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1 Introduction: the Suri

This communication summarizes some findings of research on plant names and plant use of the Suri people, a relatively isolated group of agro-pastoralists in the border area of Southwest Ethiopia and Sudan. The research was carried out as part of a long-term anthropological study on the Suri in the years 1992-1999 (see also Abbink 1995).

The Suri (more widely known by outsiders as "Surma") number around 28,000 people and live since about 300 years as a distinct cultural-linguistic group in a hot lowland area of the present-day "Southern Nations, Nationalities and Peoples Regional State" of Ethiopia, bordering Sudan. They are related to Nilotic (East Sudanic)-speaking peoples and as pastoralists and shifting cultivators adapted to a semi-arid savannah setting. Their marginal geographical location vis-à-vis state formation processes, central authority and large-scale trade flows has prevented a full political or cultural incorporation into the wider Ethiopian society, from which they also consciously have tried to stay aloof. Nevertheless, over a long period they exchanged goods and "cultural knowledge" - including that of local medicinal plants, remedies and ritual - with their neighbours, mainly the Dizi, Me'en, Mursi and Nyangatom peoples (smaller groups numbering from 6,000 to 70,000 people) and with the emerging Ethiopian state since about 1900. The Suri are cattle herders and practice the cultivation of sorghum, maize, beans, and some spice plants. Women produce household pottery that they occasionally trade or sell to highlander people, and gather wild legumes and fruits. Suri men are also active as hunters, especially in and around the nearby Omo National Park.

Suri people have access to a government clinic in Maji village (some four to six hour's walk from their villages), but they do not extensively use this facility. Contacts between the Suri and the Ethiopian highland people (who speak Amharic and various other languages and are of diverse ethno-regional background) are often tense, with frequent violent conflicts

having occurred in the last decade. Since a few years there is also a missionary clinic in the Suri hamlet of Tulgi, some 25 kilometres west of Maji.

The most prevalent health problems of the Suri - if we don't count the quite substantial number of violent deaths and injuries in quarrels, ambushes and raiding in the past two decades - are intestinal and stomach diseases, parasites, malaria, infections (often from wounds), and burns (especially among young children). Sexually transmitted diseases like syphilis and gonorrhea do occur sporadically, but are much less widespread than in the adjacent highland areas. This might well change in the coming years, due to growing trade contacts in the highland villages (places with bars and prostitutes) and the stationing (since 1997) of an army unit of about 50 non-Suri government soldiers in the area, known for their constant, though to date (2001) still largely unsuccessful, efforts to make Suri girls their temporary sex partners. A new all-weather road that will reach the Suri area's northern fringe is also built. AIDS has not yet reached the Suri, although since a few years they are exposed to it when visiting the new market town of Dima, just north of their territory. It might be predicted that once it enters, the impact of AIDS on the Suri community would be devastating, and might even endanger their existence as a people.

For several of the above afflictions (though not the STDs) the Suri have indigenous medicine and surgery. However, they are now beginning to demand modern medicine (tablets, ointments, injections) when they see that it is available, probably because of its association with the powerful "white foreigners" (missionaries, tourists). But not fully knowing the proper use and effects of these medicines, they may neglect what may be valuable in their own.

Interestingly, the Suri are traditionally known to play upon their presumed possession of "secret knowledge of medicines" in the eyes of neighbouring peoples. Some of the latter believed that the Suri have "love medicine", "anti-enemy medicine", "medicine which makes invisible for danger", etc. (cf. Abbink 1992). While no evidence was found that these particular stories are true, the thesis of this article is that much of Suri traditional medicine for common ills has functioned relatively well in a situation where modern health care was not available, and that the influence of the (understaffed and undersupplied) basic health care clinics built since the mid-1980s did not necessarily improve the health situation. On the contrary, the too easy reliance on simple remedies is even leading to the disappearance of the useful medicinal means and traditional surgical practices that they had and that in the circumstances of the Suri were

rough but often had results. The traditional ethno-medicinal knowledge is thus uncritically replaced, amounting to throwing away the baby with the bath water. This is not to say that all Suri traditional knowledge was healthy and effective. But the transition to "modern medicine" is made without a proper testing and investigation of the workings and the potential of the Suri plants and medical practices in use until now.[1] I will give an example of this below. In the following, I first present a small selection of some of their medically and ritually valued plants.

2 Suri plant use

In Suri plant use, the same plant often has medicinal, ritual, and utilitarian purposes, as evident from various examples below.

1. **Olea europaea L. (subsp. cuspidata (Wal. ex DC) Ciffens)**. This tree is called *girari* in Suri and its bark is crushed, ground and drunk with water. It is used not only as an antithelmic medicine or against stomach problems, dysentery and in the beginning stages of malaria, but is also a ritual plant, e.g. used in the ceremony to initiate a new age-grade.

2. The **Ximenia americana L.** tree, called *lomai*, has many uses. The small, yellow-orange succulent fruits are edible. The oil from the fruit kernel is applied to flesh wounds to prevent infections, also used by girls who have their ears or lips pierced (for later inserting the decorative ear and lip discs, a specific Suri custom). The oil of the fruit kernel is also used in preparing cattle and goat skins for clothing.
In addition, the *lomai* oil was said to be a "women's medicine", i.e., a contraceptive. It has to be noted that married Suri women up to the age of about forty-five hardly ever use contraceptives or anti-abortion medicine, but unmarried girls do (there is no taboo on pre-marital sex). Interesting to note is that Suri women have detailed knowledge of their monthly menstruation cycle as related to fertility ("following the moon cycle", as they say), and thus know "the safe

[1] In the course of research by the present writer, some reports on plants and remedies have been given to the Ethiopian Ministry of Health and to the National Herbarium of Addis Ababa University (with dozens of plant specimens). I am much indebted to Professor Sebsibbe Demissew, Dr. Ensermu Kelbessa and Dr. Mesfin Taddese of the latter institution for their help in identifying the plants.

and the unsafe days" for sexual intercourse.[2] This is important for them because getting pregnant and giving birth before a legal marriage is concluded is taboo and brings a lot of trouble for the girl and for the families involved.

3. To induce abortion (which is done very rarely), Suri women said they used the crushed root of the banana plant (**Musa sapientum L.**), called *lombé* or *muzi* (Amharic loan-word). It is orally taken as an abortion medicine.

4. To treat stomach aches, a concentrated preparation of the fruit of the **Tamarindus indica L.** tree (*ragáy*) is used, mixed with water and drunk.

5. For treatment of bloody cut wounds the leaves of the *keyáy* bush (a **Rhus** species, probably **Rhus natalensis Bernh. ex Krauss**) are used as a skin wound medicine. Crushed or chewed and mixed with saliva, the leaves are applied to a bloody wound.

6. For treating burn wounds of the skin, the crushed leaves of the *kéya-guy* (**Evolvulus alsinoides (L.) L.**) are applied.

7. The crushed root of the **Carissa edulis (Forsk.)** plant (*mirgari*) is used by women to try to shorten their labour period just before delivery.[3] The fruits are also eaten by children.

8. For cleaning drinking water, the branches of the **Euclea divinorum** (in Suri: *koliyńgi*) are put into the water gourds and attract dirt.

9. After a poisonous snakebite the leaves of two plants, both simply called "snake medicine" (*zibu-a-kono*), are applied to the wound. These are the **Thunbergia ruspolli Lindau** and the **Ruellia palula Jaeq.** The first species is sometimes also planted near homesteads, allegedly to keep out snakes.

10. Young men take the bark of the *dokáy* plant (**Harrisonia abyssinica**), mixed with water to drink, in order to gain physical strength, especially in the rainy season when they prepare for

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[2] For infertility there is no real medicine, Suri said. The actual rate of infertility among Suri women is very low. But when women fear to be infertile, they visit, as is customary among many other groups in Ethiopia, hot mineral springs to bathe in.

[3] Some informants gave me also a specimen of **Acocanthera Schimperii**, similar in appearance.

ceremonial stick-duelling, a favoured sport of young Suri males.[4] It is taken together with or after a meal.

The Suri have a limited number of plants used for ritual purposes, for instance blessing, harvest ritual and protection of homesteads. The most important ones are the following.

11. Branches of the *b'olisuy* (**Croton Zambesicus**) bush are used for the compound gate of a religious-ritual leader (called *komoru*) as a protective measure. Its leaves are also used by traditional Suri healers to treat people for "bad spirits", i.e. mental disturbance, although details are not known. In addition, young dried branches of this plant (bundled with a number of others) figure in a harvest ritual called *moshui* to produce smoke that is deemed to have a protective or beneficial effect on the staple crops (sorghum, maize) in the fields about to be harvested.

12. For a 'blessing ritual' for men before they go out on a raid to enemy country, branches of the *laláy* plant (**Combretum adenogonium A. Rich.**) are burnt on a specially made fire during the ritual in the compound of a Suri ritual leader. *Laláy* is also put in the fence of the compound of a ritual chief for "protective purposes".

13. The *dirshimáy* plant (**Asparagus africanus Lam.**) is used together with the previous one, for the same purpose.

14. *Darmáy* (**Aloë pirotté / Aloë macrocarpa**) is used by the ritual leader when making a fire, and also in the blessing ritual for raiders.

16. *Churráy* (**Acacia dolichocephala Harms**) is a plant used in the blessing ritual for raiders. The ritual leader uses the thorny *churráy* branches to hit the feet of the warriors (who jump and try to avoid it).

These and several other ritual plants are said to possess a powerful or "hot" quality (in Suri: *barári*) and should in the Suri view be handled carefully. They should neither be destroyed when found in the wild.

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[4] See Abbink 1997 and 1999.

For comparative purposes it could be determined whether the medicinal plants used by the Suri find a similar use in other areas of Ethiopia or Africa, and if so, whether there are indeed some active components in those plants. A similar question could be asked for the ritual plants, although the reasons why they were chosen to play a role in a ritual will probably remain obscure.

3 The coming demise of a traditional system?

The above medicinal plants, and dozens more, are still used by the Suri, but now in growing competition with tablets, ointments and injections obtained from the two clinics in the area for token prices. More resistant to change is Suri traditional surgery, but not much is known about it yet. The two most important kinds are: a) bone setting (for which there are recognized experts), and b) restorative surgery of open wounds, often deep ones made by knife or spear cuts, and occasionally bullet wounds. Examples are the serious skull wounds sustained by male stick-fighters in their duelling. There are plants that are used as a kind of anaesthetic for the wound area and for the patient, and with certain iron and wooden utensils people are operated upon.

In one case that occurred when I was doing fieldwork some years ago, a Suri girl aged sixteen was stabbed with a spear in a market brawl in Maji village. In the turmoil, several other people of two fighting groups were wounded as well. The girl's belly was cut open very deep and even part of the bowels came out. However, she was not unconscious and walked on, not to the nearby clinic, but back to her lowland village with a group of Suri men and women, who carried her the rest of the way. Back in her home village, she was then cared for by a Suri surgical expert who cleaned the wound area, put the bowels back in place, carefully sewed her wound up, applied healing plant extracts to the large cut wound, and tied up the stomach area with bandages. The patient rested for about a month or two and survived. After some eight months she was again seen visiting the local market. When I discussed this case (in June 1996) with some elders of the Dizi, a group of peasants neighbouring the Suri, I showed my surprise on this expertise among the Suri. But they said: "Why are you surprised? We had the same before the government clinics came to this area. We had bone setters and wound experts that could do as much. Now this knowledge is all lost because we thought the clinics could do everything." This

was a clear expression of some Dizi disillusionment with the record of the clinics, and of the misplaced adoption of "modernity" in the shape of academic medicine and the modern-educated clinic workers, who rejected virtually all indigenous medicine. For instance, hardly any value is attached by them to any of the plants mentioned above, except perhaps no. 8, the water cleaning agent.

However, neither the appreciation of possible active agents in traditionally used Suri plants nor of the socio-psychological context of their use should be a foregone conclusion. Neglecting efforts to let the two systems co-operate or co-exist is to the detriment of both. For instance, the fact that the traditional surgery methods of the Suri often had results should make us think twice about what is in danger of being lost. If the new modern medical services provided by the state or the private sector do not at least treat problems that Suri could previously handle themselves, then we cannot speak of development but only of decline or culture loss. Exactly this is what may well happen in the Maji area in the coming years. Since I started research in 1992 on the Suri and their cultural knowledge on plants and the environment, I have seen little evidence that more respect or even curiosity about local knowledge is emerging among government-linked clinic workers and administrators. They carry out a cultural offensive against ideas and practices deemed backward, and have long been confirmed in this attitude by the modern medical establishment and donor institutions. While in international health policy circles it is now increasingly recognised that traditional health practices, both of a physical and psychological nature, should be evaluated and used[5] to bridge the gap between modern and traditional medicine, in the developing world much remains to be done on the level of national policy and local practice. Local cultural traditions remain seriously at risk.

[5] Even the World Bank seems convinced of this. At least, they have an *Indigenous and Knowledge Learning Center* concerned with the issue. See World Bank 2001.

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