STUDY ON ETHNOVETERINARY PRACTICES IN AMARO SPECIAL DISTRICT SOUTHERN ETHIOPIA

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ABSTRACT

Background: Ethnoveterinary knowledge covers up people’s knowledge, skills, methods, practices and beliefs about the care of their animals and themselves, and has been used over many centuries. Aim: To documented traditional medicinal plants that used to prevent and control ailments in Amaro Special District, Southern Ethiopia. Method: A purposive sampling technique study was carried out using a semi-structured questionnaire, field observational and survey to document indigenous knowledge. Descriptive statistics were used to analyze and summarize the ethno-botanical data. A total of 24 herbalists aged between 35–69 years old, 71% were over 46 years old (elders) and 29% were between 35 and 45 years old (younger). The majority informants were males, 87.5% and the experiences year from 29-32 years were 58.33% and the remaining 41.67% were from 5-20 years. Result: Twenty four medicinal plants against a total of 29 animal and human ailments were reported and botanically identified as belonging to 24 plant families. Most frequently used plants were from Solanaceae (16.67%), Lamiaceae (12.5%), Fabaceae (8.33%), Cucurbitaceae (8.33%) and Asteraceae (8.33%). The medicinal plant parts that were more commonly utilized for the preparation of ethno veterinary medicines were leaves (41.67 %), roots (25%) and bark (12.5%). The findings showed that herbaceous accounted for 41.67%, followed by trees (29.17%), climbers (16.67%) and shrubs (12.5%). 83.33 % of medicinal plants reported were collected from wild habitats and 16.67% from home garden. The preparations were applied through oral administration accounted for (58.3%), followed by topical application (29.17%). The identified and documented medicinal plants predominantly used to animal ailments treatment (65%) and followed by human and
animal ailments (both) treatment (25%). **Conclusion:** The people of the district have sound ethno veterinary knowledge and practices for preventing and controlling their animal and themselves from ailments, but this facing the risk of disappearing due to combined effect factors. So, training on the awareness creation and rising and documentation are highly recommended. Scientific investigations should be carried out to ascertain their effectiveness of the identified medicinal plants used in animal and human health management.

**KEYWORDS:** Ethnoveterinary practice, Herbalist, Animal ailment Indigenous knowledge, Southern Ethiopia.

**INTRODUCTION**
Ethiopia has the huge livestock population in Africa and possess about 41.5 million heads of cattle, 28.2 million sheep and goats, 5.8 million equine, 1 million camels and over 42 million poultry.\(^1\) livestock production is a major asset among resource-poor smallholder farmers by providing milk, meat, skin, manure and traction. However, their economic benefits remain low due to prevailing diseases which are among the principal bottle necks of livestock performance and cause of high economic losses of the resource poor farmers.\(^2,3\) The majority of livestock raisers in Ethiopia are far away from the sites of animal clinic stations. The inadequate funding at the national level for the prevention and control of animal diseases adds to the burden, especially among pastoralists who live in the remote arid and semi-arid lowland parts of the country.\(^4\) Modern veterinary medicines are not well developed in the country, and the modern drugs availability is not adequately to fight animal diseases. It is estimated that the traditional remedies are sometimes the only source of therapeutics for nearly 90% of livestock in Ethiopia of which 95% are plant origin.\(^5,6\) Ethiopian farmers and pastoralists rely on traditional knowledge, practices and plants, to control livestock diseases\(^6,7,8,9\) and Ethiopians have used traditional medicines for many centuries, due to cultural acceptability, efficacy against certain diseases and economic affordability.\(^10,11\) The indigenous people of different localities in the country have developed their own specific knowledge of plant resource uses, management and conservation.\(^12,13\)

The application of traditional medicines to veterinary medicine has been termed as ethno veterinary medicine. Ethnoveterinary medicine has been defined as an indigenous animal healthcare system that includes the traditional beliefs, knowledge, skills, methods and practices of a given society.\(^14,15\) The knowledge varies from region to region and from community to community.\(^16\) In general, ethno veterinary practices have been developed by
trial and error and by actual experimentation. Ethno veterinary medicine comprises of traditional surgical techniques, traditional immunization, magico-religious practices, and the use of herbal medicines to treat livestock diseases.

The ethno veterinary medicinal plant knowledge, similar to other forms of traditional knowledge, is not compiled in Ethiopia, and also passed verbally from generation to generation, this kind of knowledge transmission also has been reported in other regions of Brazil as well as Nigeria, Pakistan and Ethiopia. As a result, they need to perform ethno veterinary practice researches and to document the medicinal plants and the associated indigenous knowledge must be an urgent task. The studies conducted on the traditional remedies used in animal healthcare in Ethiopia are inadequate when compared with the multiethnic cultural diversity and the diverse flora of Ethiopia, about 6500 species of higher plants, with approximately 12% of these endemic. The greater concentrations of medicinal plants are found in the south and southwestern parts of the country following the concentration of biological and cultural diversity. Therefore, this study, it was necessary and important, was initiated to collect and document the traditional use of medicinal plants in veterinary medicine available in Amaro special district, Southern part of Ethiopia, which suppose that the data could be used as a source for further studies on medicinal plants in Amaro special district and for further pharmacological and phytochemical studies. Therefore, documented the traditional medicinal plants that used to prevent and control ailments in Amaro Special District, Southern Ethiopia.

MATERIALS AND METHODS

Study Area

The study was conducted in Amaro special district, Southern Nations Nationalities and Peoples Regional State (SNNPR), Southern Ethiopia. The district has 1534 km² area and 91 people per km² population density. It has 32 kebeles and a mountain that elevated about 3240 m.a.s.l, and bordered on the North and East by the Oromia Region, on the South by Burji Special district and on the East by Gamo Gofa and Lake Chamo. And the largest West part of Amaro is bordered by Nechisar National Park, found in the Gomo Gofa Zones. Amaro has a total of 139,727 population (Men=70,018; Women= 69,709); the urban inhabitants are about 4% of its population. And the majority of the district’s people spoke the korete language because the largest ethnic group living there are korre.
Amaro is located 478 km from Addis Ababa, Ethiopia. Mixed crop and livestock farming system are the mode of agriculture in the study area, and the livestock available this study area are cattle, sheep, poultry, horses, goat, donkey and mule as the major livestock kept which are highly important for the livelihood of the local population in district. Cattle, goat and sheep production particularly plays a vital role in the farming system. And also the main crop dominants are teff maize, wheat, barley, and, from root crops: sweet potato, potato, and carrot.

**Field Survey**

The survey was conducted to collect information on the ethno veterinary practices in animal health management system using a semi-structured interview and observation with the traditional healers who were willing to share to their indigenous knowledge. A prior communication was done with the regional, Zonal and District livestock coordinators and veterinarian, kebele administrative and elders, and animal health assistances up on the objective of study. And the selected traditional healers clearly discussed and communicated with kebele administrative, elders and animal health assistances on the objective of the study. At this point, the healers raised questions about their payment, safety and how prevent their intellectual from someone copied/stolen while interviewing and collecting plants. Finally, we were mostly arrived to the agreement by avoiding the fear to feed us the genuine information, but no further attempt was made to influence those healers who completely refused to provide information. A total of 24 individuals healers were purposively selected and interviewed based on their knowledge on traditional medicine using semi-structured interviews and field observations.

**Sample Size and Sampling Techniques**

In this study two kebeles were selected from the study area using purposive sampling techniques. This is because of these kebeles are typically have an intellectual healers and covered by different plant species and used for traditional medicinal value to treat different livestock diseases. The researcher selected 24 healers using purposive sampling technique to gather the relevant data.

**Data Collection**

Specimens of plants that were used by the traditional healers for treatment of livestock ailments were collected. The collection data was based on the information supplied by the healers during the interview. The specimens of plants were collected in the field using
standard botanic methods together with the traditional healers, that including the vegetative part, leaves, and floral, fruiting and/or seed parts as it was appropriate for taxonomic identification. The information collected included local name of the traditional medicinal plant, general description of the plant, habitat data, diseases treated, parts used, condition of plant used, method of preparation, route of administration, ingredients added, other uses of the plant and existing threats to medicinal species. The collected samples of medicinal plant were coded, pressed, and dried then taken to botanical identification by botany specialists in Science Faculty of Addis Ababa University National Herbarium.

**Data Analysis**
The ethno botanical data analysis using descriptive statistics, i.e. i.e., Proportions (percentiles), figures and tables were used to summarize the collected ethno-veterinary medicinal data.

**RESULTS AND DISCUSSION**
A total of 24 ethno-veterinary medicinal plant species belonging to 24 families were documented with in details on their traditional preparation, plant parts used, habit, family name, scientific name, local name, mode of application, use, importance, ingredient added and code (Table1). The most frequently used and reported plant families for ethno-veterinary practices were Solanaceae (16.67%), Lamiaceae (12.5%), Fabaceae (8.33%), Cucurbitaceae (8.33%) and Asteraceae (8.33%) (Figur1). This observation coincided with the findings registered in the four districts of Jimma zone, Ethiopia: asteraceae, Cucurbitaceae and Solanaceae[30] and in Marajó Island, Eastern Amazonia, Brazil: lamiaceae and asteraceae plant families.[31] Many plants were commonly mentioned against particular diseases, and one medicinal plant species to single disease was also observed. The study indicated that the foremost of the informants in the study district dependent up on traditional veterinary knowledge practices and locally available materials, primarily medicinal plants, that used to prevent and cure animal ailments such as Trypanosomosis, Sheep and goat pox, Blackleg, Babesiosis, Eye disease, Rabies, Tick infestation, Leech infestation, Fever, Calf diarrhea, Internal parasite, External parasite, Wound, Abdominal pain, Snack bite, Pneumonia, Retained placenta, Anthrax and fasciolosis, And also used to cure the human ailments like Gonorrhea, Snack biting, Abdominal pain, Skin disease, Headache, Chest pain, Common cold, Diarrhea, Joint pain, and Amoebae.
This study showed that the herbaceous, trees, climbers and shrubs of the medicinal plants were the widely used for the treatment of various animal and human diseases that constituting the 41.67%, 29.17%, 16.67% and 12.5% respectively (Figure 2). The herbalists of the district used different plant parts, like root, leaves, bark, fruit, tuber and whole herb, for the purposes of ethno-veterinary medicinal practices, mainly leaves, roots and bark, 41.67%, 25%, and 12.5% respectively, and followed by fruit (8.33%), tuber (8.33%) and whole herb (4.17%) (Figure 3). Such a wide, totally 50%, harvesting of root (25%), tuber (8.33%), bark (12.5%) and whole herb (4.17%) in the district is a great risk for the continuity and survival of these ethno-veterinary medicinal plants. That observation was in agreement with the findings study in Bale Mountains National Park[32] and Jimma zone[30], Ethiopia. Hence, in this study area the combine factors like the root, tuber, bark and whole herb harvested to ethno-veterinary practice by the herbalists and the inhabitants used the medicinal plants for different purposes like agricultural and urban expansions, construction and firewood have the harmful impact on the sustainability of the medicinal plants and also climate change. In Leaves, 41.67% have been used as a remedy more than other medicinal plants parts used because this medicinal plant part may richer in active chemicals. By leaf part, the plant species used to different animal and human ailments prevention and controlling were such as Juniperus procera Hochst. ex Endl., Nicotiana tabacum L. (DB.9), Olinia rochetiana A. Juss., Phoenix reclinata Jacq., Ajuga integrifolia Buch.-Ham.ex D. Don, Lagenaria siceraria (Molina) Standi., Ruta chalepensis L., Cucumis dipsaceus Ehrenb. ex Spach, Clematis simensis Fresen. And Tetradenia riparia (Hochst. in C.Krauss)Codd.

The herbalists first prepared the remedies by chopped/grinded the medicinal plant parts, then squeezed and sieved to collected gel/plant juice form for drenching orally (58.33%) and topical (29.17%) application, followed by oral and topical /both/ 12.5% application (Figure 4). These rout of administrations, both oral and topical routes, they considered rapid physiological reaction with the causative agents and increase the curative power of the medicinal plant remedies. This observation was coincided with the findings of study in Nu villages of China,[33] Jimma zone[30] and Gimbi district, West Wellega,[34] Ethiopia. In addition to this, the herbalists applied the remedies sediments on the external body of the sick animal. While the plant parts processed most of them mixed with ingredients like coffee (8.33%), salt (4.17%) or water (66.67%), they considered to adjust flavor of medicinal plants in order to intake adequate dosage of medication, which was also documented in similar study in different areas of Ethiopia,[30][34][37] but some of the plant parts were processed
without any ingredients (20.83%), even water no added. Therefore, in ways of remedies formulation majority of the herbalists used water as a vehicle system, which might be due to its universal solvent and easily availability. The quantity of medicinal plant parts were measured by number of fruit, leaves, tubers, whole herbs and length of root and bark, and also the dosage were determined by the locally available materials such as highland plastic, beer bottle, coffee cup, teaspoon and/or number of drops. Thus, these ways of quantity measurement units and dosage determination were the problems of the herbalists in the district.

In the district the knowledge or information on the medicinal plants, was found in unwritten form; no one had a written document out of the total herbalists (24) participated in this study. All informants asserted that they usually used medicinal plants to treat their own diseases and those of their animals. According to the questionnaires, knowledge of medicinal plant usage in the studied area was transmitted from one generation to another through oral communication. The medicinal plant practitioners were acquired the ethno veterinary medicinal knowledge orally from their friends (21%) and fathers (58%), who were the first-born/elders from their families, and also by trial and error approaches discovered 21% (out of 5; females=2 and men=3) (Figure 5). Moreover, it was an income generation tasks for the herbalists, and this is analogous with the studies done in other part of Ethiopia.\[18][30] Most of the medicinal plant species were collected from wild habitats, 83.3%, and few of them collected from home garden, 16.7%. The medicinal plants largely found in natural habitants due to the combined factors\[38] like mass destruction in their habitants,\[18] agricultural and urbanization expansion,\[39][40] herbal preparation involves roots and bark, grazing, soil erosion, orally transfer of indigenous knowledge from generation to generation,\[41] draught and urbanization are the major threaten to their survival of the mother plants. Consequence, the stock resources of the ethno-veterinary medicinal plants are coming diminished in their population.\[39]

Some of the surveyed traditional medicine plant species practiced by herbalists were recorded in other parts of the country and coincided with them like: \textit{Vernonia amygdalina Del.} in Kofle, Bale, and Debark rural communities of Ethiopia,\[42] in Ankober, Amhara Region,\[43] in South East Ethiopia,\[44] in and around Alamata, Southern Tigray,\[45] in in rural areas of Akaki District, Eastern Shewa, Ethiopia,\[46] and in subhumid zone of northern Nigeria,\[21] \textit{Nicotiana tabacum} in Borana Pastoralists, Southern Ethiopia,\[47] in and around Alamata,Southern

The study observed that out of the 24 herbalists interviewed, the majority were from 46-69 years of age. Further analysis showed that 71% were over 46 years old, and 29% between 35 and 45 years old(Figure 6). Generally, the age of herbalists who participated in this study totally it was over 34 years of age, and among the informants 71% ethno veterinary practitioners were elders. Majority of informants accounting for 87.5% were males, and the remaining 13.5% were females. This study was observed that the men of the community had more knowledge about the ethnoveterinary medicine practices because they are naturally
selected during childhood to be apprentices of ethnoveterinary practices.\textsuperscript{[23]} In addition, in some regions, labor division makes women responsible for housekeeping only, while men take care of the animals.\textsuperscript{[22]} The informant’s year of experiences distribution on traditional medicine practices in the study area 58.33\% from 20-32 years of experiences and 41.67\% from 5-20 years of experiences (Figure 7). Out of the total 24 ethno-veterinary medicinal plant species were identified and documented in the study area 65\% predominantly used to animal diseases treatment followed by 35\% for animal and human (both) diseases treatment(Figure 8). This study suggested that traditional uses of plants for the treatment of human diseases are frequently also used in veterinary treatments.\textsuperscript{[21][23]}

This study contributed that an inventory of ethno veterinary plants to the district, which could be the basis for future scientific validation studies. Scientific evidence of pharmacological properties of these plants supports the development of new and low-cost drugs that are harmless to the environment and effective and safe for the treatment of animals and humans.
Table 1: Plants of ethno veterinary and human importance in Amaro special district, Southern Ethiopia.

<table>
<thead>
<tr>
<th>NO</th>
<th>VOUCHER</th>
<th>LOCAL NAME</th>
<th>BOTANICAL/SCIENTIFIC NAME</th>
<th>FAMILY</th>
<th>HABIT</th>
<th>PLANT PARTS</th>
<th>PREPARATION</th>
<th>USE</th>
<th>MODE OF APPLICATION</th>
<th>IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>42.1</td>
<td>Bundo</td>
<td>Myrica salicifolia A. Rich.</td>
<td>Myricaceae</td>
<td>Tree</td>
<td>Bark</td>
<td>Chopping + water</td>
<td>Trypanosomosis , Babesiosis, Amoebae,* joint pain*, abdominal pain*</td>
<td>Oral , Tropical</td>
<td>Veterinary Human</td>
</tr>
<tr>
<td>2</td>
<td>44.1</td>
<td>Bana</td>
<td>Tetradenia riparia (Hochst. in C. Krauss) Codd</td>
<td>Lamiaceae</td>
<td>Herb</td>
<td>Leaf</td>
<td>Chopping + water</td>
<td>Sheep and Goat Disease</td>
<td>Oral</td>
<td>Veterinary</td>
</tr>
<tr>
<td>3</td>
<td>44.2</td>
<td>Soga</td>
<td>Clematis simensis Fresen.</td>
<td>Ranunculaceae</td>
<td>Climber</td>
<td>Leaf</td>
<td>Chopping + water</td>
<td>Sheep and Goat Disease</td>
<td>Topical</td>
<td>Veterinary</td>
</tr>
<tr>
<td>4</td>
<td>45.1</td>
<td>Belelie</td>
<td>Rumex abyssinicus Jacq.</td>
<td>Polygonaceae</td>
<td>Herb</td>
<td>Tuber</td>
<td>Grinding + water</td>
<td>Internal parasite, headache*</td>
<td>Topical</td>
<td>Veterinary</td>
</tr>
<tr>
<td>5</td>
<td>46.1</td>
<td>Drgayle</td>
<td>Lannea schimperi (A. Rich) Engl.</td>
<td>Anacardiadceae</td>
<td>Tree</td>
<td>Bark</td>
<td>Chopping+ water</td>
<td>Blackleg</td>
<td>Oral</td>
<td>Veterinary</td>
</tr>
<tr>
<td>6</td>
<td>47.1</td>
<td>Kuro</td>
<td>Cucumis dipsaceus Ehrenb. ex Spach</td>
<td>Cucurbitaceae</td>
<td>Climber</td>
<td>Leaf</td>
<td>Chopping + water</td>
<td>Pneumonia, Abdominal pain</td>
<td>Oral, Topical</td>
<td>Veterinary</td>
</tr>
<tr>
<td>7</td>
<td>47.2</td>
<td>Begegech hoo</td>
<td>Achyranthes aspera L.</td>
<td>Amaranthaceae</td>
<td>Climber</td>
<td>Fruit</td>
<td>Chopping + water or boiling the bark</td>
<td>Chronic trypanosomosis, Headache*, babesiosis, gonorrhea*,wound</td>
<td>Oral</td>
<td>Veterinary Human</td>
</tr>
<tr>
<td>8</td>
<td>48.1</td>
<td>Tiro</td>
<td>Withania somnifera (L.) Dunal in Dc.</td>
<td>Solanaceae</td>
<td>Shrub</td>
<td>Root</td>
<td>Chopping + water plus held up by teeth the root</td>
<td>Fashiolosis, diarrhea*, joint pain*, chest pain* anthrax, headache*</td>
<td>Oral</td>
<td>Veterinary Human</td>
</tr>
<tr>
<td>9</td>
<td>49.1</td>
<td>Tsetala</td>
<td>Ruta chalepensis L.</td>
<td>Rutaceae</td>
<td>Herb</td>
<td>Leaf</td>
<td>Chopping +water</td>
<td>Retained placenta, abdominal pain*, snack biting</td>
<td>Oral</td>
<td>Veterinary Human</td>
</tr>
<tr>
<td>10</td>
<td>49.2</td>
<td>Godzie</td>
<td>Lagenaria siceraria (Molina) Standi.</td>
<td>Cucurbitaceae</td>
<td>Climber</td>
<td>Leaf</td>
<td>Chopping +water</td>
<td>Retained placenta, Abdominal pain*</td>
<td>Oral</td>
<td>Veterinary Human</td>
</tr>
<tr>
<td>11</td>
<td>50.1</td>
<td>Gizawa</td>
<td>Vernonina amygdalina Del.</td>
<td>Asteraceae</td>
<td>Tree</td>
<td>Root</td>
<td>Chopping +water</td>
<td>Trypanosomosis, cough, wound, skin disease</td>
<td>Oral</td>
<td>Veterinary</td>
</tr>
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<tr>
<td>12</td>
<td>51.1</td>
<td>Akoraracy</td>
<td>Ajuga integrifolia Buch.-Ham. ex D. Don</td>
<td>Lamiaceae</td>
<td>Herb</td>
<td>Leaf</td>
<td>Chopping + water</td>
<td>Calf diarrhea</td>
<td>Oral</td>
<td>Veterinary</td>
</tr>
<tr>
<td>13</td>
<td>53.1</td>
<td>Uebena</td>
<td>Dracaena steudneri Engler</td>
<td>Dracaenaceae</td>
<td>Tree</td>
<td>Tuber</td>
<td>Chopping and filtered</td>
<td>Wound, Rabies</td>
<td>Oral</td>
<td>Veterinary</td>
</tr>
<tr>
<td>14</td>
<td>53.1</td>
<td>Borsie</td>
<td>Echinops hoehnelii Schweinf.</td>
<td>Asteraceae</td>
<td>Herb</td>
<td>Root</td>
<td>Chopping + salt</td>
<td>Internal parasite, amoebae <em>, common cold</em>,</td>
<td>Topical</td>
<td>Veterinary, Human</td>
</tr>
<tr>
<td>15</td>
<td>54.1</td>
<td>Ele</td>
<td>Phoenix reclinata Jacq.</td>
<td>Arecaceae</td>
<td>Tree</td>
<td>Leaf</td>
<td>Chewing + spray</td>
<td>Eye disease</td>
<td>Oral</td>
<td>Veterinary</td>
</tr>
<tr>
<td>16</td>
<td>54.2</td>
<td>Qaga</td>
<td>Olinia rochitiana A. Juss.</td>
<td>Oliniaceae</td>
<td>Tree</td>
<td>Leaf</td>
<td>Chewing + spray</td>
<td>Eye disease</td>
<td>Topical</td>
<td>Veterinary</td>
</tr>
<tr>
<td>17</td>
<td>57.1</td>
<td>moroalie</td>
<td>Fuerstia africana TCE. Fr.</td>
<td>Lamiaceae</td>
<td>Herb</td>
<td>Bark</td>
<td>Chopping + water</td>
<td>External parasite, skin disorder*</td>
<td>Topical</td>
<td>Veterinary, Human</td>
</tr>
<tr>
<td>18</td>
<td>59.1</td>
<td>Mitmita</td>
<td>Capsicum frutescens L.</td>
<td>Solanaceae</td>
<td>Herb</td>
<td>Fruit</td>
<td>Chopping + water</td>
<td>Trypanosomosis</td>
<td>Oral</td>
<td>Veterinary</td>
</tr>
<tr>
<td>19</td>
<td>65.1</td>
<td>Hidie</td>
<td>Solanum lanzae J-P. Lebrun &amp; Stork</td>
<td>Solanaceae</td>
<td>Herb</td>
<td>Whole herb</td>
<td>Chopping + water</td>
<td>Blackleg, retained fetal membrane, skin disease</td>
<td>Oral</td>
<td>Veterinary</td>
</tr>
<tr>
<td>20</td>
<td>67.1</td>
<td>Gulo</td>
<td>Ricinus communis L.</td>
<td>Euphorbiaceae</td>
<td>Shrub</td>
<td>Root</td>
<td>Chopping + water</td>
<td>Blackleg, abdominal pain*</td>
<td>Topical</td>
<td>Veterinary</td>
</tr>
<tr>
<td>21</td>
<td>72.1</td>
<td>Shoshidhale</td>
<td>Indigofera spicata Forssk.</td>
<td>Fabaceae</td>
<td>Herb</td>
<td>Root</td>
<td>Chewing the root part half of this swallowing and the remained spray by mouth to the bitten area</td>
<td>Snack biting**, abdominal pain*</td>
<td>Oral</td>
<td>Veterinary, Human</td>
</tr>
<tr>
<td>22</td>
<td>72.2</td>
<td>Kenkelch a</td>
<td>Aescnornome elaphroxylon Guill</td>
<td>Fabaceae</td>
<td>Shrub</td>
<td>Root</td>
<td>Chopping + water</td>
<td>Trypanosomosis</td>
<td>Oral, Topical</td>
<td>Veterinary</td>
</tr>
<tr>
<td>23</td>
<td>72.3</td>
<td>Tumbo</td>
<td>Nicotiana tabacum L. (DB.9)</td>
<td>Solanaceae</td>
<td>Herb</td>
<td>Leaf</td>
<td>Pounded leaves applied topically</td>
<td>Tick and leech infestation, snack biting, internal parasite, fever, wound infestation</td>
<td>Oral</td>
<td>Veterinary</td>
</tr>
<tr>
<td>24</td>
<td>72.4</td>
<td>Tid</td>
<td>Juniperus procera Hochst. ex Endl.</td>
<td>Cuperssaceae</td>
<td>Tree</td>
<td>Leaf</td>
<td>Chopping water</td>
<td>Trypanosomosis</td>
<td>Topical, Veterinary</td>
<td></td>
</tr>
</tbody>
</table>

** = for both animal and human ailments, *= only for human ailments
Figure 1. The most frequently used and reported plant families for ethno veterinary practices in Amaro special district, Southern Ethiopia.

Figure 2. The proportion of growth form of medicinal plants identified for the treatment of different livestock and human disorders in the Amaro special district, southern Ethiopia.

Figure 3. The proportion of growth form of medicinal plants identified for the treatment of different livestock and human disorders in the Amaro special district, southern Ethiopia.
Figure 4. The percentage of route of administration medicinal plants prepared for different livestock diseases in Amaro special district, Southern Ethiopia.

Figure 5. The percentage of knowledge acquired by traditional healers in Amaro special districts, Southern Ethiopia.

Figure 6. The proportion of age in years of the traditional healers in Amaro special district, Southern Ethiopia.
CONCLUSION

This study suggested that the people of the district have sound traditional veterinary medicines knowledge and practices for preventing and controlling their animal and human diseases. The region has a huge potential in medicinal plants than the other parts of the country, but the mother medicinal plants, stock sources, faced a major threat due to the combine effect factors such as the herbalists harvested the whole herb, tuber, bark and root plant parts and the inhabitants also influenced them by agriculture and urban expansion, used for firewood and construction. This study indicated that the dose determination was lacked of precision because the units of measurements and the quantity of plant parts used were varied. Therefore, research is needed on dosage determination and the preparations concentrations for sake of identifying the remedies side effects, and also study requires on the effectiveness of preparations, techniques and practices the medicinal plants. Further investigations on the medicinal plant parts effectiveness, either harvesting tuber, root, whole herb and bark or
harvesting of flowers, fruits, and leaves, may relieve the problem faced on the stock source medicinal plants by combine effect factors such as herbalist harvesting ways and inhabitants used medicinal plants for firewood and construction. This traditional knowledge also faces the risk of disappearing due to livelihood changes and environment degradation, so documentation medicinal plant is highly recommended and training on awareness creation and rising should be given to herbalists and the local community respecting to the management of medicinal plants, to encourage their cultivation systematic way.

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