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Nostalgic Narratives on Indigenous Medicines and Medication Systems among Traditional Healers in Guji People, Southern Ethiopia

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Abstract

This article investigates the nostalgic narratives about accessibility, usability and sustainability of indigenous medicines and medication systems among Guji people traditional healers in Ethiopia. The methods of data production like in-depth interview, key informants interview and focus group discussions were conducted to produce data from local elders and traditional healers. According to the findings the nostalgic narratives widely recounted by local elders and traditional healers indicate that indigenous medicinal knowledge and medication systems have been highly eroded due to endangerment of medicinal knowledge, declining of medicinal values, degradation of medicinal plants and waning of healers reputation particularly following changes in usability, accessibility and sustainability of medicinal knowledge. These changes have resulted in nostalgic narratives whereby local healers and community elders idyllically recount about gradual losses and degradations of medicinal knowledge and medication systems sustainability. The nostalgic narratives point up that there are significant changes in usability, accessibility and sustainability of indigenous medicine and medication system. Therefore, the researchers, local healers, governmental organizations, non-governmental organizations and local people need to work in collaboration to preserve the indigenous medicinal knowledge for socio-economic benefit of current as well as coming generations.

Key words: 1 Nostalgia 2 Narratives 3 Indigenous Medicines 4 Traditional Healers 5 Guji People 6 Southern Ethiopia

1. Introduction

The indigenous medicines and medication systems are essential components of generic indigenous knowledge system that have been used by people as mechanisms of treating as well as healing human ailments throughout the globe. In African continent, around 80% of people take indigenous medicines and medication practices in different ways to treat and heal human ailments (Babb et al., 2007; Elujoba et al., 2005). Similarly, in Ethiopia nearly 80% of human population depend on indigenous medicine and medication systems (Debella et al., 1999; Fisseha et al., 2009; Teklehaymanot, 2009). This figure apparently shows that large portion of Ethiopian people and Africa at large has been benefiting from locally produced indigenous medicines and medication systems.

Being the integral part of indigenous knowledge system, the local medicinal knowledge and medication practices are mostly handed down from generation to generation orally than written documents since the time immemorial (Chekole, 2017; Peter et al., 2014; WHO, 2001; Woldeab et al., 2018). In fact, indigenous medicine conceptually refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses and maintain well-being (WHO, 2001). Similarly, as stated in this document indigenous medicine in Ethiopia includes medicinal preparations from plant, animal, and mineral substances, as well as spiritual healing, traditional midwifery, hydrotherapy, massage, cupping, counter-irritation, surgery, and bonesetting. Obviously, medicinal knowledge system, which is verbally exchanged and not properly documented so, would be eroded since the basic information about medication systems could be missed and discarded amidst the knowledge transfer processes. In Ethiopia and other African countries, the empirical accounts witness that indigenous medicines and medication systems have been facing diverse threats among which environmental degradation, deforestation and acculturation are mostly studied (d'Avigdor et al., 2014; Gidey, 2010; Kokwaro, 2009; van Wyk and Prinsloo, 2018). These threats per se are powerful to affect the accessibility, usability and sustainability of indigenous medicines and medication systems.

Whenever any pressure threatens the existence of indigenous knowledge among a particular people, and their knowledge is thus partly or completely eroded, the people inevitably develop sentiment of nostalgia. Nostalgia refers to a broad concept differently explained by different scholars in diverse literatures. It is an imaginary sentiment of restoring and reinventing the past good experiences (Duncan et al., 2012; Òkè, 2006), and self-relevant emotion associated with affectionate memories (Hepper et al., 2014). From

the global experience, German pastoralist nostalgia for restoring pleasant life before World War II (Amitai, 2011), the Samburu elders longing for idyllic times, long past, when people could live quite happily on milk provided by vast herds of cattle (Grillo, 2014:115) and diasporic nostalgia for homeland's foods (Larsen and Österlund-Pötzsch, 2012) are some examples of nostalgic narratives. In the same way, Lev (2006) who studied ethno-pharmacology in Israel noted that there have been affectionate memories of local people on utilization of local medicinal substances. These discussions apparently illustrate that different people construct their nostalgia as sentiment of restoring and/or inventing the past good experiences in different ways. But, so long as indigenous medicines and medication systems have been eroded in many parts of the world, the empirical inquiries need to be conducted to understand how local people construct their nostalgic narratives on the degraded practices of local medicines and medication systems.

The findings of the studies show that Guji people in southern Ethiopia have benefited from a variety of indigenous medication systems since the ancient time, in spite of the emerging threats as a result of environmental degradation and deforestation (Alemu et al., 2017; Bekele and Reddy, 2015; Marsha et al., 2016). However, how the people explain the emerging threats to the knowledge and construct nostalgia about accessibility, usability and sustainability of medication systems is little investigated and explored in academic inquiries. Thus, studying the nostalgic narratives on the current trends of indigenous medicines and medication systems' sustainability, and devising optimum mechanisms to salvage them from threats are essential endeavors need scholars' intervention. Therefore, this article explores nostalgic narratives on accessibility, usability and sustainability of medicinal knowledge and medication systems in Guji, Southern Ethiopia.

2 Methodological Framework

2.1 Study area

The study was conducted in the Guji people who reside in Guji Zone, Southern Ethiopia. Specifically the study was carried out in three districts of Guji Zone namely Adoolaa Reeddee, Waadaraa and Annaa Soraa at the heartland of the Zone. The Guji people predominantly reside in southern parts of Oromia National Regional State and speak Oromo language, the most widely spoken language in Ethiopia. The people have been primarily known for their intact Gadaa system extensively studied by Hinnant (1977) and (1990); Jemjem and Dhadacha (2011) and Van De Loo, (1991). Gadaa system, an indigenous institution and ancient civilization of Oromo in general and Guji in particular orders social, political, economic and religion of the people since the time immemorial (Hinnant, 1977; Jemjem and Dhadacha, 2011). The Gadaa institution is relatively unbroken

and viable among Guji Oromo, and it has been recently inscribed as intangible cultural heritage by UNESCO (Gemeda, 2019). The people live in West Guji Zone, Guji Zone, in and around western parts of Bale Zone and Wondo District of West Arsi Zone in Oromia regional state as well as in South Nations, Nationalities and Peoples Region around Dilla, Gamo Gofa, Wondo Genet and around lake Hawassa (Jemjem and Dhadacha, 2011). Guji Zone, particularly Girja District, in northeastern area of Adoola Woyyuu town is mythically considered as the origin land of Guji. In general, Gada system is practiced in full-fledged way since the time immemorial in Guji in spite of some formidable social changes observed in culture of the community.

1.1 Sampling and Methods

Non-probability sampling, particularly purposive sampling was opted to access the concerned informants. This sampling was employed to easily access the knowledgeable traditional healers and local elders who are believed to be rich in knowledge of indigenous medicines and medication systems. The study took qualitative approach, descriptive research design and data production techniques like, in-depth interview, key informants interview and focus group discussions. In-depth interviews were conducted to get sufficient data on the narratives about the past and present knowledge and experience of healers on indigenous medicines and medication system. In addition, five key informants from senior traditional healers were frequently interviewed. Focus group discussions (FGD) were conducted with traditional healers and senior community elders to understand narratives and expressions about the status of indigenous medicines and medication systems. Additional secondary data were obtained from published or unpublished documents. As soon as data collection was started, the sorting and grouping of the ideas under the similar themes was simultaneously arranged. Finally, data were thematically presented and qualitatively described through narration.

2. Result and Discussion

2.1.Nostalgic Feelings about Indigenous Medicines

The local narratives indicate that indigenous medicines and medication systems have been eroded due to various threatening factors in Guji people. This does not necessarily mean that medicinal knowledge is completely disused in the people, though there are emerging threats to the knowledge in different dimensions. These influences in the course of time have resulted in nascent of nostalgic sentiments and narratives about indigenous medicinal knowledge usability, accessibility and sustainability among traditional healers. The following sections show how these narratives of indigenous medicinal knowledge are explained and narrated among traditional healers (Cidheeyyii) focusing on the endangered medicinal knowledge, degradation of medicinal values, loss of endemic medicinal plants and declining of healers' reputability.

2.1. Endangered Medicinal Knowledge

As stated earlier, indigenous medicinal knowledge is a source of diverse skills and experiences valuable to treat human ailments among traditional healers of Guji. The empirical data implies, healthcare system of the people predominantly relies on indigenous medicines and medication treatments that are mainly delivered and managed by traditional healers on one way or another. However, there have been nostalgic narratives recounted by traditional healers and local people on the sustainability and usability of indigenous medication systems.

In these narratives, the informants comparatively describe the past and current trends of medicinal knowledge practicability, usability and sustainability. As stated by the informants, thirty to forty years back, the traditional healers in Guji used to treat and heal almost all human ailments identified in the area with indigenous medicines and local medication knowledge. As abovementioned, yet emerging options do not necessarily indicate that medicinal knowledge and medication systems of the people are currently fallen in disuse, though they have been facing various solemn endangerments. Evidently, the informants noted that including cancer, gastric ache, hypertension, diabetes, impotency, amoebas, hepatitis, malaria, diarrhea, trachoma, gonorrhea, epilepsy, ectoparasite, intestine infection, ringworm and other health complications have been widely treated and healed by indigenous medicines and medication systems, in spite of existing threats. Actually, the indigenous medicines and medication systems practiced among traditional healers and utilized by the people are not only confined to treatments of the aforementioned ailments, but they include diverse skills and experiences of symptoms identification, medicinal preparation and administration.

However, the elderly healer informants expounded that indigenous knowledge of treating human ailments and skills of preparing medicine have been highly eroded due to many reasons among which four points are illustrated in this paper. The first and the most impacting factor discussed by the healers and local elders is the overwhelming power of modern healthcare information over the indigenous medication systems. This means, following the development of modern healthcare knowledge (through western education), expansion of healthcare institutions and massive dissemination of healthcare information, usability of indigenous medication systems has been greatly declined. As narrated by healers, unlike in the past eons, many patients nowadays go to healthcare centers and/or hospitals than to traditional healers' home village for treatments and services, because they have been already predisposed by the romanticized importance of modern healthcare and medication systems through powerful spreading of healthcare information. There is no any strong system supporting the sustainability of indigenous medication practices in Guji. The

healers explained that the modern healthcare has institutionally and systematically segregated and denigrated the local medication practices as backward and outdated form of practices. Likewise, comparative study conducted by Srithi et al (2009) argue that the virtues of modern medicine are due to lead to abandonment of indigenous medicinal practices.

The powerful flow of information supported by public institutions and media could eventually impact local practices and way of doing things (Reinikka and Svensson, 2004). This argument corroborates that the modern health care practices advocated by public institutions and media could drag down the importance of indigenous medicinal knowledge and medication systems of the people by denigrating them as if they are worthless and backward medication systems.

Undeniably, the healer informants did not disregard the importance of modern medication systems and expansion of healthcare centers at their localities, though they felt the more modern health information circulate, the more indigenous medicines and medication systems decline through the course of time. Furthermore, the informants who strongly agree with this idea have attempted to substantiate their assumption by opposing the romanticization of modern healthcare systems and, to condescend the indigenous medication system as inferior and harmful, though it serves as springboard for innovation and development of modern clinical drugs through pharmacological and phytochemical experiments. For instance, modern clinical medicines such as quinine, vincristine, digoxin and digitoxin, emetine, artemisinine, and so forth are produced from indigenous medicines and medicinal plants used by local healers for treatments of different ailments (Plotkin, 1988). This clearly implies that an indigenous medication system is significantly helpful for producing modern clinical drugs and treating human ailments.

In spite of idyllically narrating about the degraded and threatened indigenous medicinal knowledge, the traditional healers recognize and appreciate some facilities in modern health care system. For instance, one of the birth attendants explained, the most important thing she likes from the modern health facilities is an Ambulance service that is far better good to take a patient urgently to health centers. She compared that the local scratcher used to transport patients acutely sicken to health stations is time consuming, heavy, tedious and demanding number of manpower. This entails that modern health facilities are appreciated by traditional healers, though the healers have nostalgically explained the status of indigenous medications.

Second**,** the indigenous medication knowledge has been declining from time to time due to tradition of healers' procrastination for exchanging knowledge among senior healers and their successive healer trainees. This means another cause for degradation of indigenous medication systems noted by the informants is a failure to properly exchange the

indigenous medication knowledge across series of generations. As stated by healers and local elders, late traditional healers were passed away before transferring their indigenous medication knowledge to the next generation healers due to tradition of procrastination. Some of them had already shared the knowledge partly to the next healers, but that was not even satisfactory. One of the elderly informants illustrated that though the healer ancestors had been treating human ailments by indigenous medicines, most of their successive relatives have not shared their medication skills and experience adequately. Similarly, herbalist interviewed in Adoola Reedde district noted that his father used to treat asthma and perfectly cured people of it. Again, this informant expounded that his father used to extract the diverse therapeutic medicines to cure women infertility problem and uterus complications, though he passed away before sharing his knowledge and experience to the successive healers properly. The gaps in knowledge exchange among the healers have contributed to the current limited number of healers with relatively endangered knowledge of medication than it was before some decades. Generally, this trend has greatly contributed to the endangerment of some indigenous medication systems as indicated in healers' nostalgic narratives.

The third reason for endangerment of indigenous medication system is lack of mainstreaming institutions and systems. Unlike the modern healthcare system, indigenous medication systems have no strong institutions, advocators and medias through which the information about the essentiality of local medicines is shared and spread. The medication knowledge is acquired and only experienced by individual healers, since there are no systems of advocating and documenting it properly. Therefore, for the life expectancy of healer individuals who experience indigenous medicinal knowledge is not limitless, and the system of knowledge transfer is poor among the healers, this knowledge would be endangered and become out of existence, unless it is properly documented and preserved. The informants stated that due this reason the indigenous medication systems have been marginalized lacking the due attention from individuals, medias and institutions.

The fourth reason is declining of medicinal plants and the associated medication knowledge. The indigenous medication systems are mostly relied on medicinal plants as sources of remedial drugs. Medicinal plants serve as sources of indigenous medicines in different parts of Guji land (Alemu et al., 2017; Bekele and Reddy, 2015; Marsha et al., 2016). However, due to expansion of farmland and other human interventions, different medicinal plants have been already endangered and some of them are being extinct. As witnessed by the informants, following the massive degradation of medicinal plants in the area, the associated knowledge of medication have been partly in danger of being lost. Besides, most of imperative medicinal shrubs, herbs, climbers, roots, and the ethno-medical knowledge associated with those plants are now hardly ever known by the current healers. This shows a gradual loss of vital medicinal plants, and emerging gaps on medicinal

knowledge exchange system because of procrastination pose the critical impacts on indigenous medication system. Thus, this leads people to imaginary reconstruction of old good days when indigenous medication practicability and sustainability were perceived to be better and where pastoral way of life was dominant subsistence strategy and farm practices that are currently identified as threats to medicinal plants were seldom expanded.

3.2.1 Bone Fracture Treatment

There is extraordinary indigenous medication system yet not explored in Guji Oromo. This is an **ethno-medical** treatment of bone fracture in general and myth-like transplantation of animals' bone to humans in the case of acute bone fracture in particular. As predominantly narrated by traditional healers, there were successful special indigenous medication system of bone transplantations that could seem unusual medication system in the context of traditional healing. During the fieldwork, I tried all my best to see if anyone who had experienced this kind of indigenous treatment in the study area. Fortunately, I got one case, and drawn some experiential data from it. A man, whose leg was acutely broken by a car accident twenty years back, and who had visited a local bonesetter by then, and benefited from bone transplantation treatment with the help of bonesetters confirmed that he was certainly cured of the harm. He stated that he was fainted during the accident and brought to bonesetter home to get possible treatment after some days of the harm. As soon as people took him by local stretcher to the bonesetter, the healer ordered his relatives to bring a lamp of goat that could have been slaughtered for the supply of the bones. Then the bones of the lamp were taken and shaped to fit into the broken parts of the body (predominantly for legs and hands of the harmed person). Supported on the outside by cleaved small woods, the broken parts of his body were fixed together by fibers. Upon the completion of this traditional orthopedic treatment, the temporary isolation hut was prepared for the patient with its full supplies and facilities of milk, meat and food items usually mixed up with butter that could accelerate the recovering of the fractured bones. This informant confirmed that he has been safely leading his life without any symptom of pain after bone transplantation was made for him and it fully healed. This kind of treatment may pose some questions like how animal's bone can be transplanted to humans, how the operation would be done during transplantation and how this could be effectual, are openly left to medical scholars or orthopedic professionals' inquiries.

2.2. Degradation of Medicinal Values

As stated earlier, in the last three to four decades, medicinal cultural values were highly esteemed among traditional healers of Guji than nowadays. Medicinal cultural values include the local people belief system, myths and customs that are usually respected as principles in indigenous medicines and medication systems. In that time, the medicines

were extracted only according to existing medicines norms and customs of the people. For instance, the informants noted that placing a coin under medicinal plants before extraction of their parts for medicine preparation has almost become an extinct practice due to degradation of local medicinal values ever since the introduction of modern education and health care systems. Traditionally, this manifests care and respect for medicinal plants, and the affinity between indigenous medication knowledge and medicinal plants that apparently indicates the environmentally benign propensity of traditional healers in general. Medicines are deemed as sacred. Every one either patient or healthy person is expected to respect sacredness of medicines conforming oneself to the working medicines customs. In fact, medicine is considered as sacred due to myths and belief systems associated with its utilization and management. According to healer informants, medicine is sacred gift of God (Waaqaa) to human society as means of overcoming the intermittent health problems. One of the informants underlined that " *Amma diqqaataa dhufe malee, yennaa barnooti hin jirre san kaasee wonni Gujii hadhaan geye cidhuufi qorsa aadaati*", which means prior to the introduction of western education system and still now, traditional medicines and medication systems have played the central role in sustaining the people life, in spite of their declining propensity these days. This indicates even though traditional medicines and medication systems are integral parts of healthcare narratives in Guji, their cultural medicinal values and sentiment of affection among the people has been degraded. Thus, indigenous medicines of the people are not only biologically curative but also culturally essential, as their curability, mythical narratives and, values have been inextricably interlinked, and would be verified by scientific experiments.

2.3. Endemic Medicinal Plants

The healer informants idyllically narrated that most of medicinal plants in Guji are believed to be endemic only to certain areas and do not ubiquitously exist and easily accessible when and as the healers want them during medicine extraction and preparation. Medicinal plants are incredibly scarce and sparsely sprouted across various geographical landscapes as noted by the informants. In spite of natural scarcity of medicinal shrubs, herbs, climbers, roots, barks and other parts of medicinal plants, the healers used to easily access those plants mostly in their surroundings without moving far distances within the last few decades. The healers who used to look for medicinal plants around their home and extract the plants within very limited minutes are nowadays looking for them daylong and sometimes couple of days to access medicinal plants. This apparently indicates that medicinal plants are under acute pressure of endangerment in the area. Therefore, the gradual loss of medicinal plants is solemn and coterminous with degradations of indigenous medicinal knowledge and medication practices. As a result, the local elders and

traditional healers nostalgically narrate comparatively the abundance and accessibility of medicinal plants in the past, and express their dissatisfaction with the present endangered medicinal plants in general and endemic ones in particular. This needs caution that the informants did not explain the total number of the endangered medicinal plants in the study area, even though the threats were mostly anthropogenic and unprecedentedly menacing the plants. Among the threatening factors, the expansion of farmland, degradation of forest, burning of forest, expansion of exotic species like eucalyptus tree and gravilia, bush removal projects (particularly in Waadara semiarid areas) and drought are commonly affecting the sustainability of medicinal plants. Most of these threats are anthropogenic in their nature except the drought. Thus, these threats call for devising the strategic mechanisms to conserve and protect medicinal plants, and conducting the phytochemical and pharmacological experiments to transform the local medicinal knowledge and medication systems into very potent level of pharmacological technology.

2.4. Healers Reputation

In the Guji, local healers are respected because of yearlong belief system and myths that consider them as sacred persons whose treatments would be effectual. They are ascribed special recognition among the people and in their Gadaa system as the most important individuals, due to belief systems associated with their experience, skills and authorization on the healings. Everyone in the community is highly expected to respect them as highly honored persons since the belief system and medicine customs drive people to honor them and act accordingly.

In the context of Guji Gadaa system, during pilgrimage and sojourn of Gadaa elders across sacred landscape and ritual sites, the elders never move without the presence of the healers. Particularly, in the sojourn sites of Gadaa elders, temporary huts (Waaba) are supposed to be constructed and reserved for the healers. In their mobility from one place to the other, people used to respectfully approach to them. Abusing and defaming the healers' reputability were not tolerable, since they would be followed by fine punishment that is locally known as qodhaa (compensation), and supernatural wrath that might be manifested through incurable illnesses. The healers stated that following the expansion and development of modern education and health care systems, the reputation of healers among the people has been slightly declined. They argue that the more modern education and healthcare practices advance, the more indigenous medicines degrade and healers' reputability declines. As they illustrated ' Ulfinni cidheessaallen cidhuu woliin hafaa jira' meaning the reputability of the healers have been declined along with the waning of indigenous medicines and medication systems.

3. Discussion

The preceding nostalgic narratives recounted by traditional healers and local healers explain the extent to which the indigenous medicinal knowledge and medication systems have been greatly eroded in Guji people, Southern Ethiopia. The narratives imply, the gradual destruction of medicinal plants, expansion of farmland, forest burning practices, expansion of exotic tree species and forest degradation are contributing to the erosion of indigenous medicines and medication practices. Initially, the causes for the erosion are mostly anthropogenic. They include tradition of procrastination among senior healers while exchanging and transferring the knowledge to new healers, the romanticized advocacy for modern healthcare system and its facilities, which denigrate and devalue the local medication practices, degradation of medicinal plants and expansion of exotic tree species over the land previously occupied by native plants. The narratives of the healers are mostly relate the accounts of the endangered medicinal knowledge, the eroded cultural values of medicines, degraded medicinal plants and the declined healers' reputability.

However, the global report of World Health Organization indicates, the indigenous medicines and medication practices are either the mainstay of healthcare delivery, or serve as complement to it (WHO, 2013). This indicates that human population across the world highly depends on indigenous medicines and medication practices to keep their health and treat various ailments. For instance, herbal medicine is widely used to treat the ailments even by many medical doctors and other therapists throughout Europe, where better health facilities are presumed to be accessible (Fisher and Ward, 1994). Beyond their multidimensional importance throughout the globe, medicinal plants from which most of indigenous curative medicines are extracted serve as main sources of therapeutic modern drugs when supported by phytochemical and pharmacological studies (Bruneton, 1995; Plotkin, 1988; Velu et al., 2018).

Incontestably, the indigenous medicines and medication systems are not pristine practices that sustain without any change within the pervasive pressures of biodiversity degradation and socio-cultural changes. The abovementioned nostalgic narratives of healers and local elders on degradation of indigenous medicinal knowledge and medication systems in Guji corroborate that the indigenous healing practices and medicinal plants have been eroded due to various anthropogenic factors. The knowledge is acutely challenged by modernization projects embedded in education and health institutions. As noted in the foregoing presentations, romanticizing the importance of modern health facilities and medication practices as best and only means of medication on one hand, and denigrating the indigenous medications as worthless and backward practices on the other have been extensively threatening the indigenous medicines and medication system. Modernization in

education and modern healthcare institution threatens indigenous medication knowledge of the people. Likewise, Quinlan and Quinlan (2007) discussed the anthropological principle suggests that modernization weakens indigenous knowledge in which medicinal knowledge and medication system are embedded in. In their nostalgic narratives, the informants explained that the more people engage in modern education and healthcare systems, the more they depart from valuing and utilizing indigenous medication practices, because the so-called modern education and healthcare systems have no even idle place to incorporate the local knowledge system in general and medication practices in particular in their endeavors. Rather the valuable indigenous medication practices are worthless and inferior form of knowledge in the views of modernizers, in spite of their local, national and international importance for human health and wellbeing. With this regard in their study conducted in Caribbean village, Quinlan and Quinlan (2007) argued that modern education is mostly negatively associated with knowledge of medicinal plants and medication practices, which is true in the context of Guji people in Southern Ethiopia.

The failure in medicinal knowledge exchange due to tradition of procrastination among the healers has greatly contributed to the loss of medicinal knowledge. The comparative study conducted in northern part of Ethiopia shows that the most important information remains in the hands of local healers and knowledge of healers is highly threatened because of gaps in knowledge exchange (Gidey, 2010). The loss of indigenous medicine is negatively associated with degradation of forests- the hub and haven of natural vegetables, shrubs, climbers and other natural features. The degradation of forests, expansion of farmland and practice of burning forests are the threatening factors as explained in the nostalgic narratives. Similarly, the findings of many studies conducted on the potential of medicinal plants prove that medicinal plants have been threatened by a host of destructive forces like forest degradation and biodiversity loss in general (Athayde et al., 2017; Hedges et al., 2020; Srithi et al., 2009). Particularly in Ethiopia, according to Chekole (2017), nowadays, medicinal plants are deteriorating due to environment degradation and overuses. The study conducted on forest and plant resources in Guji indicate that there have been degradations of native plants mostly due to expansion of farmland and settlement (Desalegn, 2013; Gemeda, 2021; Nagesa, 2011; Taddesse, 1995). Most of medicinal plants in the forests and bushes as well as shrubs in the fields have been endangered due to these factors in Guji people.

In general, the degradation of medicinal knowledge and medication system in Guji due the foregoing findings have resulted in nostalgic narratives among traditional healers and local elders on medication knowledge systems that partly or completely being lost. The nature of healers' nostalgic narratives is not only retrospective oriented, but also it focuses both on prospective and retrospective dimensions by looking back to reinvent the old good days when indigenous medication was dominant, and focusing forward to sustain the existential

potential and opportunities in the current indigenous medication systems. Therefore, the curiosity and strong idyllic thought of healers and local elders to reinvent the past experiences of medicinal knowledge and keeping on the existing potential of medication are the prospect to all concerned stakeholders to change the threats into opportunity by documenting the indigenous medicinal knowledge and medication system, and preserving the medicinal plants in collaboration with healers and local elders.

4. Conclusion

The finding of this study indicates that healers and local elders nostalgically narrate about the gradual and anthropogenic degradations facing indigenous medicinal knowledge and medication systems in Guji due to pressures exerting on usability of the knowledge and sustainability of medicinal plants. It clearly witnesses that there are changes in medicinal knowledge and medication systems usability, accessibility and sustainability in the people, particularly because of the endangered medicinal knowledge, degraded cultural medicinal values, threatened medicinal plants and declined healers' reputation nostalgically narrated by the informants. The contributing implicit factors for the changes include weakness in medicinal knowledge exchange system, institutional and systematic segregation of traditional healers by modern healthcare system that targeted on local medication system, and degradation of medicinal plants along with associated medicinal practices. In fact, there is no pristine nature and practices since change in socio-cultural practices, and biodiversity degradation are ubiquitous phenomena. The indigenous medicinal knowledge and medication systems would never be out of socio-cultural practices, and biodiversity resources that have been under acute degradation and loss unprecedentedly. Obviously, medicinal substances are usually extracted not from the vacuum, but from biodiversity's resources exist on the earth, that are currently under the threats. The nostalgic narratives of local healers in Guji prove that the changes in medicinal knowledge usability and its sustainability is part of global socio-cultural changes in which indigenous medicinal knowledge is denigrated as less valued form of knowledge that insignificantly contributes to human wellbeing. But, as early stated in this paper, large portion of global community including western medical doctors and therapists, 80% of African as well as Ethiopian people depend on indigenous medicines and medication systems to treat their ailments. Even though the specific figure is not studied yet, large portion of Guji people, depend on these forms of medication practices. The indigenous medicines and medication systems are sources of modern clinical drug when supported by phytochemical and pharmacological experiments. Therefore, all concerned bodies have to work in collaboration to salvage the local medication practices and medicinal plants from further loss. Specifically, medicinal plants have to be conserved, and the gardens for medicinal plants need to be constructed in different agro-ecological zones of Guji and West Guji Zones. Besides, awareness creation works have to be continually performed to enable local healers share their medication

knowledge without procrastination to young healers, because most of healers have died before exchanging medicinal knowledge with successive healers. With this regard, there should be local institution and system that primarily promote indigenous medicinal knowledge preservation, exchanges and sustainability. In addition, medical experts in general health faculty from Bule Hora University in particular- the University that is based in Guji land, have to conduct phytochemical and pharmacological experiments to develop curative clinical medicines from the endemic medicinal plants that have been under the threats of extinction. Generally, the researchers, local healers, governmental organizations, non-governmental organizations and local people have to work in collaboration to preserve the indigenous medicinal knowledge for the benefits of current and coming generations.

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