detailed information from participants regarding their beliefs about the causes, healing practices, opportunities, and challenges of hemorrhoid treatment through indigenous medicine.

The selection of in-depth interview informants was conducted through purposive sampling. A total of 21 in-depth interviews were conducted. Six interviews were held with indigenous healers, seven interviews were held with patients, four interviews were held with community members, four interviews were held with biomedical healthcare providers.

The interview was done through face-to-face conversation between the interviewees and the interviewer in order to verify more about the issue and based on interview questions. The interviews were conducted in Amharic language, depending on the participant's ability. With the participants' consent, electronic audio recorders, photos, and notes were used to document the interview conversations.

### **3.4.2. Key Informant Interviews**

The researcher employed key informant interviews for this study. Key informant interviews are in-depth conversations with individuals possessing specialized knowledge or experience in a particular field. This method is crucial for gathering rich, nuanced data. These interviews allow for a deep exploration of complex topics and sensitive issues, and can provide unique insights and perspectives that may not be accessible through other methods.

Using purposive sampling, the researcher selected the President of indigenous healers' in Amhara Region, one respected community leader, and two specialist biomedical doctor for this study. When selecting key informants, the researcher considered criteria such as

expertise, experience, community standing, and willingness to participate. These informants often have a broader understanding of the community's health practices and can provide valuable information on the effectiveness and cultural significance of indigenous healing methods for hemorrhoids. By utilizing this data collection tool, the researcher gathered rich information from participants regarding indigenous medicine for hemorrhoids, including beliefs about the causes of hemorrhoids, indigenous healing practices, and opportunities and challenges.

### **3.4.3. Focus Group Discussions**

To gain valid data about the study and strength the value of the collected data through other data collection techniques the researcher also collected additional information through focus group discussions. The reason that pushed me to use focus group discussion in addition to the above methods is that, in order to widen or expand data through discussion and help to share ideas, cross-check in-depth searches of ideas. The group setting encourages interaction among participants, which can reveal social dynamics and collective views that might not emerge in one-on-one interviews. This data gathering technique was employed to gather diverse information relevant to the research questions.

During the discussions, the researcher acts as a moderator, guiding the discussion with relevant questions and managing any diversions from the central topic. This role is crucial for maintaining focus and ensuring that all participants have the opportunity to contribute. I facilitated group interactions that reveal shared beliefs, cultural norms, and diverse perspectives on the cause of hemorrhoids, indigenous healing practices, opportunities and challenges of indigenous medication for hemorrhoids.

While conducting the discussions, I selected some people on the basis of purposely with the help of my research. In this research I held two sessions of focus group discussions (FGD). This number was deemed sufficient as the analysis indicated data saturation had been reached. In other words, conducting further FGDs was unlikely to yield any new or significant insights. Participants are chosen based on their willingness to engage in the discussion, which enhances the quality of the data collected. First, I arranged FGD with 6 community elders of the same background. They discuss the beliefs about the causes of hemorrhoids and indigenous healing practices for hemorrhoids, opportunities and challenges of indigenous medication for hemorrhoids. Second, I arranged FGD with 7 patients who came to attend treatment. They discuss beliefs about the causes, ways of healing practices,



opportunities and challenges of indigenous medication for hemorrhoid treatment. By doing this the researcher hoped up with different ideas from different angles. These methods of data gathering are used to gather diverse information about the research question.

FGDs were conducted in the local language (Amharic). With the consent of the participants, in the whole two FGDs, various tools, such as tape recorder, notebooks and pens are used to document the discussions. This ensures that the data collected is accurate and can be analyzed effectively later on.

#### **3.4.4. Observation**

Observation is one of the most appropriate methods to gather valuable information in anthropological studies. Data gathered through observation was also valuable in determining whom to recruit as study participants and how best to recruit them (Mack et al., 2005).

The researcher employed direct observation to minimize subjective bias and gain a firsthand understanding of indigenous healing practices for hemorrhoids. This observational approach was crucial for gathering firsthand information about behaviors, practices, and social interactions in their natural setting, particularly indigenous hemorrhoid treatment. By utilizing observation, the researcher gained a more authentic and nuanced understanding of the community's experiences and perspectives towards my study. The data collected through this method helped to corroborate or assure and cross-check the validity of the data gathered from in-depth interviews, key informant interviews, and focus group discussions.

I observed indigenous healer sites and healing processes to gain a comprehensive understanding of indigenous medicine practices within the study community. Specifically, I observed healers' indigenous healing processes for hemorrhoids, including disease identification, healing mechanisms, dosage determination, drug prescription, and treatment advice. Additionally, I observed the interactions between healers and patients, gaining insights into the challenges of hemorrhoid treatment through indigenous medicine.

With the participants' consent, electronic audio recorders and photos were used to document the observations. During the observation, patient and healer consent and autonomy were respected throughout the observation process. Because patients may feel uncomfortable being observed and recorded due to the sensitive nature of the area or healing private body parts like the anus. Therefore, I ensured that all observations and recordings were conducted ethically and with the utmost consideration for patient well-being.

### **3.5. Method of Data Analysis**

When the data gathering is complete, data analysis is done through coding, categorizing, representing, and interpreting, as well as reviewing the raw and recorded data. I used thematic methods of analysis, which will allow for flexibly identifying, analyzing, and reporting patterns (themes) of the data. Because, it helps to identify, categorize, analyze, and interpret patterns of the research data. Moreover, it is a good approach to trying to find out my research questions about people's views, opinions, knowledge, experiences or values from a set of my data. The data was first transcribed in Amharic and then translated into English for data analysis.

First, by looking at the collected data through interviews, observations, FGDs and personal memos I could get familiar with the data. Next, by organizing and grouping similar data I was creating coding and sub-coding. And I was beginning to sort and categorize the data or grouping similar codes together to form coherent categories. After creating code, I identify patterns among them, and start coming up with themes or start combining codes into themes that represent my data. Then I was making sure that my themes are useful and accurate representations of the data. So, I returned to the data set and compared my themes against it. Finally, I was defining and naming the themes and I was given a brief and easily understandable name for each theme.

Generally, all qualitative data from observations, in-depth and key informant interviews, FGDs, fieldwork, and personal memos was organized thematically and analyzed. I was interpreting the data by summarizing the overall findings, comparing the findings to the literature, discussing a personal view of the findings, and stating limitations and future research. I could use various criteria to assure the quality of this study. Some of the requirements were credibility, conformance, and trustworthiness. The reliability and credibility of the data was ensured by triangulation with multiple methods of data collection, thereby enhancing the validity of the study. The representativeness of the research findings was confirmed by knowledgeable research participants and language interpreters. To ensure the reliability of the data, I use a conceptual framework based on multiple qualitative methods (FGD, in-depth interview, key informant interview and observation).

### **3.6. Ethical Consideration**

It is obvious that ethical consideration is as essential as other aspects in the process of conducting research, for it significantly affected the success of the study. In this regard, a

researcher needs to consider the ethical standards of the community in which the research was conducted. Therefore, I was considering the social and cultural value of the community in which the research was carried out.

First, the clearance was obtained from Bahir Dar University, Department of Social Anthropology. The Woreda governing bodies and other concerned bodies were contacted, and permission was obtained from them. The objective and purpose of the research was clearly communicated to participants while writing the report. I could refrain from using unnecessary terminologies that might disappoint the participants of the study, and I try to avoid my personal biases. Confidentiality and anonymity are ensured. The participants were not personally identified in any publications or presentations of this study. Pseudonyms were used to identify participants and identify features also altered in the transcripts. The interest of participants was given due place in the indigenous medication of hemorrhoids. For the thesis's trustworthiness, some necessary images were inserted. The relationship between the researcher and the participants was based on mutual trust, which will not be misused, and all ethical concerns could be respected appropriately throughout the process of the study. In the context of healing practices, both the healer and the patient need to be willing to participate in the observation process. If either party is unwilling, I could respect their decision, and I explore alternative ways to monitor healing without compromising their comfort or privacy.

Regarding taking photos or images, I prioritized patient confidentiality and consent. If patients and healers are willing, photos or images was taken for documentation purposes with explicit consent from the individuals involved. This documentation can serve as a visual record of the healing process and may aid in tracking improvements or identifying any complications. However, it is essential to adhere to ethical guidelines, respect patient privacy, and ensure that all images are securely stored and used solely for research purposes. Finally, all of the participants accepted the idea and came to an agreement.

### **3.7. Positionality of the Researcher**

As a native of the area, I had firsthand experience observing individuals suffering from hemorrhoids, the healing processes, and the interactions between patients and healers. The growing acceptance of healers and their treatments for hemorrhoids motivated me to undertake this study.

As a lecturer with a background in social anthropology, my research on indigenous medications for hemorrhoids in Farta Woreda was influenced by my perspective as an Ethiopian/Amhara researcher. While I brought research methods and a foundation in medical anthropology, I acknowledged the potential for my background to influence my interactions with the community. I prioritized building trust with community members through respectful engagement, active listening, and a genuine interest in understanding their perspectives.

I recognized that beliefs about the causes of hemorrhoids might differ between the local community and my own cultural background. I approached these beliefs with respect and an open mind, avoiding assumptions or judgments. I acknowledged the deep cultural significance of indigenous healing practices and approached them respectfully, exploring their potential while acknowledging the challenges they may face.

Furthermore, I recognized the potential power dynamics in the research relationship. I prioritized ethical conduct, including obtaining informed consent, maintaining confidentiality, and upholding the well-being of all participants. I actively worked to minimize any potential biases. Finally, I understood that hemorrhoids are a sensitive health issue. I strived to create a safe and comfortable environment for participants to openly discuss their experiences, addressing any concerns related to the stigma surrounding hemorrhoids or the use of indigenous remedies.

### **3.8. Fieldwork Experience**

As most Social anthropologists did, I have traveled from Bahir Dar to Farta *Woreda* of North Western Ethiopia for this research. After preparing myself for fieldwork, I started the journey from Bahir Dar to Farta *Woreda*. I have traveled about 96 kms. During my stay from April to August 2024, I was kindly hosted by my family in a rural area and my best friend in Debre Tabor Town. To build trust and rapport with my study participants, I made efforts to establish strong relationships.

In the field work, I faced a lot of challenges. The first challenge that faced me was the absence of transportation services from urban centers to rural *kebeles*, due to the current existing Amhara Region conflict problem. I relied on Bajaj transportation with the permission of the Ethiopian National Defense Forces. Other challenges that faced me were healers were very busy generating the information due to the presence of many patients at their working

area. However, I managed this challenge with being flexible and adaptable to accommodate the healers' schedules, especially if they are busy with patients. And also, the healers were located in a dispersed geographical location that challenges me to travel easily from one healer destination to the other healer destination. One unforgettable incident was when I returned to Bahir Dar University after collecting data, robbers stopped the car I was in and stole my phone and money.

Fieldwork in Farta Woreda provided a rich understanding of indigenous beliefs, practices, opportunities, and challenges related to hemorrhoids. I encountered a diverse range of beliefs about hemorrhoid causes among community members. I was surprised by the variety of indigenous healing practices, which included herbal remedies, massage techniques, and even spiritual healing rituals. I observed a high level of trust and reliance on indigenous healers within these communities, highlighting their crucial role in local healthcare systems. Through this fieldwork, I learned to respect indigenous knowledge, the importance of community engagement, and the need for further research in this area.

During this field work period, several key observations were made. Positive interactions between patients and local healers were frequently observed. However, concerns were raised regarding inadequate patient bathroom facilities. Indigenous wound care practices were observed, including the use of water for washing hemorrhoid wounds. Furthermore, the study examined indigenous medicine practices. Variations in drug preparation and storage were noted, with kilograms often used as a measurement unit. The diagnostic procedures employed by local healers for identifying hemorrhoid patients were observed. Additionally, the use of indigenous medicinal plants such as African wormwood [*chikugn*] *Artemisia afra*, *Kulekual* (*Euphorbia abyssinica*), *Kenechib* (*Euphorbia tirucalli*), *Gorteb* in hemorrhoid treatment was documented. Various materials used in indigenous healing practices and tools for measuring drug quantities were also observed. Finally, the study included visits and documentation of indigenous healing sites. Above all, I have completed my research effectively by compromising the challenges that strongly faced me in the field. So, it gives me pleasure to see the final thesis result.

## CHAPTER FOUR

### 4. BELIEFS OF THE COMMUNITY IN FARTA WAREDA TOWARDS THE CAUSES OF HEMORRHOID DISEASES

This chapter presents the community's beliefs about the causes of hemorrhoids in Farta *Woreda*. It incorporates perspectives from various stakeholders, including patients, healers, community leaders and biomedical health officers.

#### 4.1. Causes of Hemorrhoids

According to my informants, hemorrhoids are a common health issue in Farta *Woreda*. In the study community, beliefs about the causes of hemorrhoids are deeply roots in cultural interpretations and local practices. These culturally embedded explanations offer a unique lens through which the community perceives and addresses this health issue. The cultural interpretive theory emphasizes that health and illness are understood through an emic lens.

According to participant of the local healer one (LH1), hemorrhoids (*Kintarot*) are a serious and contagious or infectious disease that can cause more harm than HIV AIDS. It can lead to various health problems, including eye damage, urinary tract obstructions or blocks, and heart and blood vessel issues. Similarly, local healer four (LH4) explained that hemorrhoids can appear in different parts of the body, causing severe pain and being influenced by hormone levels. This suggests that hemorrhoids are a painful condition that can affect various body parts, from tendons to fingers and toes. The data obtained from the multiple respondent's indicated that the causes of hemorrhoids are attributed to various factors, including sitting in the heat, the attacks of fever (*Michi*), prolonged toilet use, genetics, constipation, diarrhea, and dietary issues. These diverse etiological explanations underscore the complex interplay of cultural, environmental, and physiological factors that contribute to the development of hemorrhoids in this *Woreda*. This is supported by (Kleinman's,1978) concept of "explanatory models of illness" emphasizes that communities possess their own cultural explanations for illnesses. This perspective aligns with the findings in Farta *Woreda*, where both community members and indigenous healers have their own definitions for hemorrhoids and hold various beliefs about their causes.

#### 4.1.1. Sitting on the Heat

According to my informants, sitting on heated surfaces, such as hot stones or engine components, is widely believed to be a significant causative factor for hemorrhoids in the study area. Prolonged heat exposure inflames the delicate blood vessels around the anus, leading to irritation, swelling, and impaired blood circulation, ultimately resulting in hemorrhoid formation. According to patient three (P3) explanation:

*As you can see, I am a woman who is suffering from hemorrhoids disease and live in the rural area. When we lived in the rural area, my husband did various jobs and I used to take care of the cattle. When I maintained or kept the cattle, I would rust or fade away because I was pregnant, so I used to sit on the ground or land with a stone. I believe that the reason for my hemorrhoid is sitting on the land or the stone. Because the area where I keep the cattle is plain and hot, the land and stones are more likely to overheat. So, I believe that the reason for contracting with hemorrhoid on my anus is sitting in the heat. [Female 34 years, Gena Mechawecha kebele, May 14, 2024].*

According to the above statement sitting on hot surfaces like stones or heated land, can significantly increase the risk of developing hemorrhoids. The heat can directly irritate and inflame the delicate tissues in the anal area, leading to the development of hemorrhoids.

The data gained from in-depth interviews with local healer three (LH3) indicate that sitting on hot surfaces can damage blood vessels and tissues around the anus, leading to inflammation and hemorrhoid formation. Similarly, local healer two (LH2) describes that, when individuals sit in the heat, it can block blood circulation in the anal area. This blockage can lead to the formation of ulcers and ultimately result in hemorrhoids. Because, the blood cells around the anus are very sensitive and can easily swell and become scarred. Therefore, the blood vessels around the anus become inflamed, swollen and scarred, turning into hemorrhoids.

Specific groups, such as drivers, are particularly vulnerable as they often sit on hot engines for long periods, increasing their risk of developing hemorrhoids due to the heat. The data gained from interview local healer one (LH1) indicated that drivers who sit on hot engine seats are at increased risk. The heat from the engine can directly affect the body, potentially damaging blood cells and leading to hemorrhoids. Further, he said that:

*Drivers sit on a hot engine. After that, the blood vessels around the anus are burned and become useless. Next, all the blood vessels are blocked. After they are closed, it gradually becomes inflamed and causes infection. This is the main reason for the rise of hemorrhoids.* [Male 50 years, Gena Mechawech kebele, May 14, 2024].

The data gained from FGD1 with community elders indicated that sitting on hot stones for extended periods can significantly increase hemorrhoid risk. The heat from the stones can directly affect the anal area, causing inflammation and swelling in the blood vessels.

Relation to the above explanations, local healer five (LH5) and six (LH6) both emphasized the connection between heat exposure and hemorrhoid development. LH5 believes that increased temperature leads to increased blood circulation, and prolonged sitting on hot surfaces can exacerbate this, hemorrhoid formation. Local healer six (LH6) emphasized the risks associated with sitting in hot environments, such as volcanic areas or other heated environments. The heat in these environments can increase pressure on the blood vessels in the anal area, leading to inflammation and swelling, which are key factors in the development of hemorrhoids. Because heat exacerbates the condition by putting additional strain on these blood vessels. The above participants in the study believe that heat exposure, particularly prolonged sitting in hot environments, as a major risk factor for hemorrhoids. This belief is supported by numerous accounts from community members, including LH4, LH5, CM1, and P2. This viewpoint is shared by (Kahissay & Fenta, 2015), who indicate that strong heat can also serve as a major cause of hemorrhoids, such as sitting on heated soil or stone, or using heated stones as toilet paper.

Ecological anthropologists examine the relationship between humans and their environment. Health is a dynamic equilibrium between man and his environment, and disease is maladjustment of the human organism to environment (Ember & Ember, 2003). From an ecological medical anthropology perspective, the environment plays a crucial role in influencing health outcomes. Certain environments may contain factors that contribute to illness, while others provide conditions conducive to well-being (Alland, 1970). Therefore, regarding these, participants in this study identified a hot environment as a significant hemorrhoid risk factor. Prolonged exposure to heat, such as sitting on hot surfaces or stones, is believed to increase hemorrhoid risk by irritating and inflaming the blood vessels around the anus.



In general, sitting on hot surfaces is a significant risk factor for hemorrhoids in the study area. The heat can directly irritate and inflame the delicate tissues around the anus, disrupting blood circulation and leading to the development of hemorrhoids.

#### **4.1.2. “The Attacks of Fever” (*Michi or Gerefit*)**

According to healers and community perspectives, *Michi* is often linked to sun exposure during defecation. Study community believed that the attacks of fever (*Michi*) are the other major contributing factors of hemorrhoids development. Direct sunlight on the anus can cause irritation and inflammation of the blood vessels, leading to conditions that favor hemorrhoid formation. The heat from the sun can burn and injure the blood vessels, resulting in swelling and potential bleeding.

The data obtained from in-depth interview healers indicated that the attacks of fever (*Michi*) is a significant cause of hemorrhoids in Farta *Woreda*. They explained that when people defecate in the open, the sun's rays directly hit their anus, irritating the blood vessels and potentially leading to hemorrhoids.

Related to the above statement local healer six (LH6) and patient seven (P7) explanations, if the toilet is not well built, the anus area can be hit by a sun's rays landing on the anus. The combination of hot and cold air, especially when the sun's rays hit the anus, can lead to swelling and inflammation of these blood vessels, ultimately resulting in hemorrhoids. Once hemorrhoids form, they can cause further complications such as bleeding and increased blood pressure in the affected area. This view point is interconnected with ecological medical perspective. Because ecological medical anthropology explores how environmental changes can impact health and disease patterns. For instance, changes in environmental practices, such as defecating in open fields exposed to sunlight, can contribute to health issues like hemorrhoids.

In connection with the above statement in-depth interview with local healer one (LH1) indicated that sun exposure during defecation can lead to hemorrhoids. The sun's rays can irritate and burn the delicate tissues around the anus, causing itching and inflammation, which can ultimately lead to hemorrhoid formation. These beliefs align with the perspectives of community elders (CM2) and patient seven (P7). In relation to this, patient one (P1) said that:

*When a fever (Michi) strikes, if left untreated, it can lead to complications like ulcers, hemorrhoids, and other illnesses. I suspect that my hemorrhoids may be a result of previous fevers. I was exposed to sunlight while using the toilet, and I believe this sunburn may have contributed to the development of my hemorrhoids. [Male 32 years, Gena Mechawecha kebele, July 20, 2024].*

According to the above statement when individuals defecate in the field and sunlight directly hits the anus, it can cause irritation and inflammation of the blood vessels. This irritation can lead to the formation of pus or ulcers, which are precursors to hemorrhoids.

The data gained from FGD2 with patients indicated that the attacks of fever (*Michi*) can cause inflammation in the blood vessels around the anus. This inflammation can lead to swelling and increased pressure, which are significant factors in the development of hemorrhoids. I understand from the participants, the combination of fever, sun exposure, and the resulting inflammation of the anal blood vessels creates a conducive environment for the development of hemorrhoids.

In general, *Michi* or the attacks of fever are believed to contribute to hemorrhoid development due to their association with sun exposure and subsequent inflammation of the anal blood vessels. Participants reported that direct sunlight on the anus during defecation can lead to the formation of pus or ulcers, further aggravating the condition and ultimately resulting in hemorrhoids. This findings is similar with (Hodes, 1997), who revealed that excess sun exposure is believed to cause mitch, leading to skin disease, and strong winds are thought to cause pain wherever they strike or hit.

#### **4.1.3. Toilet use**

##### **4.1.3.1. Unsanitary Toilet use**

According to my informants, community believes that improper or unhygienic toilet use can contribute to hemorrhoid development. Using harsh materials like hot stones, chemically treated papers, and poisonous leaves can irritate and burn the blood vessels surrounding the anus, leading to swelling and inflammation, which are significant contributing factors to hemorrhoid formation. The data gained from in-depth interview local healer three (LH3) stated that hemorrhoids can be caused by parasitic infections resulting from blood contamination. He suggests that fungi can accumulate in the blood vessels around the anus

and damage them, particularly when individuals fail to clean themselves properly after using the toilet. Patient two (P2) and patient four (P4) stated that:

*We believe that careless toilet use plays a major role in the rise of our hemorrhoids. Because as cleaning the anal area with stones, leaves, or other harmful materials, can contribute to the development of hemorrhoids. These practices can irritate and damage the delicate tissues around the anus, leading to inflammation and swelling.* [Males 28 and 25 years, Gena Mechawecha kebele, May 13, 2024].

In relation to the above statement, local healer six (LH6) and seven (LH7) identified poor toilet hygiene as a contributing factor to hemorrhoids. Using harsh or unsuitable materials to clean the anal area can damage the sensitive skin, leading to bleeding, swelling, and the development of hemorrhoids. In rural areas, where access to clean sanitation facilities is limited, people may resort to unsanitary practices, further increasing the risk of hemorrhoid development.

The data obtained from FGD1 with community leaders/elders indicated using unsanitary toilets can lead to poor hygiene practices. When individuals lack access to clean facilities, they may resort to using harsh or unsuitable materials for cleaning, which can injure the sensitive skin around the anus. This damage can lead to inflammation and swelling of the blood vessels, resulting in hemorrhoids. The president indigenous healers said that:

*Rural communities are more susceptible to hemorrhoids due to their use of stones, leaves, and other materials for cleaning themselves after using the toilet. They believe that the harsh nature of these materials, combined with potential exposure to heat and cold, can irritate and damage the delicate tissues around the anus, increasing the risk of hemorrhoid development.* [Male 60 years Bahir Dar, July 20, 2024].

The data obtained from interviews with healers revealed that open defecation poses a significant health risk. Limited access to proper sanitation facilities increases susceptibility to infections and complications, which can contribute to hemorrhoid development. Moreover, the use of leaves or paper for anal cleaning may not adequately clean the delicate anal area, potentially leading to irritation, injury, and bleeding, all risk factors for hemorrhoids.

Improper cleaning techniques can inflame the veins surrounding the anus. This inflammation can lead to swelling and bleeding, both common hemorrhoid symptoms. The use of abrasive materials like stones or chemically treated paper can further exacerbate the risk. These

materials can damage the delicate anal skin, increasing susceptibility to inflammation and infection, ultimately contributing to hemorrhoid development.

In general, unsanitary toilet practices significantly increase the risk of hemorrhoids. Using harsh materials like hot stones, toxic leaves, or abrasive paper to clean the anal area can damage delicate tissues, leading to inflammation and bleeding. Furthermore, poor hygiene practices, such as using dirty toilets or harsh toilet paper, can further irritate the area and exacerbate the risk of hemorrhoid development. This viewpoint is shared by (Hosseini, 2023), who indicated that poor lifestyle, such as improper toilet training during childhood, a poor diet (low fluids intake), and bad toilet habits including prolonged sitting and straining during defecation, are the main causes of hemorrhoid diseases.

#### **4.1.3.2. Sitting on the Toilet for a long time**

Prolonged toilet sitting in Farta *Woreda* significantly contributes to hemorrhoid development. Extended periods of sitting increase pressure on the anal blood vessels, causing them to swell and stretch, ultimately forming hemorrhoids. The data obtained from in-depth interview healer indicated prolonged sitting on the toilet is a significant cause of hemorrhoids. As local healer five (LH5) mentioned that extended sitting can increase pressure on the anal blood vessels, leading to swelling and hemorrhoid formation. Prolonged sitting can hinder proper blood flow, causing the blood vessels to become engorged.

The data gained from in-depth interviews healer and health officer one (HO1) revealed that prolonged sitting can significantly reduce blood flow to the anal area. This decreased circulation can lead to swelling and inflammation of blood vessels, increasing the risk of hemorrhoid development. According to key informants, many individuals engage in activities like reading or using phones while on the toilet, extending their sitting time. This behavior exacerbates the risk of hemorrhoids by increasing pressure on blood vessels, reducing blood flow, and promoting straining during bowel movements. According to HO1 statement:

*ላይብራሪ ውስጥ እንደማትጽዳዳ ሁሉ መጽዳጃ ቤትም ኢትንብብ የሚባለውን አባባል የማንተነበር ከሆነ ለኪንታሮት የመጋለጥ እድላችን የጎላ ነው or If we don't practice the saying, just as you don't defecate in the library, don't read in the toilet, we are more likely to get hemorrhoids.[Male 43 years Debre Tabor, June 4, 2024].*

According to the above statement prolonged toilet sitting significantly increases pressure on the anal blood vessels. This elevated pressure can stretch and swell blood vessels, leading to bleeding and ultimately, hemorrhoid formation.

In essence, extended toilet sitting is a primary risk factor for hemorrhoids. It increases pressure on blood vessels, reduces blood flow, and can induce straining during bowel movements. These factors collectively predispose individuals to hemorrhoid development. This is similar report by (Mawale et al., 2023), who indicate that prolonged sitting or standing can increase the risk of developing hemorrhoids by putting pressure on the veins in the rectal area. The current study revealed that extended toilet sitting directly increases pressure on the anal blood vessels, leading to swelling, stretching, and subsequent hemorrhoid formation.

#### **4.1.4. Intestinal Dehydration and Diarrhea**

##### **4.1.4.1. Intestinal or Abdominal Constipation**

According to my informants, constipation is a significant contributor to hemorrhoid development. Chronic constipation leads to increased intra-abdominal pressure and straining during bowel movements. This increased pressure stresses the anal blood vessels, contributing to hemorrhoid formation. Data obtained from key informant interview indicated that inadequate fluid intake and a low-fiber diet can lead to hard, dry stools, making bowel movements difficult. This can lead to straining, which increases pressure on the anal blood vessels and contributes to hemorrhoid formation.

The data gained from in-depth interview healers indicates that a diet low in fiber and inadequate water intake can contribute to constipation, a risk factor for hemorrhoids. When individuals experience constipation, they may strain during bowel movements, putting pressure on the anal blood vessels. This increased pressure can cause the blood vessels to stretch and swell, leading to hemorrhoid formation.

Relation to the above statement, local healer two (LH2) explained that constipation is a significant factor in the development of hemorrhoids. A diet low in fiber and inadequate fluid intake can lead to constipation, making bowel movements difficult. This can result in straining, which puts pressure on the anal blood vessels, leading to swelling and inflammation. According to the indigenous healer, people with intestinal or abdominal constipation have a high degree of defecation, because the blood does not return from the anus after it has gone down, and the anus swells and becomes hemorrhoid. The cause of

rectal hemorrhoids is intestinal dryness. Due to inadequate fluid intake and a lack of fiber-rich foods, can exacerbate constipation and increase the likelihood of developing hemorrhoids due to the additional straining required. This perspective aligns with the views of LH6, HO1, HO2, and P3, who also consider constipation and inadequate fluid intake as major contributing factors to hemorrhoid development.

Participants in the study indicated that a diet lacking in fiber and inadequate fluid intake can result in chronic constipation. This can cause the delicate blood vessels in the anal area to become inflamed, distended, and swollen, significantly increasing the risk of developing hemorrhoids. This finding is reported in other studies. For instance, (Lohsiriwat, 2015), (Kibret et al., 2021) and (Hong et al., 2022) that also link constipation to hemorrhoids due to increased pressure on rectal veins.

#### **4.1.4.2. Diarrhea**

According to my informants, frequent episodes of diarrhea constitute another significant risk factor for hemorrhoid development within the study community. Diarrhea can lead to increased pressure in the rectal area, causing the blood vessels around the anus to stretch and become swollen, which is a significant factor in the formation of hemorrhoids.

The data gained from in-depth informant interview healers indicate that diarrhea plays a pivotal role in hemorrhoid pathogenesis by stretching and swelling the anal blood vessels. Healers specifically highlighted amoebic infections, which can induce severe diarrhea, as a significant risk factor for hemorrhoid.

Relating to the above statement, local healer three (LH3) believes frequent diarrhea is a contributing factor to hemorrhoids. Diarrhea can increase pressure in the rectal area, causing the blood vessels around the anus to stretch and swell. Additionally, frequent diarrhea can lead to dehydration, which can result in harder stools upon resolution of the diarrheal episode. These harder stools can impose increased straining during bowel movements, further elevating pressure on the anal blood vessels and exacerbating the risk of hemorrhoid formation. Local healer two (LH2) stated that:

*The consumption of various alcoholic beverages, such as wine, dry tela, and areke (local alcohol), on an empty stomach can significantly elevate the risk of hemorrhoid development. When these dry beverages are consumed without food, they can lead to the excretion of dry, hard stools. The passage of such stools can exert excessive*

*pressure on the anus or afegara region, causing swelling and inflammation of the blood vessels, ultimately resulting in hemorrhoid formation. Because the consumption of these beverages can induce diarrhea, further straining the anal tissues and increasing the risk of hemorrhoid development. [Male 50 years Debre Tabor, May17, 2024].*

According to the above statement individual's alcohol consumption, especially on an empty stomach, can lead to dehydration, causing harder stools and increasing straining during bowel movements. It can also irritate the digestive system, leading to diarrhea, which can further irritate the anal area and stretch blood vessels, increasing the risk of hemorrhoids.

Naturalistic disease causation theory attributes diseases to scientifically verifiable, naturally occurring agents like viruses, bacteria, fungi, parasites, and toxic substances (Doda, 2005). This argument was also working in the context of Farta *Woreda* that local healers' belief that amoebic infections can lead to severe diarrhea, increasing pressure on the rectal area and contributing to hemorrhoid development. Additionally, the diarrhea can irritate and inflame the rectal veins, leading to swelling and the formation of hemorrhoids.

The data obtained from in-depth interview local healer two (LH2) indicated amoebic infections can cause severe diarrhea, leading to increased pressure on the rectal area, causing the blood vessels to swell and form hemorrhoids. He suggests that other parasites, such as hookworms and tapeworms, can infect the anus and contribute to the development of hemorrhoids. He said that:

*Hookworms and tapeworms have the ability to infect the anus when they live in the anus. In addition, amoebas can cause hemorrhoids in humans because they cause severe diarrhea. [Male 50 years Debre Tabor, May17, 2024].*

Based on the participants' insights, individuals who consume dehydrating foods and beverages or suffer from parasitic infections, such as amoebiasis, are at elevated risk of developing diarrhea. This frequent diarrheal state can increase pressure on the rectal veins, leading to irritation, inflammation, and ultimately, hemorrhoid formation. Local communities in the current study identified frequent diarrhea as a critical factor in hemorrhoid development, attributing it to increased rectal venous pressure, anal irritation, and inflammation, and the potential involvement of parasitic infections, such as amoebiasis.

In general, frequent diarrheal episodes constitute a significant risk factor for hemorrhoid development, primarily due to the increased intra-rectal pressure, anal irritation, and inflammation. Parasitic infections, such as amoebiasis, can further exacerbate this risk by inducing severe diarrhea and contributing to widespread anal tissue inflammation and damage. This finding is similar to the results of chronic diarrhea can also cause piles by irritating the rectal area and causing inflammation and swelling (Ananya, 2023).

#### **4.1.5. Heredity**

According to my informants, heredity is considered a significant predisposing factor in hemorrhoid development within the study area. Local communities believe that hemorrhoids can be transmitted from generation to generation within families. Data obtained from key informant interview with local healers revealed that communities in Farta *Woreda* hold strong beliefs regarding the hereditary nature of hemorrhoids. They assert that if a family member has hemorrhoids, it is likely that other family members will also develop the condition, indicating a cultural understanding of the genetic transmission of the disease.

Hemorrhoids can have a genetic component, meaning individuals with a family history of the condition are more likely to develop it. According to local healer three (LH3), hemorrhoids can be passed down through generations. This means that children and grandchildren of individuals with hemorrhoids are more likely to experience the condition. This generational pattern suggests that hereditary factors play a crucial role in the prevalence of hemorrhoids within certain families. According to another participant, health officer one (HO1) also believes that hemorrhoids can be inherited from family members. In relation with this local healer four (LH4) side that:

*I believe that hemorrhoids can be genetically transmitted. The reason is that as a local healer, I check the information of people who are infected with hemorrhoids; when I was checking patient information, when I asked people who came with the disease if their grandparents had hemorrhoids, many of them told me that they did. So, when I ask them if it is from your family that arrested you, they say yes. Therefore, based on the information I received from the patients, I believe that hemorrhoids can be transmitted through genetics. [Male 55 years, Qualeha kebele, June 7, 2024].*

In general, heredity is considered a significant etiological factor for hemorrhoids. Evidence from personal accounts and observations suggests a generational transmission of the



condition. The belief in genetic transmission is further supported by the experiences of both patients and local healers within the community. This is similar report by (Ayode et al., 2012), who identified heredity as an indigenous belief regarding hemorrhoid causes in Ethiopia.

From a medical ecological perspective, many diseases are rooted in genetic mutations inherited from parents. For instance, conditions like cystic fibrosis and sickle cell anemia are directly linked to specific genetic alterations passed down through generations (McElroy, 2018). In line with this perspective, study participants believed that hemorrhoids may exhibit a hereditary pattern of transmission.

Overall, the perceived causes of hemorrhoids in the study community and the scientific views held by biomedical practitioners share some similarities but also exhibit significant differences. Both recognize heredity, diarrhea, and dietary factors (such as a low-fiber diet) as potential causes of hemorrhoids. These factors can increase pressure in the rectal area, contributing to hemorrhoid formation. However, notable differences exist. Community members in Farta *Woreda* attribute hemorrhoids to additional factors, including prolonged sitting in heat, unsanitary toilet practices, and cultural beliefs like the idea that the attacks of fever (*Michi*) can lead to the condition. These cultural explanations are not typically considered within the framework of biomedical practice, which primarily focuses on physiological and anatomical causes. Biomedical practitioners tend to view hemorrhoids through a more physiological lens, emphasizing biological and lifestyle factors such as chronic constipation, diarrhea, and a low-fiber diet.

To the sum up this chapter, the causes of hemorrhoid diseases are multifaceted, involving poor hygiene, unsuitable materials, prolonged sitting, dietary habits, and environmental factors. Addressing these issues can help reduce the incidence of hemorrhoids in affected communities.

## CHAPTER FIVE

### 5. INDIGENOUS MEDICAL PRACTICES OF HEMORRHOID

This chapter describes the healing practices of hemorrhoids through indigenous medication in Farta *Woreda*. The major focuses of this chapter are sources of indigenous medicine, drug preparation methods and storage, mechanisms of illness identification, dosage determination and treatment mechanisms of indigenous healers for hemorrhoids.

#### 5.1. Sources of Indigenous Medicine for Hemorrhoids Treatment

According to ecological anthropologists' point of view the use of indigenous medicine is deeply rooted in the local environment, where communities rely on medicinal plants. The presence of these resources in the community supports the use of indigenous medicine. Regarding to this the participant of the study indicated that, indigenous healers in Farta *Woreda* have been using natural remedies to treat hemorrhoids for centuries. These indigenous healing methods often rely on plant-based, animal-based, and mineral-based remedies to address hemorrhoid symptoms. This finding is reported in other studies. For instance, (Abebe, 1984), (Birhan et al., 2011) and (Gobana et al., 2022), who revealed that in different parts of Ethiopia the sources of indigenous medicines for different diseases treatment are plants, animals, and minerals.

Indigenous healers in Farta *Woreda* use a variety of medicinal plants to prepare herbal remedies for hemorrhoids. They often utilize different parts of plants, including leaves, roots, bark, flowers, and seeds. The current study identified a diverse range of medicinal plants used by local healers in Farta *Woreda*. For instance, local healer three (LH3) uses more than seven herbs to treat hemorrhoids. He collects various plant parts, including stems, roots, leaves, and bark. Similarly, local healer one (LH1) prepares medicinal plants like *Etse Solomon*, *Etse Dwit*, and *Etse Nahom [Goreteb]* for hemorrhoid treatment. Another healer uses plants such as *Etse Hiywet [Aserekush]*, *Etse Genet*, *Etse Medhanit*, *Etse Antiyotot*, *Etse Bru*. Local healer two (LH2) said that, most of the time uses the African wormwood [*chikugn*] *Artemisia afra*, but also prepares remedies using other herbs. Local healer five (LH5) used different plants to treat hemorrhoids whereas LH6 used the root of the plant. Local healer four (LH4) also prepares medicinal products from various or most plant parts, often using roots and sometimes the whole plant used. Four local healers did not interest to tell the specific plant parts they used in their remedies or drugs.

The data gained from key informant interview healer indicated that healers utilize various plant parts, including roots, bark, and plants with white liquid, such as *kolekolda*, *Kulekual* (*Euphorbia abyssinica*), *Kenetchib* (*Euphorbia tirucalli*), and *Tobia* (*Calotropis procera*). This report is similar with (Getachew et al., 2022), who revealed that Ethiopian indigenous healers treat hemorrhoids using medicinal plants.

In Farta *Woreda* some of indigenous healers prepared medicinal drugs from animal products. The data obtained from in-depth interview healer indicated that healers incorporate animal products like fats, bones, or organs into their medicinal preparations. Local healer four (LH4) said that “I use animal products, particularly animal skins, skeletons, and internal organs, to prepare remedies for hemorrhoids”. Data gained from a key informant interviews healer indicated that healers often combine animal products with herbal medicines. From animals we use butter, milk and other animals’ organs to treat hemorrhoid diseases. For example, butter from animals is used as an additive in drinkable remedies or as a base for ointments. This report is shared with other study (Belay, 2015), which revealed the use of various animals for indigenous medicinal purposes to treat diseases like tuberculosis, impotence, and skin ailments.

Another indigenous healer in Farta *Woreda* used minerals for their medicinal properties of hemorrhoid treatment. Local healer six (LH6) uses minerals in their practice. The president of the indigenous healers indicated those healers often mix minerals with medicinal plants to treat hemorrhoids. Common minerals used include sweet honey, honey, salt, and water. For example, honey, is used as an additive in drinkable remedies. Other healers believe in the healing power of prayer, *Emnet*, *Tsbele* (holy water) and (*Muhat*) hot springs in treating hemorrhoids in Farta *Woreda*.

Indigenous healers provide detailed insights regarding the appropriate places and times for cutting medicinal plants, which are crucial for maintaining the efficacy of the plants. Healers emphasize that the area where medicinal plants are harvested should be clean and free from contamination. Healers recommend that the cutting should occur in the morning or evening. Many indigenous healers often have to travel to forests that are far from their homes to find these medicinal plants. The data gained from in-depth interview healers indicated that the time for cutting plants is not uniform throughout the year; it is season-dependent. This means that the availability of certain plants may vary, and healers must be aware of the right season to harvest them effectively.

According to the President of indigenous healers' explanations, the cutting area should be devoid of any animal presence and free from chemical exposure, where no toilets are used and where chickens do not crow. The timing for cutting medicinal plants is also critical. The President also mentions that the medicine should take the plants in the morning without talking to anyone and without urinating. The president of indigenous healers' states that the best times to cut medicinal plants is in the morning or evening. This timing is believed to be crucial because cutting during these times helps to avoid the damaging effects of direct sunlight, which can burn the plants and diminish their medicinal properties.

In general, Indigenous healers utilize a combination of plants, animals, and minerals to create effective remedies for hemorrhoid treatment. These remedies are often passed down through generations. Healers emphasize the importance of selecting clean and appropriate locations for harvesting medicinal plants and adhering to specific times for cutting to ensure their efficacy.

## **5.2. Drug Preparation Methods and Storage of Indigenous Healers**

According to my informants, indigenous healers use diverse methods to prepare drugs for hemorrhoid treatment in a study community. Due to the variety of drug collection and preparation systems employed by healers, they use various techniques to process and prepare medicinal ingredients gathered from their local environment. These techniques include drying, grinding, boiling, fermenting, and extracting active compounds from raw materials. Therefore, healers in Farta *Woreda* prepare indigenous drugs as liquids, ointments, powders, and in an unformulated state for hemorrhoid treatment. This report similar with (Abebe, 1984), who revealed that healers prepared the drugs in various dosage forms including liquids, ointments, powders and pills. In contrast with the current study this previous literature is not included non-formulated drug preparation methods, whereas the current study revealed that non-formulated drug preparation method is the other prepared forms that practiced by indigenous healers in Farta *Woreda*.

The most common drug preparation form used by indigenous healers in the study community is liquid. In-depth interviews with healers revealed that they prepare liquid formulations, such as herbal infusions and decoctions, to treat hemorrhoids. To create these liquid dosage forms, indigenous healers typically mix, soak, or boil the drug material. Local healer one (LH1) said that:

*I prepare indigenous drugs using Etse Solomon, Etse Dwite, and Etse Nahom medicinal plants. Then I prepare and mix these three medicines for seven consecutive days, similar to making areke (local alcohol). Each day, for seven days, the mixture is filtered, resulting in an areke. After this process, the liquid is stored in a cool place in medicine vials and other containers. [Male 50 years, Gena Mechawech kebele, May 15, 2024].*

In relation to the above statement, local healer five (LH5) explained that “I use different plants to treat hemorrhoids and prepare the medicine by collecting their leaves in the form of liquid drugs. The preparation process takes two months”. She states:

*First, I collect the leaves of the plants. After collecting them, I wash them. Then, I grind and crush the washed leaves using a mortar and pestle. Next, the crushed leaves are processed in a secret machine. Finally, the processed medicine is folded and stored in a vial. To prepare the medicine, I use various materials, including a mortar, pestle, cylinder, wick, hook, fan, refrigerator, gloves, and others. [Female 53 years, Debre Tabor, June3, 2024].*

Data from key informant interviews revealed that healers prepare white liquid drugs from plants like *Kolekolda*, *Kulekual* (*Euphorbia abyssinica*), *Kenechib* (*Euphorbia tirucalli*), *Tobia* (*Calotropis procera*), and others. Local healer two (LH2) stated, “I prepare indigenous medication in liquid form and store it in various medicine containers.”

Generally, indigenous healers have utilized various methods to prepare liquid form drugs for hemorrhoids. However, the preparation of liquid drugs for hemorrhoids have involved the following steps: first, indigenous healers have gathered and selected specific medicinal plants known for their healing properties of hemorrhoids. Then, indigenous healers have cleaned them thoroughly to remove any dirt or impurities or remove any unwanted parts of medicinal plants. Then, indigenous healers extract their beneficial compounds by using different extraction methods such as maceration (soaking the plant material in a liquid), infusion (steeping the plant material in hot water), or decoction (boiling the plant material). After the complete extraction process, indigenous healers are strained and filtered to remove any solid particles or impurities. Finally, indigenous healers packaging prepared liquid by using indigenous packaging materials such as glass bottles or plastic containers and stored liquid in clean, airtight containers to maintain its potency.

Another common drug preparation method used by indigenous healers in the study community is the creation of ointments. These ointments are applied directly to the affected area. Indigenous healers prepare ointments by mixing plant extracts with oils or fats to create topical treatments for hemorrhoids. Healers LH1, LH3, LH4, LH5, and LH6 are among those who prepare these ethnomedical formulations. This practice is further corroborated by observations of various local healers producing and storing specialized medicinal ointments for hemorrhoid therapy.

Generally, indigenous healers have utilized various methods to prepare ointment form drugs for hemorrhoids. However, the preparation of ointment drugs for hemorrhoids has involved the following steps: first, indigenous healers have gathered and selected specific medicinal plants known for their healing properties of hemorrhoids. Then, indigenous healers' have extraction medicinal compounds. After medicinal compounds are extracted, indigenous healers mix with base ingredients such as natural oils and beeswax to create a thick, semi-solid ointment. After mixing ointment, the ointment base has heating and blending. After completing the blending process, the ointment is allowed to cool and solidify. Finally, prepared ointment is packaged by using indigenous packaging materials and stored in clean, airtight containers to maintain its potency.

Local healer three (LH3) stored the prepared drugs in plastic containers on a wooden shelf, as shown in the figure below.



**Figure 5. 1 . Sort Fentahun, Photo on May, 2024.**

Another drug preparation method used by indigenous healers is the creation of powder forms for hemorrhoid treatment. Indigenous healers prepare powdered dosage forms by grinding dried plant material into fine powder. This powder can be mixed with water or other liquids. Local healer two (LH2) and three (LH3) are among those who prepare these ethnopharmacological powders from a diverse array of plant sources. In relation to this local healer six (LH6) said that:

*I use plant roots and minerals to treat hemorrhoids. First, I cut and dry the plant roots. After drying, I grind them using a grinder or mortar and pestle, then store the powdered drugs in a clean container. The preparation process takes about two months. [Male 58 years, Gena Mechawecha kebele, July 10,2024].*

In relation to the above statement, according to the president of indigenous healers indicate that:

*The medicine preparation process begins with selecting the appropriate tree or plant. Next is the cutting of the medicinal plant. The medicinal plant is then cut, cleaned, washed, and, if it is necessary the root should be grafted or if it is necessary the leaf should be shaken. After soaking and crushing, dry it by keeping it away from sun, rain or moisture. After drying, it is grinded with a mortar and pestle, mill or stone and a grinding machine. After grinding, put it in a good and clean medicine container and put a note on the top. While the exact shelf life of indigenous medicines is unknown, it is believed that if stored and kept in a, i.e. Without being affected by moisture, sunlight, and without breaking the dough the medicine can last up to a year.[Male 60 years, Bahir Dar, July 20,2024].*

Generally, the preparation of powder form drugs by indigenous healers in study communities involve the following steps: First, indigenous healers have carefully selected herbs based on their indigenous knowledge and experience to create a therapeutic blend. Then local healers are harvested at the appropriate time and dried thoroughly to preserve their potency of selected herbs. Indigenous healers use specific methods to dry the herbs, such as air drying or sun drying, to ensure optimal quality. After dried, by using indigenous tools such as mortars and pestles or grinding stones grinding and pulverizing herbs into a fine powder form. Then by adding other ingredients such as honey, oils, or extracts to mixing and blending different powdered herbs. Finally, indigenous healers packaged powder in airtight containers or pouches to protect it from moisture, light, and air and by using indigenous packaging

materials to store their powder. This is further supported by the observation that various local healers prepare and store medicinal drugs in powder form, packaged in containers, specifically for the treatment of hemorrhoids.

Local healer two (LH2) stored the prepared powder drugs in containers such as bottles and plastic containers, as shown in the figure below.



**Figure 5. 2. Sort Fentahun, Photo on May, 2024.**

Indigenous healers in Farta Woreda employ a range of unprocessed plant materials (non-formulated drugs) in the treatment of hemorrhoids. These raw plant parts, such as stems, bark, and roots, are directly applied to the affected area or used in fumigation rituals. In-depth interviews with local healers revealed that these unprocessed plant materials are frequently used for cauterizing hemorrhoid wounds. Local healer four (LH4), for instance, utilizes this method to treat patients through fumigation. Furthermore, some healers directly apply leaves, stems, and roots to the hemorrhoids without any additional processing.



In general, indigenous healers employ a variety of preparation methods, including liquid formulations, ointments, powders, and non-formulated drugs. To maintain the effectiveness of these preparations, they store them in clean, airtight containers in cool, dry places.

### **5.3. Drug Measurement Methods of Indigenous Healers**

According to my informants, indigenous healers in the study area employ a diverse range of methods to determine appropriate dosages for hemorrhoid treatments. These methods often blend traditional knowledge with individualized patient assessment. Factors such as body weight, age, and disease severity are carefully considered when tailoring treatment plans. For instance, larger individuals may receive higher doses, while younger patients are administered lower amounts. Healers may also rely on trial-and-error approaches, personal experience, and standardized measurements to determine dosage.

Local healer three (LH3) exemplifies a personalized and observational approach to dosage determination, carefully considering each patient's age and the severity of their condition. This flexible method ensures that younger patients receive appropriate amounts, while older patients may require different dosages based on their overall health and the stage of the disease. Similarly, local healer six (LH6) utilizes a secret device to administer medication, with dosages calibrated according to the patient's age and the progression of the disease.

Some indigenous healers employ a trial-and-error approach to dosage determination, starting with a low dose and gradually increasing it based on the patient's response. This iterative method allows for a personalized approach, ensuring that the most effective dosage is administered to each individual. When determining dosage, healers often consider factors such as the patient's age, weight, and the severity of the illness. Weaker, younger, and childbearing patients typically receive smaller doses.

Standardized measurements are another technique employed by local healers in Farta *Woreda*. As revealed through in-depth interviews and fieldwork observations, local healer two (LH2) and five (LH5) utilize Western standardized units such as milligrams and milliliters to determine dosages. This approach offers a more universally recognized and accepted method of dosage measurement, potentially improving treatment efficacy. For example, LH2 measures doses in kilograms and prescribes a specific amount (12 grams) for a set duration (seven days). However, the dosage regimen may vary based on the patient's age.

Local healer five (LH5) measures drug dosages by providing a structured regimen that includes a total amount for a specified duration and a clear daily dosage. It provides a clear dosage regimen, stating that the total amount of medicine given for a duration of 15 days is 100 ML. This indicates a structured approach to dosage measurement, ensuring that patients receive a consistent amount of medication over the treatment period. The daily dose prescribed by LH5 is 2.5 ML. This precise measurement allows for easy administration and monitoring of the treatment, ensuring that patients receive the correct amount of medication each day throughout the 15-day treatment period. Fieldwork observations have revealed that some local healers utilize standardized units like kilograms and milliliters to measure drug dosages for hemorrhoid treatment. This practice aligns with modern medical practices and may enhance treatment efficacy.

The figure below illustrates a healer's method of determining drug dosage based on the patient's age in kilograms, providing a visual representation of the cultural and medical knowledge embedded within this practice.



**Figure 5. 3 Sort Fentahun, Photo on May, 2024.**

Local healer (LH1) employs a hybrid approach to dosage determination, combining indigenous healing practices with modern techniques. The process begins with a thorough assessment of the patient's health, including listening to their heartbeat and examining their physical condition. While historically, LH1 utilized a less precise rush method for measuring drug amounts, they have since adopted more accurate tools such as plastic containers and

hoses. Additionally, the use of syringes allows for precise dosage measurement, ensuring that patients receive the correct amount of medication throughout the treatment period. Additionally, healers often rely on a combination of experiential knowledge and intergenerational wisdom to determine appropriate dosages. By observing the effects of the medicine on patients over time, healers can make informed adjustments to the dosage as needed. The findings of this study diverge from previous research (Birhan et al., 2011) and (Birhanu et al., 2015), which indicated that indigenous healers often measured dosages by using cups, spoons, glasses, pinches, and container lids.

In general, indigenous healers in Farta *Woreda* employ a diverse array of methods to determine appropriate dosages for hemorrhoid treatments. These methods often blend indigenous knowledge with modern techniques. Factors such as the patient's age, physical condition, disease severity, and the healer's individual experience significantly influence dosage decisions.

#### **5.4. Diagnosis of Hemorrhoid Diseases by Indigenous Healers**

According to my informants, healers in Farta *Woreda* have their own cultural techniques to identify hemorrhoid diseases. The data obtained from the participants indicated that indigenous healing practices vary widely across cultures and regions, and the methods used for diagnosing hemorrhoids differ among different indigenous healing knowledge systems. The diagnosis methods employed by indigenous healers for hemorrhoid treatment are diverse and multifaceted, combining indigenous practices with modern techniques. Therefore, in Farta *Woreda* indigenous healers employ various methods to diagnose hemorrhoid diseases, which include:

Observation is one of the primary diagnostic methods used by indigenous healers. They visually inspect the anal area for signs of swelling, inflammation, or protrusions characteristic of hemorrhoids. They also look for signs of bleeding or irritation. According to local healer four (LH4), “I distinguish or diagnose hemorrhoids by looking at the lump, swelling, and discharge, and bleeding.” Similarly, local healer five (LH5) states, “I also distinguish or examine the external hemorrhoid by observing whether it is a hemorrhoid or not.” Local healer six (LH6) adds, “When a patient comes in sick, I examine him to see if he has a hemorrhoid or not. That is, I can tell whether the person has hemorrhoids or not by looking at the patient's face and anus.” Patient nine (P9) said that:

*I went to a local indigenous healer when my anus was burning or stinging. The healer examined my anus and asked me questions. While doing this, he would sometimes lick or pinch me. After examining my anus, he diagnosed me with hemorrhoids. [Female 51 years, Qualeha kebele, July12, 2024].*

The second diagnostic method used by indigenous healers is questioning or history-taking. Indigenous healers may ask about the individual's symptoms, such as pain, itching, bleeding, or discomfort. They also inquire about bowel habits, diet, lifestyle, and medical history to understand potential contributing factors to hemorrhoids. During history-taking, the patient or their accompanying person is interviewed about the signs and symptoms of the disease, its duration, the patient's age, and any family history of similar conditions.

Local healer two (LH2) explains, “before giving hemorrhoid medicine, I ask them how the hemorrhoid came about. Then, I identify the source of the hemorrhoids based on the people's opinion and distinguish whether it is a hemorrhoid or not. I also look for hemorrhoids by asking for signs of hemorrhoid and looking at the patient's rectal area.” Other indigenous healers also emphasize the importance of questioning patients to understand their symptoms and determine the cause of their illness. This information is crucial for tailoring the appropriate treatment. Local healer five (LH5) describes that as soon as people arrive, “I ask them about the condition or feeling of the disease. The reason I am doing the interview is because I believe there are two types of hemorrhoids. I can help by asking about the signs of internal hemorrhoids from the first to the fourth stage. When I was able to find out by verbally telling them to go to the hospital and find out the type of level.”

Experience-based assessment is another diagnostic method used by indigenous healers for hemorrhoids. Healers utilize their work experience and knowledge to assess whether a patient has hemorrhoids. This involves checking for lumps or swelling around the anus based on their past encounters with similar cases. Local healer one (LH1) states, “I differentiate hemorrhoid disease from other diseases by working experience. Because I have 40 years of professional or work experience, I have received enough training, I have been taught well by my fathers, and I have enough skills in the field of treatment, so I can easily distinguish hemorrhoids from other diseases.” I tried to understand from the participants above, when Indigenous healers come to people with hemorrhoids, they check whether they have hemorrhoids or not, using their work experience, knowledge and skills.

Some indigenous healers incorporate modern diagnostic tools such as stethoscopes and probes, into their practice. For instance, they may use devices to examine internal parts of the body, which helps them identify the specific issues related to hemorrhoids. This approach allows them to gather more information about the patient's condition. One participant mentioned, “A breast friend or father from America brought me a device to diagnose various diseases, including hemorrhoids. By examining the internal parts of the patients with the instrument he brought me, I can identify the injured body part, bloodlines, and how to treat them.” Another healer stated, “I check for hemorrhoids using a secret device that only I know and never show to anyone else.” One participant said:

*He was holding all parts of my body in pain, so I went to indigenous medicine. The indigenous healer examined me by listening and using a probe like a clock on the mouse. After examining my heart, sides, and both sides of my head, he told me that it indicated intestinal hemorrhoids. [Male 48 years, Gena Mechawecha kebele, May 14,2024].*

Relation to the above statement, patient six (P6) said that:

*I was bleeding for about ten years. When I left the hospital, they told me I had a stomach ulcer or dehydration. I came to indigenous medicine because the pain did not improve. After I arrived, the indigenous healer examined me with a stethoscope and told me that it was too late for me to have intestinal hemorrhoids. [Female 21 years, Debre Tabor, June 4, 2024].*

I tried to understand from the participants and confirmed during the observation that when indigenous healers encounter people with hemorrhoids, they check for the condition using various methods, including work experience, questioning patients, observing the anus, and, in some cases, modern equipment like heart rate monitors. This finding is supported by (Kleinman A, 2009), who reveals that cultural explanations for the causes of illnesses, their signs, symptoms, and potential treatments can be considered appropriate approaches for conditions like hemorrhoids. This view aligns with interpretive theory, which emphasizes the role of cultural worldviews in understanding, identifying, and interpreting the causes of illnesses, symptoms, and treatment methods.

In general, the diagnostic methods employed by indigenous healers for hemorrhoid patients are diverse and reflect a blend of indigenous practices and modern techniques, allowing for effective identification and understanding of hemorrhoid.

### **5.5. Treatment Techniques of Indigenous Healers for Hemorrhoid Diseases**

From a medical ecology perspective, communities develop cultural practices as adaptations to their specific environmental conditions (McElroy, 2018). This principle applies to Farta *Woreda*, where indigenous healers draw upon local knowledge and practices to treat hemorrhoids. They employ a variety of treatments, including anointing with medicinal substances, syringe treatments, pricking and cutting, cauterization, fumigation or smoking, and religious rituals. These practices are widely used within and around Farta *Woreda* to address hemorrhoid issues. Similar to the practices observed in Farta *Woreda*, indigenous medical practitioners across Ethiopia primarily utilize herbs, spiritual healing, bone-setting, and minor surgical procedures to treat various illnesses (Bishaw, 1991).

#### **5.5.1. Treatment of Anointing**

According to my informants, anointing with medicinal ointments is a primary method used by indigenous healers to treat hemorrhoids. Healers apply ointments made from herbal extracts mixed with oils or fats directly to the affected area to soothe inflammation and promote healing. This practice is deeply rooted in the cultural beliefs of the community. The data obtained from key informant interview healer indicated that, healers use indigenous methods and materials, such as herbal powders mixed with butter, oil, or grease, to create ointments. Treatment varies based on the patient's age and the stage of the disease, demonstrating a personalized approach.

Indigenous healers first diagnose the condition, assessing whether the hemorrhoid has burst. If burst, they refer the patient to modern medicine. Otherwise, they proceed with treatment. Before applying the ointment, healers often cleanse the patient's stomach to remove parasites, such as amoebas. This prepares the body for effective treatment. The ointment is applied directly to the hemorrhoid wounds, promoting healing and reducing inflammation. This may cause the swollen hemorrhoid to discharge in liquid form, aiding in wound cleansing. A drying powder may then be applied to promote healing and prevent recurrence. Local healer two (LH2) stated that:

*First, I determine whether the hemorrhoid has burst or not. If it has burst, I refer the patient to modern medicine. If it hasn't, I begin treatment. My first step is to cleanse the patient's stomach to remove parasites like amoeba, as they can contribute to the growth of hemorrhoids. I administer a medicine I've prepared to cleanse the stomach. Next, I apply a medicinal ointment to the affected area or hemorrhoid wounds. This treatment causes the swollen hemorrhoid to discharge a black liquid, effectively reducing the swelling. Finally, I apply an herbal powder to dry the wound and prevent recurrence. The dosage of the medicine is carefully measured, often in kilograms, with 12 grams given for seven days. The procedure may vary based on the patient's age. [Male 50 years, Debre Tabor, May17, 2024].*

Local healer three (LH3) and six (LH6) explained that they treat hemorrhoids by anointing the affected area with prepared medicine. Local healer three (LH3) uses Plocin as an anesthetic before applying the ointment. The swollen hemorrhoid is removed, and ointment application continues until the disease disappears. Local healer six (LH6) treats hemorrhoid wounds with ointments prepared by mixing herbal and mineral preparations with butter, oil, or grease.

Local healer one (LH1), described applying an ointment made from medicinal plants to the wound and wrapping it in plastic. The treatment also included assessing the patient's overall health. The recovery time varied from patient to patient, with some healing more quickly than others. In relation to this local healer five (LH5) stated that:

*After determining the type of hemorrhoids, I will start the treatment. primary internal hemorrhoids, I instruct patients to maintain good hygiene through regular washing. For internal hemorrhoids beyond the secondary stage, I recommend ointment treatment. The ointment condition, the patients sit on the toilet after eating dinner and take the medicine for 15-20 days when the hemorrhoid come out, and wash in the morning. Then the disease will disappear. Similarly, for external hemorrhoids, ointment treatment is applied for one month. The medicines are prepared in liquid and wet forms. The liquid form is applied first, followed by the wet form after 15 minutes. The total medication prescribed for a 15-day course is 100 mL, with a daily dosage of 2.5 ML. [Female 53 years, Debre Tabor, June 3, 2024].*

In general, indigenous healers employ a diverse array of medicinal preparations and application techniques to treat hemorrhoids. They assess the stage of the disease and consider

the patient's age to determine the appropriate treatment approach. By applying ointments, they aim to reduce swelling, promote healing, and prevent recurrence. This approach incorporates cleansing, localized treatment, and cultural significance.

### **5.5.2. Syringe Treatment**

Syringe treatment is an indigenous method used by healers in Farta *Woreda* to treat hemorrhoids. This method involves administering liquid medicine directly into the affected area, enhancing treatment effectiveness. Healers prepare liquid medicine and administer it via syringe as an enema or rectal injection. The medicine is typically a spiced mixture injected into the patient's body to treat hemorrhoids.

Data obtained from an in-depth interview indicated that, healers strain liquid drugs and draw them into sterile syringes. They then administer the medication directly to the affected area (external hemorrhoids) or as an enema (for internal hemorrhoids). This is further supported by the observation that some healers use syringe-based treatment methods for hemorrhoids, drawing strained liquid drugs into sterile syringes.

Indigenous healers utilize the syringe not only for administering medication but also for cleansing hemorrhoid wounds. This process helps to remove wounds, reduce inflammation, and promote healing. Patients typically undergo a series of injections over several days. Community member two (CM2) states that:

*I visited a local healer because I was suffering from hemorrhoids. After examining me, the healer confirmed it was hemorrhoids. For the next three days, I received injections that were supposed to loosen the hemorrhoidal tissue. On the fourth day, the healer injected a different medication, possibly with a needle or syringe. He assured me it was a pain reliever, and indeed, the pain did lessen after the injection. The healer claimed the medicine would draw out the hemorrhoids, and on the fourth day, I experienced some kind of discharge. After leaving the healer, I was instructed to go to a hot spring to further promote healing of the wound. Finally, after two months, I was told to return for a follow-up appointment. [Male 58 years, Gena Mechawecha kebele, May 28, 2024].*

The data obtained from FGD2 indicated that, patients who undergo the initial treatment are advised to visit hot springs. This step is essential for further cleansing the affected area and

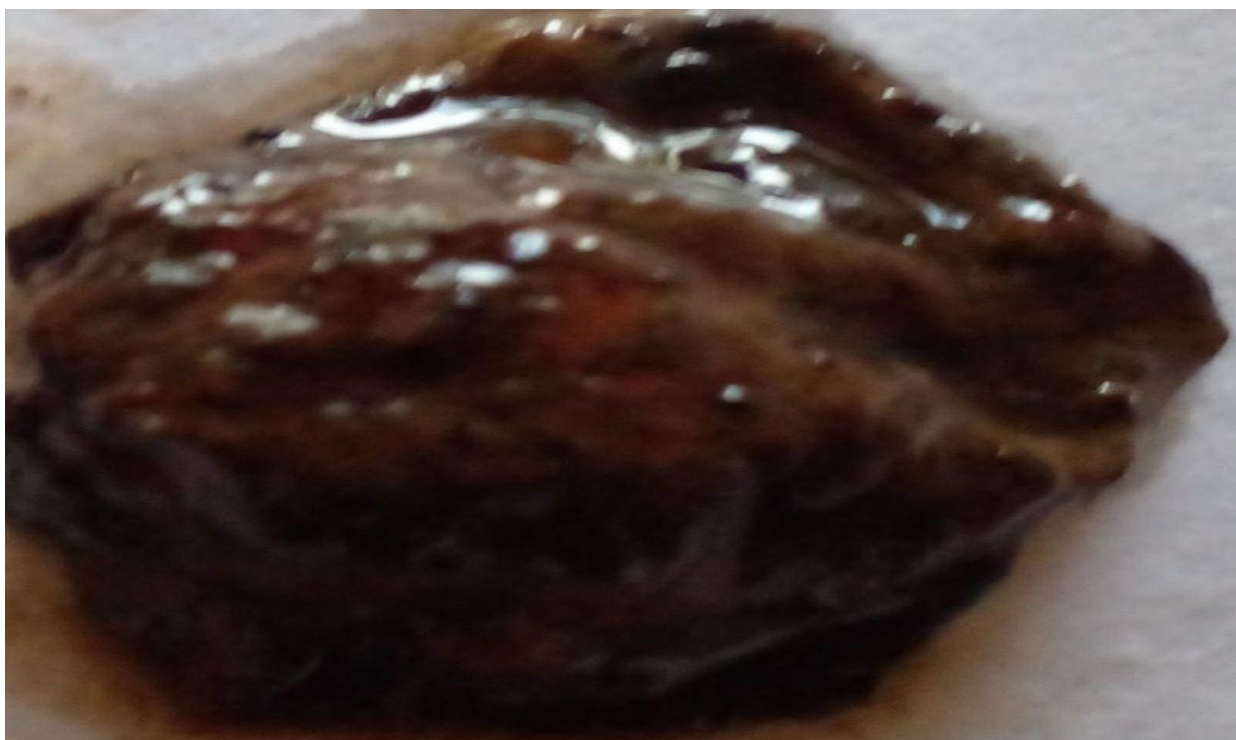


promoting healing. Patients often report immediate pain relief after the injection. The medicine is believed to facilitate the resolution of the disease within a few days.

Local healer one (LH1) described treating hemorrhoids with injections of a medicinal preparation made from the plants *Etse Solomon*, *Etse Dawit*, and *Etse Nahom*. A specific number of syringes were used. The medication was expected to expel the hemorrhoids within 4 to 11 days. Following the injection, patients were instructed to visit a hot spring (*Muhat*). LH1 suggests that patients also seek further treatment from modern medicine such as pills or injections, to aid in the healing process. Patient six (P6) stated that:

*I had been experiencing anal bleeding for many years. When I sat on the toilet, the bleeding was severe, resembling menstrual flow. When my pain worsened, I came to a local healer (Mergeta). After examining me, Mergeta diagnosed me with intestinal hemorrhoids and intestinal ulcers. He then administered three injections. Three days later, on the fourth day, he injected a medication into my body. Following the injection, I experienced severe pain. When I requested painkillers, I was given medication. On the seventh day, the hemorrhoids erupted near the anus or under the thigh. I was told to return in two months and to visit hot springs in the meantime. The hot springs were suggested to help with healing. [Female 21years, Debre Tabor, June4, 2024].*

The picture below shows a hemorrhoid that was removed by an indigenous healer through syringe treatment in Farta Woreda.



**Figure 5. 4. Sort Fentahun, Photo on May, 2024.**

Data from in-depth interviews with patients indicates that indigenous healers use injections to deliver medicinal substances directly into the tissues surrounding external hemorrhoids. This technique involves injecting a solution into specific points around the hemorrhoids to promote healing, reduce swelling, and alleviate pain.

According to the patient seven (P7) explanation initially, he experiencing a burning sensation around the anus followed by the development of hemorrhoids. He sought treatment at Debre Tabor Hospital but experienced persistent pain. He then visited an indigenous healer, who administered an injection of a medication called *Selafar*. He experienced pain for approximately 20-30 minutes, which then gradually subsided. The hemorrhoid eventually drained like cement and healed.

According to participants and observations, indigenous hemorrhoid treatment typically involves two to three initial injections. These injections are believed to draw out the hemorrhoidal tissue. Following this, the healer administers a specific medication prepared for hemorrhoids via a syringe. The dosage and treatment approach are tailored to each patient's condition. Patients typically experience relief within four days of receiving the medication. To further promote healing and cleanse the affected area, patients are often advised to visit hot springs (*Muhat*).

In general, syringe treatment is a crucial component of hemorrhoid management in the studied community. Indigenous healers employ syringe treatment methods to administer liquid medicines, cleanse wounds, and alleviate pain, making it an essential part of their hemorrhoid treatment practices.

### **5.5.3. Cracking and Cutting (Incision) Treatment**

According to the participant of this study, cracking and cutting is a common indigenous medical practice for hemorrhoid treatment in Farta *Woreda*. Indigenous healers often use this method to relieve pain and remove hemorrhoids by making incisions in the swollen areas with sharp tools like razors or scissors. Before proceeding with the treatment, healers assess the patient's condition and determine the appropriate stage of the disease.

According to the information obtained from the participant, some indigenous healers treat hemorrhoids by making incisions in the swollen areas and then applying medicinal substances. And other healers have performed minor surgical procedures such as pricking or cutting to relieve pressure and allow for drainage of swollen hemorrhoids.

The data gained from in-depth interviews indicate that the treatment process typically starts with cleaning the affected area. The healer then uses sharp objects like razors or scissors to cut or crack the hemorrhoid. After making the incision, medicinal substances are applied to promote healing and prevent infection. As one hemorrhoid sufferer stated that:

*Initially, I experienced burning sensations in my hips and thighs. I sought help from a nearby indigenous healer who advised me to wash my body and anus thoroughly. After examining the affected area, the healer diagnosed it as hemorrhoids. I was instructed to wash and rub my anus with a spiced medicine mixed with Vaseline ointment for three days. On the fourth day, the healer used a razor to make incisions and remove two hemorrhoid roots. I was told to return for a follow-up appointment in six months. Currently, I'm experiencing some pain, but I plan to follow the healer's instructions and return in six months. [Male 40 years, Debre Tabor, June 5, 2024].*

According to the above statement, some indigenous healers diagnose hemorrhoids and initiate treatment by instructing patients to cleanse the anal area and apply a medicated ointment. Subsequently, they use sharp objects like razors to make incisions and remove the hemorrhoids.

The data gained from in-depth interviews indicate that, indigenous healers use a method involving cutting and cracking to treat hemorrhoids. They begin by cleaning the affected area, then make incisions in the swollen hemorrhoids using a sharp object like a razor. After the incisions, medicinal leaves are applied to the wounds to promote healing and prevent infection. patient ten (P10) described the process as follows: “After experiencing symptoms like bleeding, itching, and burning, I visited an indigenous healer. They examined the affected area and diagnosed it as hemorrhoids. The healer cleaned the area, made incisions in the hemorrhoids, and applied medicinal leaves. After 8 days, the hemorrhoids had healed, leaving behind lesions and scabs.”

As I understand from the participants, some indigenous healers treat hemorrhoids by puncturing the affected area and applying medicinal substances to induce the hemorrhoid to drain. Others may also use exfoliation techniques and excision of the hemorrhoid root. According to information from the community representatives, and health professionals, indigenous healers often use sharp objects like razors and needles to make incisions in the hemorrhoid and then inject medicine. This practice aims to remove the hemorrhoid and promote healing.

The data gained from FGD1 indicated that, healers first assess the patient's immunity and the stage of the hemorrhoid. This evaluation helps determine the appropriate treatment approach. LH4 said that, “after hemorrhoid patients come to me, I check the individual's immunity and determine the stage of the disease. After knowing the level of the hemorrhoid, I bury the medicine in the area where the hemorrhoid is located by cracking it with scissors or a razor. It then crawls out in its own time; It is also very painful when coming out”.

As reported by participants, indigenous healers in Farta *Woreda* employ a surgical technique to treat hemorrhoids, which involves making incisions in the affected area and applying medicinal substances. This is often followed by the removal of the hemorrhoid roots. Patients often describe the procedure as painful but report significant relief afterward. One patient mentioned that the swelling reduced significantly after the incision, and the hemorrhoids dried up within a few days.

In general, the cracking and cutting treatment for hemorrhoids is a prevalent indigenous practice that involves careful assessment, invasive procedures, and a strong cultural foundation. Indigenous healers employ cracking and cutting methods as a primary treatment

for hemorrhoids, combining surgical techniques with indigenous medicinal practices to achieve effective results.

#### **5.5.4. Treatment in the Form of Drinking and Fumigation**

In Farta *Woreda*, some indigenous healers treat hemorrhoids using drinking and fumigation methods. Some local healers in Farta *Woreda* treat hemorrhoids by inhaling medicines specially formulated to treat internal hemorrhoids, and some of them cure hemorrhoids after preparing the medicines for the disease and smoking them in the form of smoke.

The data obtained from in-depth interview healers indicate that, indigenous healers prepare herbal medicines specifically formulated for internal hemorrhoids and administer them in liquid form. The healer believes this method compresses the blood stored in the intestines, forcing it to expel as liquid waste through the anus, thereby relieving internal hemorrhoids. One healer explained that for internal hemorrhoids, “I first prepare a liquid medicine. This medicine helps expel the internal hemorrhoids. After they've come out, I then apply an ointment to the affected area.”

The indigenous healer stated that, “as internal hemorrhoids are inaccessible to topical ointments, they initiate treatment by administering a medicinal beverage to expel the hemorrhoids. After giving an oral medicine to the internal hemorrhoid, I treated him with a topical medicine when the hemorrhoid had moved to the outer part of the anus”. Healers assess each patient's condition before deciding on the treatment method. They consider the type of hemorrhoid and the patient's ability to tolerate the treatment, ensuring a tailored approach to healing.

Local healer three (LH3) said that, “When a patient comes to me with hemorrhoids, I first determine the type of hemorrhoid. For internal hemorrhoids, I administer a drinkable medicine. This medicine compresses the stored blood in the intestines, causing it to expel through the anus. Treatment continues until the disease resolves. I carefully consider each patient's ability to tolerate the treatment.” Another participant stated, “to treat internal hemorrhoids, I give a drinkable medicine to help the disease resolve.” One patient said that:

*When I first tried to sit up, he grabbed my waist. My knee was sore, and I felt weak and unable to work. Then, I pursued both conventional medical treatment and spiritual remedies, yet my condition remained unchanged. Consequently, I come to the indigenous healer. After examining my anus, the indigenous healer determined*

*that I had a case of hemorrhoids. The healer prescribed a 10-day oral medication, measuring the dosage with a traditional highland lid. I was instructed to return after completing the medication. Then after finishing the medication, the healer gave me juice for drink and took me to the bathroom. He then ordered me to sit in the back toilet. Next, when the hemorrhoid came to my anus, he cut it out with scissors. Finally, he ordered me to drink medicine for 7 days and mass tsebel or holy water for 7 days. I am better now and can walk. [Male 28 years, Gena Mechawecha kebele, May 13, 2024].*

The picture below shown that, the healer treated internal hemorrhoids by administering a drinkable medicine



**Figure 5. 5. Sort Fentahun, Photo on July, 2024.**

According to the participants, the most common treatment method used by some indigenous healers for internal or intestinal hemorrhoids involves oral administration of medicinal preparations. After giving the medicine to drink, they cure the disease in two ways; One of them is to cure it by applying ointment by making it turn upside down and the other is to cure by giving the medicine in a drinkable form and by making it come out through the anus in a liquid form and to cure it by making it disappear on the spot.

In addition to oral medication, fumigation is another common treatment method used by indigenous healers in Farta Woreda for internal hemorrhoids. This technique involves

inhaling medicinal smoke from burning specific herbs, which is believed to be more effective in treating internal hemorrhoids. Some healers prefer fumigation over oral medication, as they believe the latter can have potential side effects.

Local healer four (LH4) said that “I treat intestinal hemorrhoids using a smoking method. I believe that oral medication for internal hemorrhoids can have side effects. Therefore, I prefer the smoking method to avoid potential complications.” LH4 stated that:

*The treatment process involves first fumigation of a patient by inhaling medicinal smoke. Next, they feel a sense of snoring as the smoke enters their mouths and noses. When they feel nauseous, I give them a smelly medicine. After giving them smelly medicine, he calls them vomiting. When you inform them, I will treat/do the treatment by giving recovery or palliative medicine.*[Male 55 years, Qualeha kebele, June 7, 2024].

The treatment of internal or intestinal hemorrhoids in Farta *Woreda* often involves a combination of smoking and oral medication. The smoking method entails inhaling medicinal smoke, believed to alleviate symptoms and promote healing. Additionally, an antidote may be given to induce vomiting, which is thought to be part of the healing process. Overall, the drinking and fumigation treatment for hemorrhoids combines oral and smoke-based therapies, with a strong emphasis on patient assessment and cultural practices.

#### **5.5.5. Cauterize the Hemorrhoids Wound and Swelling**

According to my informants, cauterization is an indigenous method used by healers in Farta *Woreda* to treat hemorrhoids. This involves applying heat to the affected area to reduce swelling, stop bleeding, and promote healing. The process typically includes heating various medicinal plant leaves and a stake (*lebeq*) over a fire, which is then applied to the hemorrhoid lesions. Healers often use heated tools, such as red-hot metal wires or burning pieces of wood, to cauterize the hemorrhoid wounds.

Interpretivist anthropologists have examined aspects of healing, such as ritual trance, as symbolic performances. In the context of hemorrhoid treatment in Farta *Woreda*, indigenous practitioners often integrate symbolic and ritual elements alongside physical treatments like cauterization. They may incorporate prayers, holy water (*Tsbele*), and other religious symbols to enhance the healing process. This holistic approach combines physical interventions with

spiritual support, which is believed to contribute to a more comprehensive healing experience.

As the data gained from in-depth interviews indicate that, some religious leaders treat hemorrhoids using spiritual practices like prayer and the use of religious symbols like the cross and *Emnet*. They also employ physical methods, such as cauterization, using heated tools like red-hot metal wires or burning pieces of wood from medicinal plants like *Lebeq*. Materials used for these purposes include red-hot metal wires and burning pieces of wood from medicinal plants like *lebeq*, *Tsena*, *Tuafi*, and *Emnet*. The medicinal substances used in these treatments are often non-formulated, either in liquid or powder form. Patient seven (P7) describe that:

*I experienced severe anal burning, rectal bleeding, and intense pain, especially during hot weather. Then when he went to the indigenous healer or doctor, they saw anus and told me it was hemorrhoids. Then they told me that they would give me the treatment by cauterize. And I said to them, father. They used materials like Tsena, matches, Tuafi, and a thin metal rod. The Tuafi was lit with a match, and the metal rod was heated over the fire. The hot metal rod was then used to cauterize the swollen hemorrhoids. On the third day, the hemorrhoids began to erupt and heal, after applying Emnet, they dried up and turned black. [Male 40 years, Debre Tabor, June 5, 2024].*

Relation to the above statement, community member one (CM1) stated that:

*I was sick with hemorrhoids; Then when he went to indigenous therapy, they told me that we are followers of Christianity and if you worship other religions, you cannot be treated. They told me that because the treatment or healing is related to faith; they said that Oh, I am also a follower of his faith. The healer fumigated me using Tsena and then cauterized the hemorrhoid wounds with heated stakes made from Lebeq wood over 60 times. After multiple cauterizations, the hemorrhoids healed effectively. [Male 75 years, Qualeha kebele, May 21, 2024].*

From the above statements, indigenous healers in Farta Woreda treat hemorrhoids using a combination of physical and spiritual methods. Physically cauterization with heated tools (red-hot metal wires, burning wood) to reduce swelling, stop bleeding, and promote healing.



Spiritually, incorporation of prayers, holy water (*Tsbele*), and religious symbols (cross, *Emnet*) to enhance healing for hemorrhoid.

The data gained from in-depth interviews indicated that indigenous healers in Farta *Woreda* employ a multi-step process to treat intestinal hemorrhoids. This process involves a combination of physical and spiritual techniques. The treatment may begin with a body massage, followed by cauterization of the anal area. The use of holy water (*Tsbele*) and *Emnet* is believed to facilitate the expulsion of hemorrhoids. Finally, the swollen hemorrhoids are cauterized to remove pus.

Information gathered from participants confirms that indigenous healers and religious leaders in Farta *Woreda* utilize cauterization to treat hemorrhoids. They employ various cauterizing materials and incorporate religious practices like prayer, the use of *Emnet*, holy water, and incense into the healing process. This integrated approach reflects the holistic nature of indigenous healing practices in the region.

In general, cauterization treatment for hemorrhoids involves a combination of physical and spiritual practices aimed at reducing pain and promoting healing. Indigenous healers utilize cauterization as a key method for treating hemorrhoids, combining it with spiritual practices to enhance its effectiveness. To summarize, these techniques reflect the diverse and holistic approaches indigenous healers use to treat hemorrhoid diseases effectively.

## CHAPTER SIX

### 6. OPPORTUNITIES AND CHALLENGES OF INDIGENOUS MEDICATION FOR HEMORRHOIDS TREATMENT

This chapter deals with the opportunities and challenges of indigenous medication for hemorrhoids in Farta *Woreda*. It mainly emphasizes on describing opportunities as an alternative of indigenous medicine for hemorrhoid treatment. Finally, this chapter focuses on challenges that are faced on indigenous healers and drawbacks of indigenous medicine in treating hemorrhoid diseases in a study community.

#### 6.1. Opportunities of Indigenous Medication for Hemorrhoids Treatment

According to my informants, indigenous medicine is widely used for the management of various health problems including hemorrhoids in Farta *Woreda*. The data obtain through in-depth interview with the local community, in Farta *Woreda* indigenous medicine is considered to be at the forefront of maintaining the health problems of hemorrhoid. As to FGD discussants with the local community the reason behind the preferences of indigenous medicine to the modern ones is due to its availability and affordability.

Indigenous medicine is an ancient healing practice deeply rooted in Farta *Woreda*, used to treat various ailments, including hemorrhoids. Due to its accessibility and availability, the community has strong faith in its effectiveness and stigma. In related to the prior choice of indigenous medicine, an informant with a 42 years old man explained that “local medicine saves money and time, it is effective in treating hemorrhoids and other diseases and it is widely used in the district”. This finding is in line with a research done in West Belesa by (Workneh et al., 2020) and (Legesse & Babanto, 2023).

##### 6.1.1. The availability of Indigenous Medication in the Study area

According to my informants, indigenous medicine is readily accessible within Farta *Woreda*, making it a convenient choice for patients. The proximity of treatment options allows individuals to seek care without significant transportation costs or time delays associated with modern medical facilities.

According to the President of indigenous healers in the Amhara Region, hemorrhoid patients can save time and money by going to the nearest indigenous healer. This means that patients

can avoid the costs associated with traveling to distant healthcare facilities, including transportation, accommodation, and food. Additionally, modern medical treatments often involve multiple appointments, leading to further time and financial burdens. In contrast, indigenous healers offer a more accessible and cost-effective solution. This viewpoint is supported by (Lemma, 2013), who identified factors such as proximity, low waiting times, and low service charges as key reasons for the utilization of indigenous healers.

The presence of indigenous healers within or near the community makes it convenient for individuals with hemorrhoids to seek treatment. This accessibility encourages community members to prioritize indigenous medicine as their initial treatment option. The availability of local indigenous healers knowledgeable in treating hemorrhoids facilitates personalized care. Furthermore, indigenous healers often utilize locally sourced medicinal plants, supporting the local economy and enhancing the community's acceptance and reliance on indigenous medicine.

The data obtained from FGD1 revealed that the local availability of medicinal plants used in indigenous treatments further supports the community's ability to utilize these remedies. The presence of these resources allows indigenous healers to provide a variety of treatments for hemorrhoids. According to participants, the availability of plants for different patients nearby enables indigenous healers to treat various diseases, including hemorrhoids. Consequently, the presence of local indigenous healers and their ability to cure hemorrhoids attracts the community to this treatment. This situation creates opportunities for indigenous medicine to treat hemorrhoid patients in Farta *Woreda*.

In essence, the presence of medicinal plants and indigenous healers within or near the community encourages the community to utilize indigenous medicine. This accessibility enables local healers to treat hemorrhoid patients, provide care, and contribute to the overall health of the community. This perspective is supported by (Kahissay & Fenta, 2015), who indicated that the availability and acceptability of healthcare services are major reasons for the utilization of indigenous healers in rural Ethiopia. Generally, indigenous medicine is readily accessible within the community, allowing patients to seek treatment without significant travel. This proximity saves both time and transportation costs, making it a convenient option for those suffering from hemorrhoids.

### 6.1.2. Effectiveness of Indigenous Medicine for Hemorrhoids Treatment

Critical medical anthropology critiques biomedicine's dominance over indigenous healing practices. This critique is essential for recognizing the cultural significance and effectiveness of indigenous methods in treating conditions like hemorrhoids. In Farta Woreda, indigenous medicine is highly effective in treating various diseases, including hemorrhoids. Indigenous treatments often adopt a holistic approach, addressing not only symptoms but also the underlying causes of hemorrhoids. This approach is believed to eliminate the root causes of hemorrhoids from the blood vessels, leading to more effective healing compared to modern methods that may primarily focus on surgical removal.

According to local healer one (LH1), believes that modern medical treatments may not fully address the root causes of hemorrhoids, leading to potential recurrence. whereas indigenous medicine is often perceived as a more effective option. Therefore, it is believed that indigenous medicine is more effective than modern medicine in treating hemorrhoids, particularly in terms of addressing bleeding and swelling.

Patient one (P1) said that indigenous medicine is an effective treatment for hemorrhoids. They experienced significant relief from the pain and discomfort associated with the condition after undergoing the treatment. Based on their personal experience, P1 strongly believes in the efficacy of indigenous medicine for managing hemorrhoids. In relation with this patient three (P3) stated that:

*I believe that indigenous medicine is one number or 100% (percentage) for treating hemorrhoids. Because I am very happy that the disease that has been bleeding and tormenting me for many years has been removed in one week, and the treatment has been very successful.* [Female 34 years, Gena Mechawecha kebele, June 4, 2024].

According to the above sentences, indigenous medicine is highly effective in treating hemorrhoids. They were extremely satisfied with the treatment, which successfully resolved their years-long issue of bleeding and painful hemorrhoids within just one week. FGD2 participants believe indigenous medicine is superior to modern medicine for treating hemorrhoids, arguing that it addresses the root cause of the problem, leading to more effective and lasting results. Patient seven (P7) stated that:

*I go to in health center due to pain in my lungs, heart, shoulder/neck, and waist. They give me pills for a stomach and intestinal ulcer, but my condition did not improve.*

*Then I went to indigenous healer (Mergeta) and when I was examined, he said it was an intestinal hemorrhoid. Then I was given medicine and It came out to me. Therefore, in my personal experience, indigenous medicine proved to be more effective in treating hemorrhoids than modern medicine. While modern medicine did eventually help to alleviate my symptoms, it was the indigenous treatment that initially provided significant relief. [Male 40 years, Debre Tabor, June 5, 2024].*

Based on these statements, the community holds the belief that indigenous medicine offers superior treatment for hemorrhoids. They perceive modern medicine as inadequate in addressing the underlying causes of these conditions, often leading to incomplete or temporary relief. One patient said that:

*I was diagnosed with hemorrhoids at Debre Tabor Hospital and underwent surgery to remove them. Although the surgery initially alleviated the symptoms, the condition eventually recurred. next I gotten to indigenous healer, then local healer provided an apply ointment that successfully reduced the swelling of hemorrhoid. The swelling came out in the form of a pimple. Now I am happy that I am healthy. Therefore, I believe that indigenous medicine is very effective in curing hemorrhoids. [Female 51 years, Qualeha kebele, July12, 2024].*

According to the above statement, patients report high levels of satisfaction with indigenous treatments. Participants noted significant pain reduction after using indigenous remedies, suggesting strong belief in their effectiveness. Community member one (CM1), argues that modern medicine cannot cure hemorrhoids, as surgical procedures often lead to recurrence. In contrast, indigenous healing is considered more effective in treating hemorrhoids.

In general, indigenous medicine is believed to effectively address the root cause of hemorrhoids by targeting blood vessels, offering a more comprehensive approach compared to modern methods. This perceived effectiveness has led communities to favor indigenous medicine for hemorrhoid treatment. Study participants generally agree on the superiority of indigenous treatments, emphasizing their ability to address the underlying causes rather than just surface-level symptoms. This is supported by (Legesse & Babanto, 2023), who revealed that the use of indigenous medicine in Ethiopia is influenced by factors such as the perceived ineffectiveness of biomedicine and the belief that some diseases are incurable with biomedicine.

### 6.1.3. Historical significance Within the Community

According to my informants, indigenous medicine has been passed down through generations in Farta *Woreda* since ancient times. This treatment is widely used in the district due to its long history within the community. The data gained from key informant interviews revealed that indigenous medicine has been used by the community for centuries, establishing a strong historical foundation for its use in treating hemorrhoids. This historical depth fosters a strong sense of trust and reliance on these time-honored methods among community member.

The study community believes that indigenous medicine, passed down through generations, is deeply rooted in their cultural heritage, with connections to figures like the wise Solomon. This cultural lineage enhances the significance of these practices and reinforces the community's faith in their effectiveness for treating hemorrhoids. The President of indigenous healers in the Amhara Region emphasized that indigenous medicine has been an integral part of Ethiopian culture for centuries, passed down through generations. This long-standing tradition fosters deep-rooted trust and reliance within the community. In relation with this, local healer one (LH1) said that:

*Indigenous medicine has been used since ancient times before the advent of modern medicine, it was inherited from our ancestors and the knowledge was obtained from the wise Solomon, so they have the experience of using it for other diseases including hemorrhoids. I am also treating the disease because I have experience in treating it.*  
[Male 50 years, Gena Mechawecha kebele, May 15, 2024].

The historical significance of indigenous medicine lies in its deep-rooted presence within the community. Many participants attest to their ancestors' successful treatment of hemorrhoids using these methods, which bolsters the community's trust in indigenous healing practices. The continued use of indigenous medicine ensures the continuity of care, as local healers perpetuate effective practices passed down through generations. This continuity is vital for patients seeking reliable treatment options for hemorrhoids.

In Farta *Woreda*, the use of indigenous medicine for treating hemorrhoids is deeply rooted in tradition. This practice is believed to originate from the time of wise Solomon and has been passed down through generations. This shared history and the community's faith in the effectiveness of these traditional remedies contribute significantly to their continued use in managing hemorrhoids.

#### **6.1.4. Stigmatization**

In Farta *woreda*, there is a stigma associated with hemorrhoids, which can lead people to seek treatment from indigenous healers rather than medical professionals. Due to embarrassment and shame, privacy, fear of judgment and by other factors stigmatization surrounding hemorrhoids can indeed influence a patient's preference for indigenous medicine.

The data gained from in-depth interview healers revealed that embarrassment and shame are the leading factors for hemorrhoid patient's choice indigenous medicine in Farta *woreda*. Because the sensitive nature of hemorrhoids can make patients uncomfortable discussing them with healthcare providers in a biomedical setting. So, patients lead to indigenous medicine, often practiced within communities or by indigenous healers, may offer a more discreet and culturally sensitive environment for seeking treatment.

The data obtained from key informant interview revealed that, hemorrhoids are often considered a taboo topic, and patients feel embarrassed or ashamed to discuss them with a doctor. This can lead them to seek treatment from indigenous healers who may be seen as more discreet and understanding. Information gained from FGD patients revealed that in Farta Woreda, discussing sensitive health issues like hemorrhoids openly can be considered inappropriate or shameful. This can lead individuals to feel more comfortable seeking help from indigenous healers who may be seen as more understanding and discreet.

Privacy is a major factor driving hemorrhoid patients towards indigenous medicine. Hemorrhoids affect the anus and rectum, highly private and personal areas. So, openly discussing these issues can be deeply embarrassing for many individuals. The data obtained from in-depth interview patients indicated that indigenous healers often provide a more private and discreet setting for treatment, allowing patients to discuss their condition without feeling exposed or judged. They maintain high levels of confidentiality, which is highly valued by individuals seeking treatment for sensitive issues. Moreover, indigenous healers may be more culturally sensitive and understanding of the social stigma surrounding hemorrhoids.

One key informant interview highlighted that patients have greater trust in indigenous healers within their community, making them more comfortable discussing their condition. Indigenous healers often offer more privacy and discretion compared to healthcare facilities,

which is particularly important for those uncomfortable discussing sensitive health issues in public settings.

Fear of judgment is a significant factor driving hemorrhoid patients towards indigenous medicine in Farta Woreda. Patients fear being judged by healthcare providers, particularly if they believe the condition is their fault. This fear is heightened in communities with strong social norms and expectations. In-depth interviews with patients indicated a perceived lack of sensitivity and understanding of the social stigma surrounding hemorrhoids among healthcare providers. Patients fear being ridiculed, disrespected, or treated with a lack of empathy.

According to the president of the indigenous healers' association in the Amhara region, seeking treatment from an indigenous healer within the community allows patients to avoid the potential scrutiny and judgment associated with public healthcare settings. Indigenous healers often provide a more private and discreet setting for treatment, enabling patients to discuss their condition without feeling exposed or judged.

To the sum up, the community's utilization of indigenous medicine for hemorrhoid treatment is facilitated by several key factors: accessibility, cultural trust, cost-effectiveness, time efficiency, treatment effectiveness, the availability of medicinal sources and stigma. The combination of these factors contributes to the widespread use of indigenous medicine in Farta Woreda for managing hemorrhoids.

## **6.2. Challenges of Indigenous Medicine for Hemorrhoids Treatment**

### **6.2.1. Challenges Faced by Indigenous Healers in Treating Hemorrhoids in Farta Woreda**

Indigenous medicine constitutes a cornerstone of community healthcare in Farta *Woreda*, including the treatment of hemorrhoids. However, indigenous healers face several challenges, including stigmatization and discrimination, the depletion of medicinal plants, a lack of public awareness regarding their treatments, financial constraints, and inadequate recognition by the media. These obstacles hinder the full potential of indigenous medicine to contribute to the health and well-being of the community.

#### **6.2.1.1. Stigmatization and Discrimination**

According to my informants, stigmatization and discrimination pose significant challenges to indigenous healers and their practice, particularly in the treatment of hemorrhoids within the



study area. Participants in the study indicated that indigenous healers often face negative perceptions from both the community and healthcare professionals. This discrimination can undermine their credibility and discourage individuals from seeking their treatment for hemorrhoids.

Indigenous healers in Farta *Woreda* face significant challenges, including belittlement and scorn from society, government bodies, and even religious institutions. Instead of receiving support and recognition for their valuable contributions to community health, they are often portrayed as ineffective or backward. This negative perception undermines their credibility and discourages patients from seeking their services. According to local healer one (LH1) indigenous healers are often misrepresented as individuals who engage in harmful practices. This lack of recognition and support from government authorities further marginalizes indigenous healers.

The data gained from FGD2 revealed that indigenous healers often face widespread disdain and negative stereotypes from both modern medical practitioners and the community. This lack of respect for their practices hinders their ability to operate openly and with dignity. The president of indigenous healers in the Amhara Region further emphasized this challenge, highlighting the widespread disdain for health professionals and the need for collaborative efforts rather than adversarial relationships. According to the indigenous healer president said that:

*When a person with hemorrhoids comes to us for treatment and receives the treatment to recover or dry the wound from which the hemorrhoid came out, when we send him to modern medicine, modern doctors are seen disdaining or sneering at indigenous medicine, saying that you should go away and come back. [Male 60 years, Bahir Dar, July 20, 2024].*

Mainstream medical practitioners often view indigenous healing methods as unscientific or inferior, contributing to the marginalization of indigenous healers. Some religious leaders further compound this issue by condemning indigenous healing practices, suggesting that conditions like hemorrhoids can only be cured through prayer or other religious activities. This dual condemnation alienates indigenous healers and erodes community trust in their methods.

An indigenous healer noted that certain religious institutions condemn indigenous medicine, asserting that hemorrhoids can be cured through prayer, holy water (*tsebel* or *zemzem*), *emenet*, fasting, and other religious practices. This negative perception often leads to embarrassment among community members seeking treatment for hemorrhoids and other diseases. Instead of seeking indigenous treatment, many individuals choose to suffer in silence due to the negative stigma associated with it. Historically, indigenous healers have been stigmatized with derogatory terms like "*sorcerer*" or "*witch doctor*," further reinforcing this negative perception. As a result, patients often approach indigenous healers with fear and hesitation, and some may even avoid seeking treatment altogether.

According to critical medical anthropology recognizes that social inequalities significantly affect human health. In the context of Farta *Woreda*, negative attitudes towards indigenous healers significantly impact their ability to practice openly and respectfully. Negative stereotypes and misconceptions about indigenous healing practices contribute to social barriers and prejudice, hindering their recognition and acceptance within the community. This viewpoint is shared by Wagaye W (2016), who revealed that the political economy of health, influenced by Marxist theory and dependency theory, primarily analyzes the impact of global economic systems, particularly capitalism, on local and national health. The introduction of Western medicine has led to the marginalization of indigenous medicine, often prompting individuals to favor modern medical approaches.

In general, stigmatization and discrimination pose significant challenges for indigenous healers treating hemorrhoids in Farta *Woreda*. These challenges manifest in various forms, including negative perceptions, denigration of healers, erosion of patient trust, religious condemnation, and social barriers. These factors collectively hinder the effectiveness and acceptance of indigenous medicine within the community.

#### **6.2.1.2. Limited Access to Medicinal Plants**

Plants play a pivotal role in the lives of the Farta *Woreda* community, serving as sources of food, climate regulation, shelter, soil fertility, and essential medicines, including treatments for hemorrhoids. This viewpoint is supported by other research, such as (Worku, 2019) and (Awulachew, 2021), who revealed the significant role of indigenous medicinal plants in Ethiopia's healthcare, livelihoods, economic, and environmental spheres.

The current study revealed that a significant challenge faced by indigenous healers is limited access to medicinal plants. Factors such as environmental degradation, land dispossession, inadequate plant conservation efforts, and the use of herbicides have made it increasingly difficult to acquire the necessary plants for their treatments.

According to indigenous healers, seasonal availability poses a significant challenge in accessing medicinal plants. This seasonal variability can lead to delays in treatment and potential deterioration of patients' conditions. Local healer five (LH5) said that:

*I have a difficult time finding medicinal plants. Since plants can only be harvested during specific seasons, it poses significant challenges. When the season is right, I harvest the plants, but the lack of a plant center makes it extremely time-consuming to find them. Sometimes, I can't even find the necessary plants.* [Female 53 years, Debre Tabor, June 3, 2024].

The destruction of natural habitats due to environmental degradation and the use of herbicides and chemicals has significantly reduced the availability of medicinal plants. This loss not only diminishes the variety of plants available but also threatens the survival of specific species crucial for indigenous healing practices. This environmental degradation poses a serious threat to the sustainability of indigenous medicine.

The data obtained from key informant interview indicated that the lack of plant conservation centers exacerbates the problem of limited access to medicinal plants. Without dedicated efforts to preserve and cultivate these plants, indigenous healers must spend excessive time searching for them, leading to frustration and inefficiency in their practice. The ongoing challenges related to the availability of medicinal plants put these resources at risk of extinction. Without proper conservation efforts, the plants that indigenous healers rely on may disappear entirely, further limiting their ability to provide effective treatments.

According to the President of indigenous healers emphasized that the medicinal plants used are often inaccessible to animals and unaffected by herbicides and chemicals. However, the lack of plant conservation centers puts these plants at risk of extinction, making it increasingly difficult for indigenous healers to find them. The data gained from FGD1 revealed that, limited access to medicinal plants directly impacts the effectiveness of treatments provided by indigenous healers. When they cannot obtain the right plants, they

may resort to substitutes or inadequate alternatives, potentially compromising treatment outcomes for patients with hemorrhoids and other ailments.

In general, limited access to medicinal resources significantly challenges indigenous healers. The difficulty in sourcing necessary plants, increased time and effort required, and potential compromises in treatment quality all contribute to these challenges. The absence of conservation efforts further exacerbates these issues, putting both the plants and the healing practices at risk. This is reported by (Zimba & Tanga, 2014) and (Gakuya et al., 2020), who identified a lack of medicinal plants, inadequate conservation efforts, and the loss of indigenous knowledge as major challenges faced by indigenous health practitioners.

### **6.2.1.3. Lack of Recognition and Support**

According to my informants, the lack of recognition by media and health authorities can further marginalize indigenous healers in the study area. This non-recognition can limit their ability to share their knowledge and practices with a broader audience, impacting their practice and the community's health.

Data obtained from in-depth interview revealed that, indigenous healing practices are often marginalized and not formally recognized within mainstream healthcare systems. This lack of recognition can limit the ability of indigenous healers to practice and share their knowledge. The absence of support from government entities exacerbates the challenges faced by indigenous healers. Instead of receiving encouragement and resources, many healers report being belittled or dismissed, which can lead to a lack of confidence in their practices and a feeling of being undervalued within the healthcare landscape.

According to the President of indigenous healers in Amhara Region, the lack of recognition of indigenous medicine has prevented it from being widely known and advertised in various media, leading to a serious awareness problem within society. The indigenous healer emphasized that the media has not adequately publicized the role of indigenous medicine in treating hemorrhoids, along with the strengths and weaknesses of the treatment and profession. This lack of awareness has resulted in serious challenges for indigenous medicine and its practitioners.

Without recognition and support, indigenous healers often struggle to access necessary resources, such as training, funding, and materials. This limitation can hinder their ability to provide effective treatments and innovate within their practices, ultimately affecting patient

outcomes. Data gained from in-depth interviews with healers indicate that, due to a lack of recognition, indigenous healers have faced limited access to resources and funding for indigenous healing practices. They are often restricted or denied access to licenses, the use of certain natural remedies, and access to formal healthcare facilities.

According to FGD2 discussants, indigenous healers often face material challenges, including a lack of resources and tools needed for effective treatment. This can hinder their ability to provide adequate care for patients suffering from hemorrhoids. Local healer one (LH1) explained that one of the problems faced by indigenous healers when trying to provide treatment for hemorrhoids is the lack of materials. He said that:

*One of the primary challenges I encounter while providing treatment is the scarcity of essential materials like gloves, syringes, cotton, medicine containers, and others. Additionally, I lack the expertise to prepare the medicine. I have to personally taste, examine, and administer the treatment, which is very time-consuming. The government doesn't offer any assistance, they don't know what I need, what challenges I face, and they don't even provide advice. [Male 50 years, Gena Mechawecha kebele, May 14, 2024].*

Based on the above statements the significant challenges faced by indigenous healers due to a lack of recognition and support. These challenges not only affect the healers themselves but also have significant implications for the health and well-being of the communities they serve. In general, indigenous healing practices often do not receive recognition from the broader medical community or government, which can limit their resources and support. This lack of acknowledgment can also contribute to the stigmatization of indigenous healers. This viewpoint is similar to the study by (Gietaneh et al., 2023), who revealed that indigenous healers face a lack of local government support, improper licensing, inadequate shelter, and a lack of suitable working spaces and other facilities.

#### **6.2.1.4. Loss of Indigenous Medication/ Healing**

The loss of indigenous medicine and healing practices poses significant challenges for indigenous healers in the study community. According to indigenous healer responses during the interview, this loss occurs due to a variety of interrelated reasons, such as historical, social, economic, legal, and environmental factors.

The current study revealed that the significant loss of medicinal plants hinders healers' access to crucial natural resources. This depletion, resulting from environmental changes, deforestation, globalization, and urbanization, threatens the sustainability of indigenous healing practices. Data obtained from FGD2 indicated that limited access to education and a focus on Western medical knowledge contribute to the erosion of indigenous knowledge. Younger generations are less inclined towards indigenous practices, leading to a generational knowledge gap. This loss of knowledge diminishes the effectiveness of treatments and jeopardizes the cultural heritage of healing practices.

The data gained from key informant interviews healer indicated that the decline of indigenous medicine can contribute to stigmatization, where indigenous healers are viewed as less credible compared to conventional medical practitioners. This negative perception can discourage individuals from seeking help from indigenous healers. The media often overlooks indigenous healing practices, failing to highlight their importance and effectiveness.

The political economy of health, influenced by Marxist and dependency theories, primarily analyzes the impact of global economic systems, particularly capitalism, on local and national health. Study participants indicate that the global spread of Western medicine has prioritized pharmaceutical solutions over indigenous remedies, diminishing the role of indigenous healing in the study area. The data gained from key informant interviews indicates that the loss of indigenous healing practices has forced communities to rely more heavily on mainstream medical systems, which may not always align with their cultural beliefs and practices. This shift can lead to a disconnect between patients and their indigenous healers, diminishing the role of indigenous medicine in community health.

Economic challenges can limit access to indigenous medicine, leading to the commodification and exploitation of indigenous practices. This can result in a loss of authenticity and a disconnect from cultural roots. In-depth interviews reveal that the loss of indigenous healing practices can diminish community trust in indigenous healers.

In general, the loss of indigenous medicine presents multiple challenges: depletion of medicinal resources, erosion of indigenous knowledge, increased reliance on mainstream medicine, stigmatization of indigenous healers, and loss of community trust. These factors collectively undermine the effectiveness and acceptance of indigenous healing practices within the community. This is similarly with other studies, (Abay, 2009), have revealed that

the development of Ethiopian herbal medicine is hindered by environmental degradation, resource management, urbanization, and lack of awareness.

### **6.2.2. Drawbacks or Limitations of Indigenous Healers for Hemorrhoid Treatment**

The limitations of indigenous medicine in Ethiopia may include a lack of scientific validation, sustainability challenges, and potential risks associated with incorrect usage or dosage (Dubale, Abdissa, et al., 2023). Similarly, participants in the study, while acknowledging the importance of treating hemorrhoids with indigenous medication, also identified several challenges. Just as all indigenous healers have their strengths, they also have their weaknesses. Among the problems that occur when indigenous healers provide treatment for hemorrhoids are a lack of proper diagnosis and medication, drug balance problems, swelling or inflammation and narrowing of the anus, severe ulceration and bleeding, and accountability and follow-up issues.

#### **6.2.2.1. Lack of Proper Diagnosis and Improper Medication**

In Farta *Woreda*, participants indicate that improper diagnosis and medication are significant drawbacks in the practices of indigenous healers, particularly in the treatment of hemorrhoids. Many indigenous healers may not have formal training in medical diagnosis, which can lead to misdiagnosis and inappropriate treatment plans for hemorrhoids. Many indigenous healers struggle with providing proper diagnoses and medications. This includes issues with drug balance and the potential for incorrect drug placement, which can lead to complications such as swelling, inflammation, and severe ulceration

The data gained from in-depth interviews indicated that a serious problem occurs when some indigenous healers provide treatment without properly understanding the nature of the disease and without accurately diagnosing the disease and identifying additional comorbidities the patient may have. According to LH1, there are instances where the harms of indigenous therapy outweigh the benefits. Some practitioners, lacking the necessary knowledge, may not understand how the disease affects and damages blood vessels. Driven by financial gain, they may administer treatments without proper diagnosis, potentially causing significant harm to patients. Local healer two (LH2) said that:

*When you see pus around the anus without understanding and examining the nature of the smell, administering medication for hemorrhoids can be harmful. When they treat hemorrhoids by giving medicine, they weigh the benefits of the treatment against*

*the harms, and sometimes leave patients without a cure and lead to serious injuries, pain, and even death. [Male 50 years, Debre Tabor, May 17, 2024].*

As participants noted, some indigenous healers prioritize financial gain, treating hemorrhoids without fully understanding the disease. Their lack of formal training can lead to misdiagnosis and ineffective treatments. This can cause serious health complications. This is similar to the other study by (Tosam, 2019), who revealed that diagnostic errors can lead to negative health outcomes, psychological distress, and financial costs. If a diagnostic error occurs, inappropriate or unnecessary treatment may be given to a patient, or appropriate and potentially lifesaving treatment may be withheld or delayed.

Generally, when a healer fails to diagnose the true nature of a patient's ailment, the treatment provided can be ineffective or even detrimental. For instance, treating a severe infection as hemorrhoids can lead to worsening symptoms and increased risk of complications, including severe pain or death.

Improper medication is another limitation of indigenous healers. Indigenous healers often prepare medications without fully understanding the disease. They may mix herbs and chemicals without considering potential side effects, posing significant risks. As the data gained from in-depth interviews with community member two (CM2) indicate, a major concern with indigenous hemorrhoid treatments is the improper preparation and administration of medications. Many healers mix alkaline and acidic substances with herbs, lacking training in their use and unaware of potential long-term effects.

According to local healer two (LH2), many practitioners of indigenous medicine do not actually cure the disease. Because some experts treat hemorrhoids by mixing sulfuric acid with herbs, they exacerbate the damage instead of curing it. This means that when sulfuric acid is applied to the hemorrhoid area, the affected tissue can become inflamed and irritated, leading to further disease progression. Community member four (CM4) said that:

*There was an individual from our neighborhood who was suffering from rectal hemorrhoids. When the patient got sick, he went to an indigenous healer. After he left, the local healer gave him some medicine to rub off the wound. However, the man became very ill. I believe that when he prepared the medicine, he did not prepare it only from pure herbs; And when he was preparing the medicine, he mixed acid/sulfuric acid and prepared it, so the man became seriously ill because of the*



*acid. The acid severely damaged the man's anus, causing it to expand and damage the urethra. Due to the damage to the urinary tract, he experienced urinary leakage. Finally, despite going to modern medicine, the patient died. Therefore, I believe there are many people who are exposed to problems due to the fact that experts do not prepare pure medicine. [Male with 60 years, Debre Tabor, June 2, 2024].*

Health officer one (HO1) explains, many indigenous healers are unstudied in their practices, which means they may not be aware of the long-term effects of the treatments they provide. This can pose risks to patients who rely on these remedies for hemorrhoid treatment. According to an indigenous healer, sometimes indigenous medicine is not effective in treating rectal hemorrhoids. This is because medicines are not always prepared from pure plant leaves, fruits, roots, stems, or seeds. When leaves are mixed with chemicals or acids during preparation, it can lead to serious health problems, including issues with digestion, reproductive organs, and even death. Unless the treatment is administered correctly, it can cause severe damage.

According to FGD discussant with community elders revealed that some indigenous healers use various acids to treat hemorrhoids, causing serious injury or death. Additionally, local healers often prescribe medicines without examining their short-term and long-term effects on people, leading to serious harm to patients' health. Local healer six (LH6) said that, indigenous treatment of hemorrhoids has advantages but also various problems. For example, indigenous healers who work for financial gain, without proper knowledge, may administer harmful medications that can cause serious harm or even death. Another problem is that when indigenous healers who lack the necessary skills administer medicine to the anus, it can damage bowel control. Eventually, this can lead to fecal incontinence and potentially cancer.

Local healer four (LH4) expressed, “I believe that giving oral medicine for intestinal hemorrhoids is very problematic. Without examining patients to confirm if they have underlying conditions like lung, heart, or liver problems, administering medication can be harmful. Additionally, some indigenous healers may not accurately measure the dosage, leading to potential overdosing and adverse effects.” In general, the limitations of indigenous healers in terms of lack of proper diagnosis and improper medication can significantly compromise patient safety and treatment effectiveness. This is supported by other studies, such as (Tosam, 2019), who revealed that correct diagnosis guides the physician in making

the right clinical decision. Diagnostic errors, as well as imprecise and delayed diagnosis, each affect healthcare and quality of care, sometimes resulting in harm or death of patients.

#### **6.2.2.2. Drug Dosage Problems**

Indigenous healers in the study area often struggle with accurate medication dosing for hemorrhoid treatment, posing significant health risks. The absence of standardized measurement practices can lead to both overdosing and under dosing, resulting in severe side effects or treatment failure. Participants reported that excessive dosages can cause extreme pain, unconsciousness, and even death. Indigenous medicine frequently lacks standardized measurement practices, hindering accurate dosing. Healers may lack the necessary training to determine appropriate dosages, often relying on anecdotal evidence or personal experience instead of standardized measurements.

The data obtained from key informants indicate that indigenous medicine in Ethiopia, including Farta *Woreda*, is typically passed down through generations without scientific basis. The lack of research and the absence of precise knowledge regarding medication amounts and appropriate equipment pose significant challenges. Participants emphasized that overdosing can lead to serious consequences, including unconsciousness, extreme pain, and even death. Patient two (P2) said that:

*One day I had a problem. A man suffering from hemorrhoids, after being given the hemorrhoid medicine, developed a severe wound and became very ill and unconscious. I informed the indigenous healer, who arrived in shock and administered a sedative injection to alleviate the pain. [Male 28 years, Gena Mechawechea kebele, May 13, 2024].*

Another participant, community member four (CM4), explained, “I live in an area where an indigenous healer practices medicine. As soon as hemorrhoid patients come to the indigenous doctor, they are given medicine. After they were treated, I saw them crying in pain. When the patients are unable to tolerate the drugs they are given, they go to the river and immerse themselves in the water. The reason they do this is because the medicine burns them so much that they seek relief in the cool water”. As explained by FGD1, when we take the drug, it is very irritating and burning, like pepper. We have heard that people go to the river and immerse themselves in the water to relieve the pain when they are given too much medicine.

As participants noted, some indigenous healers may not adhere to precise medication measurements, leading to overdosing. Excessive medication can cause immediate adverse effects, such as dizziness and burning sensations, as well as long-term complications, including rectal stricture and intestinal damage. Some indigenous healers may not adequately consider individual patient factors, such as age, weight, and overall health, when prescribing medications. This can lead to inappropriate treatment plans and potentially serious complications, including rectal stricture, intestinal damage, and even death. Community member six (CM6) stated that:

*There was a hemorrhoid patient from our village. The sick man went to the indigenous healer and got medicine. When the man returned home, he had been given too much medicine and fell unconscious. Ultimately, he died immediately. The most surprising thing is that the indigenous healer gave him medicine in the morning, and when he returned to give more, he found him dead. [Male 65 years, Debre Tabor, July 9, 2024].*

Another participant of the study said that the patients who were given the ointment and the buried medicine were saved from death due to severe pain. Community member seven (CM7) said that:

*A hemorrhoid patient from our neighborhood went to an indigenous doctor and got medicine. Then, because the medicine was so strong and excessive, as soon as he administered the medicine, he became very ill. The patient suffered greatly. Finally, after much suffering, he survived. [Female 30 years, Debre Tabor, July 26, 2024].*

The data obtained from FGD1 indicate that overmedication can lead to severe complications, including ulceration, bleeding, scarring, and even death. Excessive medication can cause significant pain and may necessitate surgical intervention to address treatment-related complications. When indigenous healers treat rectal hemorrhoids, they use drugs to close the anus. According to the participant:

*When a priest went to the indigenous healers with rectal hemorrhoids, he was given too much medicine, so the anus was so tight that the feces that was coming out of the anus burst out from the side of the anus under his thigh. I subsequently performed surgery to redirect the feces passage back through the anus. [Male 43 years, Debre Tabor, June 4, 2024].*

According to local healer one (LH1), “I believe that if the patient is given too much medicine, it can cause intestinal damage and even rupture of the intestine.” Another indigenous healer said that some local healers are so inexperienced that they struggle with balancing medication dosages, and if the patient is injured, it can cause problems while administering the medicine.

As participants indicated, some indigenous healers lack precision in their medication dosing for hemorrhoid treatment. This can lead to overdosing, resulting in severe consequences such as dementia, intense pain, rectal stricture, and even death. By failing to consider individual patient factors like age and tolerance, indigenous healers often administer inappropriate dosages. This issue of inaccurate dosing represents a significant limitation within indigenous healing practices, posing serious health risks to patients.

In general, inaccurate medication dosing is a critical limitation within indigenous healing practices, potentially leading to severe health consequences, including death. The lack of formal training and scientific grounding in these practices underscores the urgent need for improvement and standardization within indigenous medicine.

#### **6.2.2.3. Severe Bruising, Bleeding and Scarring**

Hemorrhoids are a common condition treated by a variety of medical specialists using diverse therapeutic approaches. Some practitioners employ invasive techniques, such as the excision of hemorrhoid tissue using sharp instruments, which can lead to ulceration, bleeding, and potentially long-term complications.

Indigenous healers frequently employ invasive techniques, such as cutting or pricking, to address hemorrhoid conditions. These methods can result in significant bruising, causing considerable discomfort and distress for patients. Moreover, these procedures may not be conducted under sterile conditions, increasing the risk of complications. Local healer two (LH2) indicates that indigenous healers often employ invasive techniques to physically remove hemorrhoid tissue. These methods, which may involve cutting the affected area with a razor blade or even splitting the anus, can result in severe complications, including ulceration, bleeding, and scarring. Such invasive procedures can impair anal function, significantly increasing the risk of both short-term and long-term health consequences.

A significant long-term consequence of indigenous hemorrhoid treatments is the development of scarring, which can lead to anal narrowing. This narrowing can obstruct stool passage, causing discomfort and potentially leading to further complications. One participant noted

that invasive techniques, such as cutting or pricking, can lead to scarring that constricts the anal opening, hindering bowel movements. Indigenous healers report that local practitioners often employ invasive techniques that cause significant pain and wounding. Furthermore, the lack of hygienic practices associated with these treatments increases the risk of infection, such as pus formation, and prolongs healing times.

Based on participant accounts, indigenous treatments for rectal hemorrhoids can lead to severe complications, including ulceration and significant bleeding. Some healers employ invasive techniques, such as using razors or needles to excise hemorrhoids, which can lead to open wounds, excessive bleeding, and subsequent scarring. These complications can impede normal bowel function, causing discomfort and potentially leading to further health issues. LH1 stated that indigenous treatment of rectal hemorrhoids can cause miscarriage. He emphasized that the use of razors and other chemicals during treatment can damage the rectal area and cause erectile dysfunction.

The data suggests that rectal hemorrhoid treatments administered by some indigenous healers can have severe consequences, including significant pain, ulceration, bleeding, and scarring. In summary, the limitations of indigenous hemorrhoid treatments often result in severe bruising, bleeding, and scarring, prolonging recovery times and increasing the risk of additional complications.

#### **6.2.2.4. Accountability and Follow-up Issues**

According to my informants, accountability and follow-up care present significant challenges within the realm of indigenous healing practices. The lack of formal monitoring systems can hinder effective patient progress tracking, potentially leading to unresolved health issues and complications. The data obtained from in-depth interviews patients revealed that a significant limitation of indigenous hemorrhoid treatment lies in the absence of robust accountability and follow-up systems. Inadequate post-treatment monitoring hinders timely adjustments to treatment plans and the provision of additional care in response to potential complications. This lack of structured follow-up can lead to unresolved health issues and a decline in patient condition over time.

Indigenous healers often face challenges in implementing robust post-treatment patient monitoring systems. Their reliance on intergenerational knowledge transmission, while culturally significant, can limit their capacity for regular follow-up. This lack of structured

monitoring can lead to undetected complications, potentially resulting in adverse health outcomes, including disability or mortality.

The data gained from FGD2 revealed that difficulty in holding healers accountable is one of the drawbacks of local healers in Farta *Woreda*. There is a prevalent issue where indigenous healers are not held accountable for the outcomes of their treatments. For instance, if a patient experiences complications or adverse effects after receiving treatment, there is often no mechanism in place to question or hold the healer responsible. This lack of accountability can result in serious health consequences for patients, as seen in cases where overdosing or misdiagnosis led to severe complications or even death.

The data gained from in-depth interviews indicates that due to the traditional nature of indigenous medicine and the trust placed in healers, consistent patient monitoring can be challenging. Healers may find it difficult to monitor patients every hour or every day and may face challenges in holding themselves accountable for post-treatment problems. Data obtained from in-depth interview patient ten (P10) reveals that indigenous healers face challenges such as patient disability, fainting, and even death. He believes that medical malpractice, including medication balance problems, mixing acids, and misdiagnosis, may contribute to these issues. Local healers are often not held accountable for the mistakes they make. In relation with this, community member one (CM1) stated that:

*There was a man in our village suffering from rectal hemorrhoids. He visited an indigenous healer and received medicine. Sadly, the man died after taking the medicine. It was too strong, and he passed out. No one questioned the healer who gave him too much. Instead, the family considered the matter to be 'the work of the creator' and to learn the soul of the deceased. [Male 75 years, Qualeha kebele, May 21, 2024].*

According to another member of the community, a girl with hemorrhoids went to an indigenous healer and was given medicine. Unfortunately, after taking the medicine, she died due to an overdose. The indigenous healer is still practicing without facing any consequences. Community member two (CM2) said that:

*There was a priest from our neighborhood who was suffering from a rectal hemorrhoid. My priest went to the indigenous healers and was given medicine. After the treatment, the medicine affected the man's entire internal body. His anus was*

*badly injured, the priest suffered from pain for many years and eventually died. The local healer is now living well without being held accountable for the incident. [Male 58 years, Gena Mechawecha kebele, May 28, 2024].*

As I understood from the participants above, some indigenous healers do not take responsibility for the problems that arise when they give hemorrhoid treatments. This is partly due to cultural beliefs that discourage questioning the healer's decisions.

In general, accountability and follow-up issues significantly hinder the effectiveness of indigenous healers in treating hemorrhoids. The combination of inadequate monitoring, cultural perceptions of accountability, and lack of structured follow-up care contributes to the challenges faced by both healers and patients in managing hemorrhoids effectively.

## CHAPTER SEVEN

### 7. CONCLUSION AND RECOMMENDATIONS

#### 7.1. Conclusions

Like in many other parts of the world, hemorrhoids are a frequent health problem in Farta Woreda. In the region, hemorrhoids are treated with both indigenous and contemporary medical therapies. Indigenous medicine frequently heals hemorrhoids more effectively than modern treatments, even when modern medicine offers certain solutions. For many people with hemorrhoids, indigenous medicine is not only a practical solution but also their first choice. The study indicated that indigenous medication has the potential to offer effective and sustainable solutions for hemorrhoid management. In Farta *Woreda*, study communities hold various beliefs about the causes of hemorrhoids. These beliefs are influenced by cultural, environmental, and hereditary factors, including prolonged sitting in heat, heredity, unsanitary toilet practices, and sun exposure during defecation and the fever attacks (*Michi*).

Ecological Medical Anthropology theory examines how people adapt to their social environments (McElroy, 2018). Some environmental factors, such as prolonged sitting in heat, unsanitary toilet practices, and exposure to sunlight, can contribute to the development of hemorrhoids. As these factors are more prevalent in certain environments, they are more likely to cause hemorrhoids than environments with safer conditions. Therefore, based on the study's findings, environmental factors were identified as the primary cause of hemorrhoids in this specific context.

Indigenous healers in Farta *Woreda* possess a rich knowledge base of medicinal plants, animal products, and minerals. They employ diverse preparation techniques and meticulous processes to create effective and safe remedies for hemorrhoids. Some of the preparation methods are drying, grinding, boiling, and extraction to create liquid, powder, and ointment forms of drugs. Indigenous healers in Farta *Woreda* employ a combination of body weight and age considerations, traditional tools like highland lid, trial-and-error methods, standardized measurements like milligrams or milliliters, syringe usage, and experience-based approaches to measure drug dosages effectively. Indigenous healers diagnose hemorrhoid patients through a blend of observation, questioning, modern equipment, and their own experience. This multifaceted approach ensures that they can accurately identify the condition and provide appropriate treatment.



Interpretive anthropology delves into the cultural meanings and symbols associated with illness and healing. In the context of hemorrhoids, this theory helps us understand how people perceive their symptoms, the cultural significance attributed to the illness, and the symbolic meanings linked to various treatment methods. This theory was applied in the study as healers examined patients' anal areas for signs of swelling, bleeding, or irritation to diagnose hemorrhoids. The prescribed treatments were not only physically effective but also carried symbolic meaning within the cultural context. Furthermore, the two-way interaction between the healer and patient involved a complex exchange of symbolic meanings. The healer's instructions and the patient's adherence to the treatment regimen were influenced by shared cultural understandings and expectations.

Indigenous healers in Farta *Woreda* employ a unique and culturally significant approach to treating hemorrhoids. Rooted in deep ecological and cultural knowledge, their practices involve a diverse range of techniques, from herbal remedies to surgical interventions. From an ecological medical perspective, communities often develop cultural practices as adaptations to their specific environment (McElroy, 2018). This theory was applied in the study as indigenous healers have developed a rich body of knowledge and practices for treating hemorrhoids, drawing on local resources and indigenous wisdom. These practices include a variety of techniques, such as applying medicinal ointments, using syringes to administer medication, minor surgical procedures, pricking and cutting, drinking potions, fumigation, cauterization, and religious rituals in Farta *Woreda*.

The accessibility, cultural acceptance, affordability, stigma and perceived effectiveness of indigenous medicine contribute to its widespread use in treating hemorrhoids in Farta *Woreda*. Communities often prefer indigenous treatments, believing they address the root causes of the condition. Additionally, the availability of indigenous healers and medicinal resources plays a significant role in the accessibility of indigenous medicine in Farta *Woreda*, particularly for treating hemorrhoids. Critical medical anthropology challenges the dominance of Western biomedicine and emphasizes the importance of recognizing the value of indigenous healing practices. This theory was applied in this study by understanding the cultural significance and effectiveness of indigenous methods in treating hemorrhoids. In this regard Aragaw et al. (2020) noted, most Ethiopians rely on indigenous medicine to meet their healthcare needs. This preference is often attributed to cultural acceptance, perceived effectiveness for certain ailments, accessibility, and affordability compared to modern medicine.

Indigenous healers play a vital role in their communities, offering valuable healthcare services. However, they face numerous challenges, including stigmatization, resource constraints, lack of awareness, and material inadequacies. These obstacles can hinder their ability to provide effective treatment and negatively impact patient outcomes. To fully harness the potential of indigenous medicine, it is imperative to address these challenges and provide adequate support to indigenous healers. By recognizing their expertise and addressing their needs, we can strengthen healthcare systems and improve the well-being of communities. Additionally, indigenous healers in Farta *Woreda* face limitations in areas such as diagnosis, medication, dosage, and accountability. These limitations can potentially impact the effectiveness of their treatments. To ensure optimal patient outcomes, it is important to address these limitations and provide adequate support to indigenous healers.

A critical medical anthropology perspective highlights the social and economic factors that influence access to healthcare (Singer & Baer, 2018). This theory was applied in the study by examining the challenges faced by indigenous healers, including stigmatization, resource depletion, and lack of recognition. Additionally, the political economy of health, informed by Marxist and dependency theories, explores how global economic systems, particularly capitalism, impact local and national health. The introduction of Western medicine has marginalized and overshadowed indigenous medicine. This theory was applied in the study by understanding the stigmatization and discrimination faced by indigenous healers and their practices, especially in the treatment of hemorrhoids.

Generally, this research contributes to a deeper understanding of indigenous healing practices in the context of hemorrhoid treatment. By recognizing the value of indigenous knowledge and addressing the challenges faced by indigenous healers, we can work towards developing more equitable and culturally appropriate healthcare systems in Farta *Woreda*.

## **7.2. Recommendations**

The researcher provided the following suggestions in light of the aforementioned findings.

To begin with, this study advocates promoting indigenous medicine and upholding community trust, even though it recognizes the efficacy of indigenous medicine in treating hemorrhoids. By doing this, we can decrease health inequalities, increase access to health care, and fortify cultural identity in local communities. Indigenous healers should actively promote these practices within their communities. This research also recommends that indigenous healers prioritize patient safety and avoid harmful procedures like excessive cutting or burning. Additionally, it encourages indigenous healers to encourage communities to continue utilizing and trusting indigenous healing practices, recognizing their efficacy and cultural significance.

Second to community health workers: - Even though this study shows that the beliefs of community towards casual mechanisms of hemorrhoid but this research recommend community education. This is because awareness programs can help reduce the incidence of hemorrhoids. So, it recommends health workers should educate the community about the causes of hemorrhoids, including prolonged sitting, poor dietary habits, and inadequate toilet hygiene. Additionally, health workers should be trained to provide information on the potential benefits and risks associated with indigenous treatments.

Third to policymakers: - this study suggests acknowledging and promoting indigenous techniques, and fostering cooperation and referral linkages. By recognizing the valuable contributions of indigenous medicine in addressing health concerns such as hemorrhoids, and encouraging collaboration and establishing referral systems between indigenous and modern medicine practitioners, policymakers can have improved health care access and healthcare quality, preserve indigenous knowledge and strengthen community health. Because cooperated indigenous and contemporary medicine can result in more thorough and efficient hemorrhoid treatment regimens.

Fourth to future research: - This research recommends conduct further research to investigate the long-term effectiveness of indigenous treatments and address community health needs. Because by conducting further research, we can gain a deeper understanding of the long-term benefits and potential risks associated with indigenous treatments. Generally, by implementing these recommendations, the paper can have a more significant impact on addressing hemorrhoid issues within the community.

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## **Appendix I**

**Bahir Dar University**

**Faculty of Social Sciences**

**Department of Social Anthropology**

**Field Research Guiding Questions**

### **1. Guiding Questions of In-depth and key informants Interview**

#### **Introduction**

The purpose of this interview question is to collect data on indigenous medication: beliefs, healing practices, opportunities and challenges of hemorrhoid in Farta Woreda, South Gondar, Ethiopia. You have right to continue or refuse from selecting the type of question that you give response up to participating in this interview. You are kindly requested to participate in the interview in which confidentiality of information is strictly protected and valued. I also kindly request you, so that I can record your voices, since it is difficult to write all of your responses while interviewing. Finally, I would like to promise you that all your responses would be kept confidential and used only for the purpose of this anthropological study. Hopefully you will give me the required information.

Thank You!

#### **➤ Interview guide for the healers**

##### **I. Demographic characteristics of the participants**

1. Respondents ID----- 2. Sex, Male ----- Female----- 3. Age \_\_\_\_\_

4. Religion \_\_\_\_\_ 5. Residential Kebele \_\_\_\_\_ 6. Educational background \_\_\_\_\_

7. Marital status \_\_\_\_\_ 8. Occupation \_\_\_\_\_ 9. Source of income \_\_\_\_\_

10. Interviewer's Name \_\_\_\_\_ 11. Date of interview \_\_\_\_\_ Starting Time: \_\_\_\_\_  
Finishing Time: \_\_\_\_\_

## **II. Interview Questions**

1. What are the main causes of hemorrhoids in the communities?
2. How do you identify the patient's health problem of hemorrhoids?
3. How do you diagnose hemorrhoids in the study community?
4. Can you explain your process of diagnosing hemorrhoids with indigenous medication?
5. Can you describe the common indigenous medication you used to treat hemorrhoids in a study community?
6. Which types of indigenous medication in treating hemorrhoids? Plants, which part? Materials? Which materials? Holy water? Or both and others else? How?
7. What type of healing process you provide for the patients to treat them from hemorrhoids?
8. Are you use different healing practices by combining for hemorrhoid treatment? If use what are?
9. Can you describe the process of preparing and administering these indigenous medicines for hemorrhoids?
10. Do you prepared and use drugs to run the healing process of hemorrhoids?
11. How do you select and use medicinal plants for hemorrhoid treatment?
12. If you use plants, which plant parts do you use for medicinal purpose? Roots? Leaves? Stems? Seeds? Flowers? Combination of one with another? Other parts?
13. If you prepared and use drugs, how do you determine the dosage? What materials you use to measure the amount of the drug?
14. Is there collaboration with modern medical practitioners to provide comprehensive care for patient with hemorrhoids? If yes how can collaborate?
15. Do you think your healing practice acceptable from the community? How to describe?
16. Could you describe the main benefits of indigenous medicine for hemorrhoids?
17. What challenges do you face in using indigenous medication for hemorrhoid treatment?
18. Have you faced any challenges in sourcing the necessary ingredients for these treatments?
19. How do you address these challenges?
20. What are the challenges in preserving and promoting indigenous healing practices for hemorrhoids?

## ➤ Interview guide for the Patients

### I. Demographic characteristics of the participants

1. Respondents ID-----
2. Sex, Male----- Female----- 3. Age \_\_\_\_\_ 3. Religion \_\_\_\_\_
4. Residential Kebele \_\_\_\_\_ 5. Health Center \_\_\_\_\_
6. Educational background \_\_\_\_\_ 7. Marital status \_\_\_\_\_ 8. Occupation \_\_\_\_\_
9. Source of income \_\_\_\_\_ 10. Interviewer's Name \_\_\_\_\_ 11. Date of interview \_\_\_\_\_ Starting Time: \_\_\_\_\_ Finishing Time: \_\_\_\_\_

### II. Interview Questions

1. What are your beliefs about the causes of your hemorrhoids?
2. How do you typically treat your hemorrhoids?
3. Can you describe any indigenous healing practices you have used to treat your hemorrhoids?
4. Can you describe your experience using indigenous medication for hemorrhoids?
5. Do you think indigenous medication more effective in treating hemorrhoids? And if so, Why?
6. How effective have these treatments been for you?
7. Do you think that indigenous medication has any socio-cultural and economic benefit for you?
8. How do you view the integration of indigenous and modern medical practices for treating hemorrhoids?
9. What are the challenges of the patients in during treatment? And after treatment?
10. What challenges have you faced in using indigenous healing practices for your hemorrhoids?
11. Have you experienced any adverse effects from the indigenous treatments for hemorrhoids? Could you detail these experiences?

## ➤ Interview guide for the Community Members(elders/leaders)

### I. Demographic characteristics of the participants

1. Respondents ID-----



2. Sex, Male----- Female-----3. Age-----4. Religion \_\_\_\_\_
5. Residential Kebele\_\_\_\_\_ 6. Educational background\_\_\_\_\_
7. Marital status\_\_\_\_\_ 8. Occupation\_\_\_\_\_ 9. Source of income\_\_\_\_\_
10. Interviewer's Name \_\_\_\_\_ 11. Date of interview\_\_\_\_\_ Starting Time:  
\_\_\_\_\_ Finishing Time: \_\_\_\_\_

## **II. Interview Questions**

1. What are the common beliefs about the causes of hemorrhoids in your community?
2. What are the indigenous medications or methods used in your community to treat hemorrhoids?
3. Can you describe the specific healing practices or medication that have been passed down through generations for managing hemorrhoids?
4. Do you think that indigenous medication healing process has benefit for the community?  
If yes what are?
5. Are there any challenges to the use of indigenous medicine for hemorrhoid treatment in the study community?
6. What has been your experiences or perception of the effectiveness of these indigenous hemorrhoid treatments?
7. What challenges have you faced in using indigenous medication for hemorrhoids?

### **➤ Interview guide for the health officers**

#### **I. Demographic characteristics of the participants**

1. Respondents ID-----
2. Sex, Male----- Female----- 3. Age\_\_\_\_\_ 4. Religion \_\_\_\_\_
5. Residential Kebele\_\_\_\_\_ 6. Health Center \_\_\_\_\_
7. Educational background\_\_\_\_\_ 8. Marital status\_\_\_\_\_ 9. Occupation\_\_\_\_\_
10. Source of income\_\_\_\_\_ 11. Interviewer's Name \_\_\_\_\_
12. Date of interview\_\_\_\_\_ Starting Time: \_\_\_\_\_ Finishing Time: \_\_\_\_\_

## **II. Interview Questions**

1. Could you tell me a little about your role as a biomedical health officer and your experiences dealing with hemorrhoids in the community?
2. From your professional perspective, what do you believe are the common beliefs of the community about the causes of hemorrhoids?
3. What are your views on the indigenous healing practices for hemorrhoids used in the community?
4. Are there hemorrhoid cases that you refer or recommend to indigenous healers? If yes, why?
5. Do you know /think/ that indigenous healers refer hemorrhoid cases to you? If yes, why?
6. What is the integration between indigenous medication healers of hemorrhoids and biomedical healing systems?
7. How can you work with indigenous healers to support patients with hemorrhoids?
8. How do you think the integration of indigenous and modern medical practices could be improved for the treatment of hemorrhoids?
9. From your biomedical standpoint, do you think that indigenous medication healing process has any socio-cultural benefit for the community as well as the government organizations?
10. Are there examples where these indigenous treatments have shown potential or success?
11. Do you know any obstacles using indigenous medication for hemorrhoids treatment? If yes what are?

### **➤ Guiding Questions for Focus Group Discussions**

#### **Introduction**

The purpose of this focus group discussion guide is to gather information about on indigenous medication: beliefs, healing practices, opportunities and challenges of hemorrhoid in the case of Farta Woreda, South Gondar, Ethiopia. You are free to choose to continue or not to continue answering the questions before taking part in this study. You are kindly requested to participate in the FGD, in which the confidentiality of information is strictly protected and valued. I also kindly request that you record your voices, since it is difficult to write all of your responses while interviewing. Finally, I would like to promise you that all your responses will be kept confidential and used only for the purpose of this anthropological study. Hopefully, you will give me the required information.

Thank you!

## **I. General information**

1. Respondents ID----- 2. Sex, Male----- Female----- 3. Age\_\_\_\_\_
4. Religion\_\_\_\_\_ 5. Marital status\_\_\_\_\_ 6. Educational background\_\_\_\_\_
7. Occupation\_\_\_\_\_ 8. Income \_\_\_\_\_ 9. Residential Kebele\_\_\_\_\_
10. Length of stay in the area\_\_\_\_\_ 11. Place of the focus group discussion\_\_\_\_\_
12. Facilitator's Name\_\_\_\_\_ 13. Date of the focus group discussion: \_\_\_\_\_ Starting Time: \_\_\_\_ Finishing Time: \_\_\_\_

## **I. Discussion Guiding Questions**

1. What are some common beliefs here about what causes hemorrhoids? Anyone can start us off?
2. What are the most common beliefs of the community about the causes of hemorrhoids?
3. Let's discuss the indigenous methods used in our community for treating hemorrhoids?
4. What are the indigenous healing practices used in your community for treating hemorrhoids?
5. Are there unique aspects of cultural beliefs and practices related to hemorrhoids and their treatment reflect in your community?
6. Could you describe the materials or resources that involved in the indigenous treatments for hemorrhoids?
7. How do we perceive the efficacy of these methods?
8. What is the role of indigenous medication in the management and treatment of hemorrhoids within the study community?
9. What opportunities do these indigenous practices provide for the management and treatment of hemorrhoids within the community?
10. Let's talk about any challenges or issues we've encountered when using these indigenous treatments to hemorrhoids?
11. What challenges have we experienced within our community when using indigenous treatments for hemorrhoids?

## ➤ Guiding Questions for Observation

### I. Introduction

The purpose of this observation guide is to gather information about on indigenous medication: beliefs, healing practices, opportunities and challenges of hemorrhoid in the case of Farta Woreda, South Gondar, Ethiopia. This observation process was done by paramount ethical considerations. Always gain informed consent from participants, respect cultural norms and practices, and ensure anonymity and confidentiality when necessary. Finally, I gained firsthand insights into the respondent's perspectives on the causes of hemorrhoids, indigenous healing practices, and perceptions towards opportunities and challenges of indigenous medication for hemorrhoid.

### II. Observation Issues

1. Listen to community conversations and discussions about the causes of hemorrhoids.
2. Observe indigenous medicine administration for treating hemorrhoids
3. Observe the community engagement in these practices. Are they common or isolated cases?
4. Take note of any rituals or customs that accompany the treatment process.
5. Observe indigenous healer sites, healing processes, and healer-patient interactions.
6. Observe the healer's disease identification, dosage determination, drug prescription, and treatment advice at indigenous healer sites.
7. Observe any indications of the positive impacts of using indigenous medication for hemorrhoids. Are community members healthier or happier as a result?
8. Look out for community institutions or structures that support or promote the use of indigenous medicine.
9. Identify any obstacles that the community faces when using these indigenous remedies for hemorrhoids.
10. Look at how the community responds to these challenges. What are the coping mechanisms in place?
11. Finally, analyze observations and try to draw conclusions about the community's beliefs about hemorrhoids, their use of indigenous remedies, and any associated opportunities or challenges.

## Appendix II

### Key and in-depth Interview respondents

#### 1. Local healer informants

No	Interviewee Code	Sex	Age	Occupations	Place of interview	Date of interview	Remark
1	LH1	M	50	Healer and meregeta	Gena mechawecha	14- 15/5/2024	
2	LH2	M	50	Healer	Debre Tabor	17/5/2024	
3	LH3	M	48	Healer and priest	Debre Tabor	27/5/2024	
4	LH4	M	55	Healer	Qualeha	7/6/2024	
5	LH5	F	53	Healer	Debre Tabor	3/6/2024	
6	LH6	M	58	Healer	Gena mechawecha	10/7/2024	
7	LH7	M	60	Healer& president of IH	Bahir Dar	20/7/2024	

#### 2. Patient informants

No	Interviewee Code	Sex	Age	Occupations	Place of interview	Date of interview	Remark
1	P1	M	32	Farmer	Gena mechawecha	20/7/2024	
2	P2	M	28	Merchant	Gena mechawecha	13/5/2024	
3	P3	F	34	Housewife	Gena mechawecha	14/5/2024	
4	P4	M	25	Student	Gena mechawecha	13/5/2024	
5	P5	M	55	Farmer and priest	Gena mechawecha	14/5/2024	
6	P6	F	21	Labor	Debre Tabor	4/6/2024	
7	P7	M	40	Teacher	Debre Tabor	5/6/2024	
8	P8	F	40	Merchant	Debre Tabor	9/7/2024	
9	P9	F	51	Housewife	Qualeha	12/7/2024	
10	P10	M	30	Merchant	Qualeha	12/7/2024	

### 3. Community elder/leader informants

No	Interviewee Code	Sex	Age	Occupations	Place of interview	Date of interview	Remark
1	CM1	M	75	Farmer	Qualeha	21/5/2024	
2	CM2	M	58	Farmer and kebele leader	Gena Mechawecha	28/5/2024	
3	CM3	F	53	Representative of women's	Qualeha	21/5/2024	
4	CM4	M	60	Merchant	Debre Tabor	2/6/2024	
5	CM5	F	55	Housewife	Gena Mechawecha	5/7/2024	
6	CM6	M	65	Religious leader	Debre Tabor	9/7/2024	
7	CM7	M	58	Farmer and merchant	Gena mechawecha	28/5/2024	

### 4. Health officers' informants

No	Interviewee Code	Sex	Age	Occupations	Place of interview	Date of interview	Remark
1	HO1	M	43	Specialist Doctor	Debre Tabor	4/6/2024	
2	HO2	M	45	Specialist Doctor	Debre Tabor	3/6/2024	
3	HO3	F	33	Nurse	Qualeha	21/5/2024	
4	HO4	F	35	Nurse	Debre Tabor	4/6/2024	
5	Ho5	M	40	Health officer	Gena mechawecha	28/5/2024	

## Appendix III

### Focus Group Discussion Respondents

#### 1. FGD with community elders (FGD-1) (At Debre Tabor on 28/5/2024)

No	Discussions code	Sex	Age	Occupations	Remark
1	CM1	M	75	Farmer	
2	CM2	M	58	Farmer and kebele leader	
3	CM3	F	53	Representative of women's	
4	CM4	M	60	Merchant	
5	CM5	F	55	Housewife	
6	CM6	M	65	Religious leader	

#### 2. FGD with Patients (FGD-2) (at Gena Mechaweche healer site on 14/5/2024)

No	Discussions code	Sex	Age	Occupations	Remark
1	P1	M	32	Farmer	
2	P2	M	28	Merchant	
3	P4	M	25	Student	
4	P3	F	34	Housewife	
5	P8	F	40	Merchant	
6	P5	M	55	Farmer and priest	
7	P9	F	51	Housewife	