

# **Indigenous Medicine and Traditional Healing in Africa: a Systematic Synthesis of the Literature**

*Senior Lecturer PhD Samuel ADU-GYAMFI*

*Department of History and Political Studies,  
Kwame Nkrumah University of Science and Technology (KNUST)  
mcgyamfi@yahoo.com*

*PhD Candidate Eugenia Ama ANDERSON*

*Department of History and Political Studies,  
Kwame Nkrumah University of Science and Technology, (KNUST)*

## **Abstract**

*Literature on traditional medicine in Africa is diverse and broad but most are country based, regional based or time based. There is the need for a systematic review that focuses on the nature of traditional medicine and its healers, the impact of the changing society on traditional medicine, and an analysis of same based on scholarly literature. African Traditional medicine, a mixture of herbal (physical), mystical (spiritual) and social elements of society, is quite varied but share similarity in its dependence on the socio-cultural and religious indigenous knowledge systems of the people. Indigenous traditional healing in Africa has always been a highly contentious subject matter due to its nature and a source of disagreement between the different colonists and Africans. What has enabled this practice to survive is the secrecy technique employed by the healers as well as the inability or unwillingness of colonial and post-colonial governments to provide a better or sometimes a more advanced alternative. In order to do this synthesis of literature and analyses of same, diverse books and scholarly articles were consulted. Using a purely qualitative method of research, this study does a retrospect cross examination and an analytical review of pertinent literature on traditional medicine and healing in Africa.*

**Keywords:** *Indigenous medicine, healers, healing, evidence based medicine, western medicine, Africa.*

## *Introduction*

The survival of a group is dependent on its knowledge about the environment and its ability to deal with the different challenges that confront it.

One of the key components of life, which threatens the existence of a group, is health; therefore, each group pays close attention to the preservation and development of its medical systems. In Africa, traditional medicine and its practitioners occupied an important and enviable position in every society due to the importance placed on health. It is important to lay the foundation with an adequate understanding of what traditional medicine is, its various components and the changes it has undergone over time through contact between Africans and Africans and the rest of the world.

P. A. Twumasi defines traditional medicine as “the service performed through the utilization of magico-religious acts and concepts.”<sup>1</sup> Though he adds that traditional medical practitioners have notions of physical cures and treatments, he purports that one cannot talk about traditional medicine without reference to magico-religious therapies.<sup>2</sup> Adu-Gyamfi and others describe it as “diverse health practices, approaches, knowledge and beliefs incorporating plants, animal, and or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination with other things to treat, diagnose and prevent diseases.”<sup>3</sup> They note that the health of an individual in the African setting has a link with the metaphysical and the supernatural world, leading to the need for society to address both natural and supernatural forces, therefore African medicine mostly appeals to both natural and supernatural elements.<sup>4</sup> According to Geest, medical practice and knowledge which fall outside the realm of biomedicine can be considered traditional medicine. Though quite diverse, the only thing these medicines have in common is that they are not bio-medicinal.<sup>5</sup>

Ishaq Isola states that traditional medicine “involves the collecting, conserving, utilizing and the application of medicinal plants for cures, prevention and promotion of physical and spiritual well-being of citizens.” He is quick to add that the sociological world and metaphysical forces of the universe are pillars on

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<sup>1</sup> The term magico-religious is made up of two mutually exclusive terms (magic and religion) but used together to refer to unexplainable concept of the unseen or the lack of rationality with an element of faith. Patrick A. Twumasi, *Medical Systems in Ghana, A Study of Medical Sociology* (Accra: Ghana Publishing Corporation, 1975), 10-11.

<sup>2</sup> Twumasi, *Medical Systems in Ghana*, 9.

<sup>3</sup> Samuel Adu-Gyamfi, Aminu Dramani, Kwasi Amakye-Boateng and Samson Akomeah, “Public Health: a Socio-Political History of a People (1902-1966),” *Journal of Arts and Humanities* (2017): 20.

<sup>4</sup> Samuel Adu-Gyamfi and Richard Oware, “Wesleyan Mission Medicine in Asante (1901-2000),” *Humanities, Arts and Social Sciences Studies* (2018): 10.

<sup>5</sup> Sjaak van der Geest, “Traditional Medicine in Basic Health Services in Africa,” *Tropical Medicine and International Health* (1997): 904.

which African traditional medicine is based.<sup>6</sup> He further divides traditional medicine into explicable traditional medicine where healing depends on medicinal substances whose actions and potencies can be scientifically probed and proven and inexplicable traditional medicine based on ailments such as chronic illness, ill-luck, motor accidents, miscarriages, somnambulism and sudden death which cannot be cured or given scientific explanation. WHO defines traditional medicine as “the sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experiences and observation handed down from generation to generation, whether verbally or in writing.”<sup>7</sup> In contemporary times, traditional medicine is medicine, which appeals to both natural (herbs, roots, animals, spices, oils, etc.) and supernatural elements accepted by the society.

African medicinal processes are embedded in indigenous knowledge systems, which can be defined as “any understanding rooted in local culture.” It includes all knowledge held more or less collectively by a population that informs interpretations of things. It varies between societies. It comes from a range of sources, is a dynamic mix of past traditions and present innovation with a view for the future.<sup>8</sup> Kwasi Konadu defines it as “the collective body of knowledge of the ways in which people respond to reality.”<sup>9</sup> Relatedly, Dahlberg defines it as “the unique, traditional, local knowledge existing within and developed around the specific conditions of women and men indigenous to a particular area” or any understanding rooted in the local culture and includes all knowledge held more or less by the entire population that informs interpretations of things. It varies from society to society.<sup>10</sup> What these definitions and explanations have in common is the acceptance of the fact that indigenous traditional medicine is medicine produced out of the indigenous knowledge system of Africans using natural products such as parts of plants, animals, spices and spiritual resources such as spirits of the ancestors, deities, beliefs in totems and social codes, mixed with accepted practices of the societies in Africa.

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<sup>6</sup> O. Ishaq Isola, “The Relevance of the African Traditional Medicine (Alternative Medicine) To Health Care Delivery System in Nigeria,” *The Journal of the Developing Areas* (2013): 320.

<sup>7</sup> WHO report, 8.

<sup>8</sup> *Ibidem*, 8.

<sup>9</sup> Kwasi Konadu, *Indigenous Medicine and Knowledge in African Society* (New York & London: Routledge Publishing Group, 2007), 124.

<sup>10</sup> Annika C. Dahlberg and Sophie B. Trygger, “Indigenous Medicine and Primary Healthcare: the Importance of Lay Knowledge and the Use of Medicinal Plants in Rural South Africa,” *Human Ecology* 37(1) (2009): 80.

Using the tools of historiography, this paper presents a systematic review concerning the development of traditional healing in Africa. This has become necessary in light of the gap in the macro-history which attempts to define traditional medicine in the broader context of Africa. Therefore, this contribution presents a critical analysis and a re-evaluation of the existing literature concerning the historical account of the development of traditional medicine, emphasizing the central historiography them of continuity and discontinuity.

The review seeks to answer the following questions. What is traditional medicine? What is the African perception of the causation of illness? Is traditional medicine herbal, spiritual, social, psychological or a combination of all? What mainly distinguishes traditional medicine from orthodox or western medicine? How did African indigenous system explain disease causation? With the changing narratives of Africa's past, how has indigenous African medicine coped? This paper discusses who traditional healers were, what constitutes traditional medicine, therapeutic methods used by the healers, social change and traditional medicine and how African traditional medicine has coped with stiff competition with medicine from the outside world.

### *Historical method*

In order to make a cogent presentation or argument in this article, a large archive of information was sampled from various secondary sources such as books, scholarly articles and thesis from well renowned universities. These were supported with archival data. After data was gathered, there was a careful analysis of the information and a corroboration of same in order to present a new synthesis. Marshall and Rossman define data analysis as “the process of bringing order, structure, and interpretation to the mass of collected data.”<sup>11</sup> Sources do not speak for themselves, rather the interpretation and analysis of the data determines the outcome of the research. Once data was acquired from all the sources indicated above, it was taken through a rigorous process of evaluation. In order to ascertain the reliability of data gathered, the secondary and primary sources were used as corroborative tools. Data gathered was analysed thematically and systematically. Based on the social and cultural construct of the health history of Africans, this article contributes to both social, cultural, anthropological, and historical studies.

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<sup>11</sup> C. Marshall and G. B. Rossman, *Designing Qualitative Research* (6<sup>th</sup> ed) (Singapore: Sage Publication Inc., 2016).

*African traditional healers and their therapeutic methods*

Here, we seek to answer the question, what is African traditional medicine? Who are African traditional healers and which therapies or strategies do they use to proffer solutions to health challenges? Africa is considered the cradle of mankind with a rich biological and cultural diversity marked by regional differences in healing practice. South African scholarly discussions define traditional medicine as the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures that are used to maintain health, as well as prevent, diagnose, improve or treat physical and mental illness.<sup>12</sup> In Southern Africa, most people associate traditional medicine with herbs, remedies (*muti*) and the advice of the *sangomas* or *izinyangas*.<sup>13</sup> In the West African context, traditional medicine includes not only herbal medicine for specific diseases, but also folk knowledge, traditions and values, health behaviour rules and patterns, and identified personnel and structures for delivery and restoration therapy.<sup>14</sup> North and East Africans have a similar concept of medicine. Earlier Egyptian medicine relied on experimentation and observation augmented by magic. They made extensive use of herbs and spice such as garlic, onion, frankincense, mandrake and other food such as honey, fresh meat and breast milk for medicinal purposes. They were experts in embalming, the use of aromatics and herds to preserve flesh for thousands of years and also the use of infusions to extract oils from aromatic plants.<sup>15</sup>

Essentially, a traditional healer is a “person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain methods based on social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and causation of disease and disability.”<sup>16</sup> In pre-colonial Africa, traditional healers occupied an important place in socio-political systems in Africa. Most often, they were attached to the political heads and in rare cases, their power superseded that of the political heads. According to Okello and Musisi, they often

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<sup>12</sup> M. Fawzi Mahomoodally, *Traditional Medicines in Africa: an Appraisal of Ten Potent African Medicinal Plants*, www.hindawi.com/ecam.

<sup>13</sup> Marlise Richter, “Traditional Medicines and Traditional Healers in South Africa,” Conference paper at the Treatment Action Campaign and AIDS Law Project (2003), 7.

<sup>14</sup> M. M. Tabi and D. Hodnicki, “Use of Traditional Healers and Modern Medicine in Ghana,” *International Nursing Review* 53 (2006): 53.

<sup>15</sup> Samuel Adu-Gyamfi, “Ancient Egyptian Medicine: A Systematic Review,” *Philosophy, Social and Human Disciplines* 2 (2015): 11.

<sup>16</sup> WHO report, 9.

dealt with social problems, including family problems related to children, spouses, or other relatives, spiritual or cultural problems; psychosexual problems, including those having to do with relationships, sexual potency, love, and infertility; chronic illnesses, epilepsy and madness.<sup>17</sup> Among the Bono of Ghana, *Bosom Taa* Mensah is said to have more authority than the *Takyimanhene*.<sup>18</sup> Similarly, among the Asante, the *Nsumankwahene*, the chief physician of the *Asantehene*, held a very respectable position within the society and had a say in all spiritual matters.<sup>19</sup>

Okello and Musisi classify traditional healers in Africa into herbalists, diviners, midwives, witch doctors, circumcisers, faith healers and traditional birth attendants.<sup>20</sup> Konadu categorises the members of the Bono society according to their level of knowledge in medicine. Core or basic knowledge shared by all as “majority of the population [still] prepare and use their own herbal mixtures,” and thereby exhibit agency in the process of addressing their health needs.<sup>21</sup> Dahlberg, exploring lay knowledge among the KwaZulu Natal insist that non-forest medicinal products are used by the rural people and that this common initial response to illness is mostly successful in combating natural ailments such as headache, cough etc. Most of the rural folks have the ability of self-diagnosis and self-medication especially women because women took care of the sick within the community. “The woman usually know more species than the husband. Even if the husband knows [certain species], he will send his wife to collect the plants.”<sup>22</sup> Boys and girls also learnt by collecting herbs and were present when it was prepared or administered; this was how the indigenous knowledge system was transferred to subsequent generations. Konadu and Wyllis categorize the second level of specialised and in-depth knowledge healers who seek to solve the medical needs of the society that lay knowledge may not be able to solve. They include the *abosomfoo*, *akomfoo*, and *nnunsinfoo*.<sup>23</sup> Similarly, Anquandah identified three main types of traditional healers in Africa: the herbalists with profound knowledge

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<sup>17</sup> Elialilia Okello and Seggane Musisi, “The Role of Traditional Healers in Mental Healthcare in Africa,” in *The Culture of Mental Illness and Psychiatric Practice in Africa*, eds. Emmanuel Kwasi Akeampong, Allan Hill and Arthur Kleinman (Indiana: Indiana University Press, 2015), 252.

<sup>18</sup> Konadu, *Indigenous Medicine, and Knowledge*, 159.

<sup>19</sup> Samuel Adu-Gyamfi, “Spiritual and Indigenous healing Practices among the Asante People of Ghana: a Testimonial from the Twenty First Century Practitioners and Recipients in Kumasi,” *Journal of Basic and Applied Research International* 12(1) (2015): 4.

<sup>20</sup> Okello and Musisi, “The Role of Traditional Healers in Mental Healthcare in Africa,” 250.

<sup>21</sup> Konadu, *Indigenous Medicine and Knowledge*, 159.

<sup>22</sup> Dahlberg and Trygger, “Indigenous Medicine and Primary Healthcare,” 89.

<sup>23</sup> Konadu, *Indigenous Medicine and Knowledge*, 159; Robert W. Wyllis, “Ghanaian Spiritual and Traditional Healers’ Explanations of Illness: A Preliminary Survey,” *Journal of Religion in Africa* 14(1) (1983): 47-49.

of plant medicine who produce and dispense products, herbalists willing in addition to pure herbal practice, to engage in supernatural occult practices and shrines or cult priests who have herbal knowledge but operate essentially as media or agents of deities from whom they receive directions regarding disease diagnosis and cure.<sup>24</sup> Konadu refers to a peripheral knowledge where information is acquired through people's existence at varied points and events in their lives. This sphere is "static knowledge" lacks the dynamism or "lived" characteristic of the core-basic, specialised, and in-depth spheres, and archives aspects of the first and second spheres.<sup>25</sup> Adu-Gyamfi also identified the various categories of traditional healers as the Indigenous Priest Healer (IPH), herbalist, Traditional Birth Attendants and other specialised non-herbal medicine practitioners like bone-setters, spiritual healers among others.<sup>26</sup> All of these draw on both the spiritual and natural causation of disease which forms part of the African traditional philosophies and world-views.

The herbalists tackle the physical ailments such as fever, rheumatism, intestinal disorders, parasites, lactation deficiency, earache, toothache, headache, epilepsy, menstrual disorders, using plant leaves, stem, root, and bark of trees, parts of animals, sea shells, coral, soils, spices such as shea butter, pepper, and ginger and other substances of natural origin. Most of the African pharmacopoeia under discussion here may be drunk as herbal concoctions, or may be ingested through inhalation, vaccination (dermal incisions), enemas, vaginal infusions, massage, bathing, or fumigation, in forms that include powders, porridges, soups, ointments, smoke fumes, or eye drops.<sup>27</sup> Comparatively, concerning traditional medicine, Janzen and Green have reported that Mirau, a herbalist from Meru used the *mamiso* plant to cure about two hundred diseases including diarrhea in children which caused a mortality rate of one hundred per one thousand children (10%). Mirau took several flowers and boiled them to obtain one dose, which was given twice daily as oral medicine.<sup>28</sup>

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<sup>24</sup> Adu-Gyamfi, "Wesleyan Mission Medicine," 10.

<sup>25</sup> Kwasi Konadu, "Medical Anthropology in Twentieth Century Africa: Akan Medicine and Encounters with (Medical) Anthropology," *African Studies Quarterly* 10(2/3) (2008): 54.

<sup>26</sup> Adu-Gyamfi, "Spiritual and Indigenous Healing," 4.

<sup>27</sup> John M. Janzen and Edward C. Green, "Medicine in Africa," in *Encyclopedia of History of Science, Technology, and Medicine in Non-Western Cultures* (2008), 3.

<sup>28</sup> Janzen and Green, "Medicine in Africa," 4.

Antwi-Baffour identifies the components of traditional medicines as herbalism, therapeutic fasting, and dieting.<sup>29</sup> Herbalism was sometimes intertwined with counseling as some patients require it to set their minds in the right frame to receive healing from the herbs. Immunisation is not a biomedical introduction as it was a common practice for traditional healers to prepare and incise medicine into the flesh of the patient; it was also used to prevent snakebites. According to Ishaq, herbs could be used to prevent HIV because if rubbed a man cannot have sexual intercourse with an infected woman because the male organ will not function. What he fails to investigate is the reverse scenario, where a man attempts to infect a female, what happens to the infected patient?

Some herbalists combine both herbal and spiritual treatment as they have personal or family gods with whom they communicate and use during healing. Prayers were said before leaves were plucked and processed and this meant that though physical, it was backed with the belief from the herbalists. According to Adu-Gyamfi, “these accompaniments in the practice suggest that the focus of their medicaments was and is still not only in herbs or plants but also to ascertain spiritual root causes of diseases and afflictions.”<sup>30</sup> Konadu confirms this that herbalist had their gods on whom they relied for the healing of their patients.<sup>31</sup>

Herbal knowledge was usually the preserve of a kin group, especially among the elderly women and men passed. Mostly, this type of knowledge is passed on to them by the previous generations or ancestors and was jealously guarded within the kin group. Mode of transmission of such knowledge was oral, mostly based on relationship between the young and old, who are the repository of ancient wisdom. Younger members of the family who exhibit signs of healing are put under rigorous apprenticeship sometimes for a period of 3-4 years before they are allowed to practice on their own. According to Twumasi, a novice enters into training school after he has experienced possession by some spiritual influence. He may hear a voice and subsequently fall down in a fit or go into a trance. It takes a trained traditional practitioner to interpret that such a person is being called into the practice of healing. This could somehow be likened to the Christian faith calling where people receive visions indicating their call into ministry. After approval by the person’s kinsmen he/she receives formal medical training in the

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<sup>29</sup> Samuel S. Antwi-Baffour, Ajediran I. Bello, *et al*, “The Place of Traditional Medicine in African Society: the Science, Acceptance and Support,” *American Journal of health Research* 2(2) (2014): 49.

<sup>30</sup> Adu-Gyamfi and Oware, “Wesleyan Mission Medicine,” 9.

<sup>31</sup> Konadu, *Indigenous Medicine and Knowledge in African Society*.

house of the herbalist or in the shrine.<sup>32</sup> Twumasi, Konadu and Adu-Gyamfi agree that the indigenous priest healers' school lasts for three to four years in both physical and spiritual art of healing.<sup>33</sup> The first two years is dedicated to rigorous "classroom" teaching after which a year is devoted to practical training in the field and with the patients of the traditional healer. The last year, the graduating apprentice is sent into the community for internship to ascertain whether he was truly mastered what he has been taught before he or she is allowed to practice on his own. Twumasi discusses certain social codes and taboos to be observed by the apprentice such as: a ban on alcohol, fighting or quarreling, salute or respect elders by bending the right knee, never adjure his god to kill anyone, never attend to the chief of the village or the chief's court on his own accord, and not to mingle with other men and women at night.<sup>34</sup>

Traditional healers were easily accessible because each community has a specific group that specialised in healing. These medical practitioners protect the therapeutic knowledge by keeping it as a secret. The *Inyangas* of Swaziland are said to be experts in herbalism, whilst the South African *Sangomas*, are experts in spiritual healing as diviners.<sup>35</sup> The Bono of Ghana are specialist in forest and savanna medicine. Expert traditional healing knowledge is always the preserve of a kin group and only a few people are exposed to such knowledge, for instance a member of the kin group destines to carry on that knowledge or an apprentice who has paid to be taught the indigenous knowledge. According to Geest, the secrecy medically legitimises the healer and if the secrecy is broken, the treatment loses its efficacy. In addition, the secrecy helps to maintain if not improve the patient-healer relationship as the patient without knowledge of the healing surrenders completely to the healer.<sup>36</sup>

Payment was usually affordable and flexible. Before treatment, patients make down payments, which were not necessarily money but could be chicken, egg and others to facilitate healing process. After treatment, post-treatment fees or *aseda* such as chicken, egg, money and gin among others are received by the healer. This was used as part of the post recovery and preventive care process.<sup>37</sup> *Aседа* could also be considered as a form of preventive health tool. A key component of traditional healing is gifts or rewards. Socially, a successful

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<sup>32</sup> Twumasi, *Medical Systems in Ghana*, 25-26.

<sup>33</sup> Adu-Gyamfi, "Spiritual and Indigenous Healing," 4.

<sup>34</sup> Adu-Gyamfi, "Spiritual and Indigenous Healing," 4.

<sup>35</sup> Antwi Baffour, "The Place of Traditional Medicine in African Society," 49.

<sup>36</sup> Geest, "Traditional Medicine in Basic health," 905.

<sup>37</sup> Konadu, *Indigenous Medicine and Knowledge*.

treatment of an illness requires a reward or appreciation. If a patient fails to pay for treatment or provide the thanksgiving reward, the patient runs the risk of contracting the disease again. This can be compared to the biblical story where Jesus healed ten lepers and one returned to thank Him, he concluded by saying that you have been made whole, thereby indicating that without the thanksgiving, the disease could return at any time but with the thanksgiving a person was holistically restored from the ailment.

Efficacy of traditional medicine depends on the indigenous healers' knowledge of the type of illness, patients' knowledge of illness, whether or not patients' body and blood accepts the medicine, contamination of medicine, supernatural meddling with medicine, taboos associated with medicine, proper use of the medicine, combination of the medicine, mind of the healer, following the rules of payment, and preparation of medicine. In essence, healing does not simply depend on the medicine employed but a totality of healing experience between the healer, patient and supernatural forces. Similarly, healing in Africa is an embodiment of the entire social process and involves not just the healer and his/her medicine but social relationships.<sup>38</sup> Fiereman describes in detail the role social relations play in healing. Patients usually choose healers with whom they share fundamental assumptions regarding healing. The choice of healer is not made just by the patient but relatives who take part in the entire therapeutic process. In Shona, "when a person is taken ill, he does not act on his own. His kinsmen both educated and uneducated jointly take decisions throughout the illness and are responsible for paying the medical fees."<sup>39</sup> Like the KwaZulu Natal of South Africa, the nonprofessionals or therapy management group make the initial diagnosis, prescribe the therapy to be used or decide the course of therapy management.<sup>40</sup> Fiereman comments that "for the people most qualified to make therapeutic decisions have the least technical knowledge about medicine and the greatest personal knowledge of the patients."<sup>41</sup> This is not entirely true because, the existing literature posit that quite often, knowledge about herbs is within the kin group and most family heads have fair knowledge about the social construction of diseases within the traditional society and are very familiar with old cases. This enables them to be able to ascertain the need to invite a particular healer who might have the appropriate remedy to cure their family member who is sick. Geest

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<sup>38</sup> Steven Feierman, "The Struggle for Control: The Social Roots of Health and Healing in Africa," *African Studies Review* 28 (2/3) (June 1985): 78.

<sup>39</sup> Feierman, "The Struggle for Control," 78.

<sup>40</sup> Dahlberg and Trygger, "Indigenous Medicine and Primary Health Care," 80.

<sup>41</sup> *Ibidem*, 80.

adds to the discussion that most African medical theories have a social character. “Disorder in the community leads to disorder in the health of its members, illness of a family member is seen as the illness of the entire family. Finding the solution therefore becomes the responsibility of the group not the individual patient.”<sup>42</sup> Twumasi also notes that “a breach of social relations threaten the very survival of the traditional society because of the mutual interdependence...; health and illness are means of detecting threats to social unity and for re-establishing harmony of social relationships essential to their life.”<sup>43</sup>

Among the different societies, healing takes diverse forms and is usually a combination of both physical and spiritual medicine. The Bântu-Bakôngo notion of medicine is complemented by the concept of “self-healing power” as “the biogenetic package of power that is received at the moment of conception in the mother’s womb. To them, sickness is the abnormal functioning capacity of one’s self-healing power caused not by bacteria or virus, but by the loss of the body’s balance or energy. The cure is perceived in terms of wholeness and the therapist believes that therapy is essentially grounded in both flesh and spirit, a process of restoring self-healing power.”<sup>44</sup> This can be said to be similar to the scientific explanation of immunity to disease, yet such concepts were completely looked down upon by the Europeans. According to Adu-Gyamfi, the Ghana Psychic and Traditional Healers Association termed *bosom* or deity in Asante as consisting medicine concocted of various materials thought to have special powers, such as clay from the sacred River Tano, certain herbs and roots, ancient beads, cowry shells, and neolithic celts. These disparate objects were compounded together, which was then placed in a brass basin. In certain instances, it was only sacred water from such sources as the headwaters of rivers including *Tanoboase* and *Afram*. This medicament was made potent by calling down a measure of the universal power, which was caught by a skilled practitioner in a number of ways and forms.<sup>45</sup> In addition, Swithenbank defined a deity as any material object in which a spirit or spiritual power is present. He added that it was some natural substances, which by their appearance had peculiar properties which appeared unusual including bones, stone or wood crudely carved into the likeness of some creature or brass bowls filled with gold dust, mystic herbs and sealed with wax or some ceremonial object or sacred relics. Again, a deity was sometimes composed of several magical or non-magical elements such as pebbles, feathers, hairs, bones,

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<sup>42</sup> Geest, “Traditional Medicine in Basic Health,” 904-905.

<sup>43</sup> Twumasi, *Medical Systems in Ghana*, 37.

<sup>44</sup> Konadu, “Medical Anthropology in Twentieth Century Africa,” 56.

<sup>45</sup> Adu-Gyamfi, “Spiritual and Indigenous Healing,” 4.

twigs and beads that have a special virtue because of certain rites performed in the assembling of its parts. Sometimes it involved a particular pattern, which was carried on the head, worn on a person, or planted in the house or business premise as a protection against evil forces.<sup>46</sup> All these illustrations prove that African medicine was not totally mystical but a combination of the spiritual and physical.

Art studies in Africa, indicates that art and craft was also used as a form of healing. Among the Yoruba, twins were considered good luck. If one or both twins died young, diviners who communicate with the spirit world advised parents to commission sculptures. The Yoruba believed that the children's souls dwell in the figures, so the mother cared for them as if they were real children. If the surviving twin was a girl, she might care for the figure of her twin once she came of age. The love and care given to the figures pacifies the spirits of the twins so they did not bring harm or evil to the family or the village.<sup>47</sup> This can be classified as both disease prevention and curative methods.

The ecology shapes health and adaptable response by human communities. Mode of living, that is, hunting and gathering, cultivation, herding and urban societies face different health challenges and therefore different approaches. For instance, the Khoisan practiced infanticide (murder of babies and children) as a birth control to space children four year apart and for spiritual healing ceremony. The herding communities, due to the presence of tsetse fly, usually resided in the outskirts of the towns and had little contact with the people of the towns, this created a situation where Africans became lactose intolerant because their digestive system could not absorb dairy products.<sup>48</sup>

Another key area of great importance to African health and healing was public health. Public health can be defined as 'the art and science of preventing diseases, prolonging life, and promoting physical and mental health, sanitation, personal hygiene, control of infections, and organization of health services' or "all organized measures, whether public or private to prevent disease, promote and prolong life among the population as a whole."<sup>49</sup> Pre-colonial public health was attached to religion, as religion is linked with all spheres of life. Disease was usually seen as caused by the wrath of the gods. Through this, they were able to control the morals of the people and gain allegiance. Among the Asante, disease

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<sup>46</sup> *Ibidem.*

<sup>47</sup> Bill Appleton, Ann Burroughs and Louise Cameron, "Art of Africa," *Saint Louis Art Museum* (2005): 4.

<sup>48</sup> Janzen and Green, "Medicine in Africa," 1-2

<sup>49</sup> Samuel Adu-Gyamfi and Amidu Dramani, "Public Health: a Socio-Political History of a People (1902-1966)," *Journal of Arts and Humanities* 6(8) (2017): 12.

was seen as a result of deviant behaviour, which distorts an individual's biological, social function and productivity, as a result, a sick person was relieved of all communal duties. Healers prevent diseases through divinations, animal sacrifices as well as the use of certain herbs and amulets. Pre-colonial health was controlled by traditional rulers through communal labour, taboos, strict sanitation and hygiene laws and other social codes. This ensured cleanliness and prevented diseases. In addition, Asante proverbs, norms, myths and taboos were used to promote public health, perhaps due to the close attachment to religion and the deities. For instance, it was a taboo to bath and sing. This was to prevent a person from disease as a result of swallowing the toxins in the soap.

Preventive public healthcare is defined as “a pattern of nursing and medical care that focuses on disease prevention and health maintenance. It includes early diagnosis of disease, discovery and identification of people at risk of development of specific problems, counseling, and other necessary interventions to avert health problems.”<sup>50</sup> Examples of indigenous preventive health care included health education, immunisation, assessment and monitoring of kin groups, identification of health problems, and formulation of policies to address those problems. For instance, it was the policy of communities to isolate people with infectious diseases such as leprosy. All these are necessary to ensure a healthy people for socio-economic and political development. Different cultural backgrounds have different herbal plants, plant extracts, health promotion and prevention.<sup>51</sup> The religious attachments of the people played a pivotal role in preventive health. Geest seeks to disprove the popular Eurocentric view that Africans did not worry about the future and were not interested in preventive health. He states that “prevention is central to the people's everyday life and follows logically from their preoccupations with religious and social values.”<sup>52</sup> Healers aim at preventing an already occurred illness from reoccurring by searching deeply for the cause and solution. They provide patients with moral and social guidelines to prevent the repetition of the same illness.

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<sup>50</sup> Samuel Adu-Gyamfi, Edward Brenya and Egyir Peter Nana, “Public Health in Colonial and Post-Colonial Ghana: Lesson Drawing for the Twenty First Century,” *Studies in Arts and Humanities* 3(1) (2017): 3.

<sup>51</sup> Adu-Gyamfi, Brenya and Nana, “Public Health in Colonial and Post-Colonial Ghana.”

<sup>52</sup> Geest, “Traditional Medicine in Basic Health Services in Africa,” 905.

*Difference between indigenous African traditional medicine and western medicine*

There are various debates on traditional medicine as distinct from orthodox/western or biomedicine. Western medicine is sometimes referred to as modern medicine, biomedicine, scientific medicine, or allopathic medicine. Opoku-Mensah defined orthodox medicine as any medical system that is based on sound biomedical research and are considered foreign [to African culture].<sup>53</sup> Western medicine is associated with diseases of the physical body only, and is based on the principles of science, technology knowledge and clinical analysis developed in North America and Europe.<sup>54</sup> Addae notes that the difference between traditional and European approach to medical care was an organisational one; European and other cultures founded hospitals, clinics and dispensaries or their equivalents where the sick could be attended to in an organised manner while no such equivalence seemed to be part of the African healing methods.<sup>55</sup>

Modern medicine is based on provision of healthcare in hospitals, clinics, and health posts etc. using bio-medicine and is called Evidence Based Medicine (EBM).<sup>56</sup> With the evolution of medicine, health care professionals are required to base their health care decisions on the best available evidence. Belsey defines Evidence-Based Medicine (EBM) as “the process of systematically reviewing, appraising and using clinical research findings to aid the delivery of optimum clinical care of patients.” Its processes include the production of evidence through research and scientific review, production and dissemination of evidence-based clinical guidelines, implementation of evidence-based, cost-effective practices through education and management of change, evaluation of compliance with agreed practice guidance through clinical audit and outcome focused incentives.<sup>57</sup> This is essential in identifying and improving good health practices and the elimination of bad ones. It requires a lifelong service of dedication to research on what the evidence points to. EBM allows the integration of good quality published evidence with clinical expertise and the opinions and values of patients and their

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<sup>53</sup> Foster Abrampa Opoku-Mensah, “Integrating Traditional and Orthodox Medicine in Healthcare Delivery in Ghana: a Study of Wenchi Municipality” (Thesis, University of Ghana, 2015), 10.

<sup>54</sup> Richter, “Traditional Medicines and Traditional Healers in South Africa,” 7.

<sup>55</sup> Stephen Addae. *The Evolution of Modern Medicine in a Developing Country: Ghana 1880-1960* (Durham: Durham Academic Press, 1997), 1.

<sup>56</sup> Fang Gao Smith, Jeffrey L. Tong and John E. Smith, “Evidence-Based Medicine,” [academia.oup.com/mkl031](http://academia.oup.com/mkl031).

<sup>57</sup> Jonathan Belsey, “What is Evidence based Medicine?,” <http://www.bandolier.org.uk/painres/download/whatis/ebm.pdf>.

families or care givers. In this line, the personal experience, judgment, skills and patient values are of great essence. According to Akobeng, steps to developing an EBM model is to convert information needed into answerable questions, finding the best evidence with which to answer the questions, critically appraising the evidence for its validity and usefulness, applying the results of appraisal into clinical practices, and evaluating performance.<sup>58</sup>

The critical question revolves around the debate whether indigenous traditional African medicine is a form of evidence-based medicine? As indicated, traditional medicine is an important component of healthcare in Africa because about 80% of the population depend on it due to its accessibility, availability and cost. Due to centuries of practice, evolution and experimentation, well established traditional doctors have a unique understanding of physiology, pathogenesis, pharmacology and pharmaceuticals, which are different from western biomedicine. There has been the drive to professionalize traditional medicine.

Efforts have been made by international organizations and post-independence governments to advance traditional medicine scientifically in order to make it a potent alternative medicine to western/biomedicine. At the WHO Forum on Traditional Medicine in Health Systems held in Harare in 2000, the African Regional WHO office expressed keen interest in the mass production of phytomedicines for the treatment of malaria, AIDS, and other diseases identified as priority diseases by member states. It is a strategic objective of the WHO to develop a framework for the integration of traditional medicine into national health systems. The idea is to encourage local industry to invest in the local production of indigenous medicines and make them commercially viable. Governments were urged to create policies related to conservation, safety and toxicity, and regulation in order to assist a local production industry. In 2000, Nigeria was the first to promote a plant medicine for the treatment of HIV/AIDS.<sup>59</sup>

In Ghana, after independence, Nkrumah was determined to ensure that traditional medicine was put on the same level as western medicine. In line with this, he promoted research into traditional medicine. One of such ground breaking experimentation with traditional medicine was conducted by Oku Ampofo. He is known to have collected medicinal plants from herbalists in Mampong and other Akwapem towns with which he embarked on rigorous research in order to establish its efficacy after which he administered to his clients. He is known to

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<sup>58</sup> Anthony K. Akobeng, "Principles of Evidence Based Medicine," *Arch Dis Child* 90 (2005): 837-840, <https://adc.bmj.com/content/90/8/837>.

<sup>59</sup> John Janzen and Edward C. Green, "Medicine in Africa," in *Encyclopedia of History of Science, Technology, and Medicine in Non-Western Cultures* (2008), 13.

have contributed massively to pharmacopoeia, through the study and prescription of African traditional medicine for his patients. His research and dedication culminated into the establishment of the Center for Scientific Research into Plant Medicine Institute for research in herbal medicine in his hometown Akwapem Mampong.<sup>60</sup> Through his research, he came up with the findings that the leaves of *Elaeophorbium drupifera* and *hilleria latifolia* taken in combination with palm oil soup preparation acts as a filaricide in guinea-worm infestation. He also introduced four traditional treatments of herpes zoster, which include application of the flowers of *Hoslundia opposita* and red cola nut, chewed together and sprayed on the lesion twice a day, which often heals by a fortnight. There was also the local application of the guava leaves, grounded into paste with kaolin or white clay and *piper guineense*, twice a day, which heals the infection in ten days.<sup>61</sup> He is also known to have commented in his article “The Traditional Concept of Disease, Health and Healing with which the Christian Church is Confronted” that “it is well known that as you go from village to village in this country [Ghana] you cannot help noticing herbariums at so many backyards or fences made specially from medical plants. In my district there is not a fence without, say *Newbouldia* Levis (*osensrema*, used for dysentery and eyeing the placenta), *spondias Monbin* (*atoaa*, for post-partum hemorrhage) and *Ocinum Veride* (*onunum*, for «belly palavers»)." <sup>62</sup> Likewise, among the Asante, the n(God’s Tree) was planted in front of houses in order to bring good luck to people who come into contact with it after its leaves had gathered the morning dew.<sup>63</sup>

Due to the fact that traditional medicine comes in diverse forms, approaches and nature in terms of duration and intensity of treatment, lack of comparison with other treatments, individualised diagnosis and treatment, insufficient statistical power, it is difficult designing a research study that is comprehensive for all traditional medicines.<sup>64</sup> In addition, aspects of traditional medicine deals with the supernatural and psychic or psychic power and this cannot be explained with empiricism or scientific explanations. This makes it difficult to clearly place

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<sup>60</sup> Emmanuel Asante, “Scientific Medical Practitioners and Traditional Medicine in Contemporary Ghana: a Study of Attitudes and Perceptions” (Thesis, Department of Sociology and Anthropology of the Faculty of Social Sciences, University of Cape Coast, 2010), 11

<sup>61</sup> WHO report, 12.

<sup>62</sup> D. Maier, “Nineteenth-Century Asante Medical Practices,” *Comparative Studies in Society and History* 21(1) (1979): 71

<sup>63</sup> Adu-Gyamfi, “Spiritual and Indigenous healing,” 9.

<sup>64</sup> Shirley Telles, Shivangi Pathak, Nilkamal Singh and Acharya Balkrishna, “Research on Traditional Medicine: What Has Been Done, the Difficulties, and Possible Solutions,” *Evidence-Based Complementary and Alternative Medicine* (2014), <http://dx.doi.org/10.1155/2014/495635>.

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traditional medicine under evidence-based medicine. However, there are some traditional medical systems, which fit in the criteria of EBM described above. Basically, the difference between traditional and western medicine is their natural and supernatural orientation respectively. The preference of a given health care delivery is usually dependent on the type of service available, the type of disease, availability and affordability of the service and the socio-economic status of the people.

#### *Disease causation in Africa*

Just as there are different type of ailments and healers, so are there different causes of disease. While the westerner attributes disease chiefly to his physiology of the individual and the environment, the African, due to his mystical belief in the spiritual, attributes disease to environment or naturalistic, personalistic, God-cause or human cause, though there can be a combination of two or more of these causes leading to the pluralistic nature of African medicine. Janzen and Green note, “The causal attribute will make all the difference in how sufferers, their therapy managers, diviners, healers and medical practitioners will treat the illness.”<sup>65</sup> There is a correlation between the cause of ailment, the type of healer consulted and the type of medication applied. They further note,

*Usually consultation with a diviner is not undertaken until there is sufficient reason in the kin group of the sufferer to suspect causes other than natural ones. Such a precipitating factor may be the worsening turn of a sick person, a sudden and mysterious death, the coincidence of a sickness with a conflict in the close social environment of the sufferer, or the paradoxical occurrence of a disease on only one side of a family. In such cases the clients are looking for answers to questions not only of “Why did it happen?” but “Why did it happen to us?” and possibly “Who caused it?” and “What should we do about it?”<sup>66</sup>*

Therefore, the job of the diviner is to shed light on why the group was attacked and provide solution.

In Africa, good health is achieved through a balance of all social forces: kinship ties, relations with the ancestral spirits, deities and the environment. African healing ideologies stems from the perspective that man’s nature is not only physical but also mental and spiritual which accounts for man having a body, soul and spirit. Morns and Bossard identify four causes of diseases in Neba: natural cause of disease, equated with acts of God, moral or ritual infringement be it sexual abuse, stealing, killing, etc., witchcraft or sorcery and spirits like the

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<sup>65</sup> Janzen and Green, “Medicine in Africa,” 8.

<sup>66</sup> Janzen and Green, “Medicine in Africa,” 5.

ancestral spirits.<sup>67</sup> It is for the same reason that Africans put much emphasis on spiritual causation that Western anthropologists, concluded that Africans had no proper medical system. Causation of illness has been an important subject of discussion among history, anthropology, and religion. Colonial anthropologist such as Evans-Pritchard, Robert Pool, Peter Ventevogel and Magaret J. Field all downplayed the spiritual causation beliefs of the African. Pritchard and Pool insisted that African societies in Azande and Wimbun respectively were possessed with the concept of witchcraft. Pritchard stated that “witchcraft is ubiquitous for the Azande attribute sickness, whatever its nature, to witchcraft or sorcery”; Pool said, “everything boils down to witchcraft in Wimbun and apparently in African etiology. Witches were the ultimate cause of all (significant) misfortune and death that their etiology is personalistic and that the Wimbun do not have a medical system at all.” Similarly, Ventevogel noted that the Akan medicine was not real because it was highly externalising and diffused in nature. Field observed that “according to African dogma, sickness and health are ultimately of supernatural origin and organic illness is always attributed to witchcraft.”<sup>68</sup> Most of these anthropologist with Eurocentric mindset of a primitive Africa, failed to appreciate or understand African belief systems but generalised some of their observations by insisting that Africans attribute all illness to spiritual causation.

Most of these Eurocentric notions of African medicine have been challenged by Africans and Europeans. Eva Crilles disputed Pritchard on the Azande that Africans do not attribute diseases to witchcraft and sorcery for they make distinction between the different kinds of illness and between levels of etiology and pathogens. Dennis Warren, a student of Fields contradicted her that “religious system had nothing to do with the majority of Bono diseases... and that a vast majority of Bono diseases were defined in terms of natural causation.”<sup>69</sup> This view is shared by Konadu who states that the Bono do not solely dwell on spiritual causation of ailment but that Bono healers had so much confidence in the potency of their forest-savanna herbs. One may dispute the assertion that religious system had nothing to do with the majority of Bono diseases because Africans, which included the Bono, were highly religious and therefore religion was attached to all spheres of life. Among the Bono, witchcraft is a power or energy with the intent used positively or negatively. Using Akator’s explanation of *beyie* (*ebe y3 yie*

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<sup>67</sup> Adu-Gyamfi, “Wesleyan Mission Medicine,” 11.

<sup>68</sup> Konadu, “Medical Anthropology,” 48-50.

<sup>69</sup> Konadu, “Medical Anthropology,” 48-50.

meaning it shall be well) is an optimistic statement made to give hope and direction for one who needs to consult a *bayiefo* or witch. The spirit of witchcraft is inherited so one's power is powerless outside his/her own clan. There is also the negative witchcraft, which seeks to feed on blood. Konadu observes that a person may not know that he/she has this witchcraft spirit as he/she may be born with it, yet the person's mind is what will shape it positively or negatively.<sup>70</sup> Belief in witchcraft is one of the reasons for Africans spiritual or faith healing. According to Adu-Gyamfi, Traditional priests or indigenous priest healers cure diseases through incantation, spells, preparation of portions, exorcism, invocation of deities, which according to the indigenous people was the beginning of formal medicine.<sup>71</sup>

Social causation of disease is of great importance in indigenous traditional medicine. It mainly rests on social code and the power of words. Once a misfortune occurs, African societies try to recollect if an offended person has uttered destructive words against the affected. Janzen and Green note that "victims will often identify a string of misfortunes and try to recall the exact words spoken by others prior to or in association with the events, drawing the logical inference that these utterances had caused, or could have led to, the bad luck. Words of warning or injurious words spoken in anger are especially suspect. Therefore, in divination, these moments are recalled so that the individuals or the relationships may be repaired. Without treating the root cause, the surface signs and symptoms cannot be permanently overcome."<sup>72</sup> Language and faith play a vital role in the potency of African medicine. Just as negative words can cause misfortune, positive words are required to alter the misfortune. Adu-Gyamfi notes that, "Words are considered very effective and powerful... Religious words may be repeated with the explicit aim of going into an altered state of consciousness and communing with a higher power... words used in healing rituals or services makes the healing process effective because they have a psychological impact on the patient, positive sayings of a healer to a patient takes off some stress of thinking worse of his or her situation. Negative words do otherwise and either way, the healing process is affected."<sup>73</sup> Affirmative words are used by both the lay and specialist groups to speed up the recovery process of the patient. Further, each society has its own set of social prohibitions and taboos and there are consequences for violating these.

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<sup>70</sup> *Ibidem.*

<sup>71</sup> Adu-Gyamfi, "Spiritual and Indigenous Healing Practices," 4.

<sup>72</sup> Janzen and Green, "Medicine in Africa," 11.

<sup>73</sup> Samuel Adu-Gyamfi, "Words in Healing: Ethnographic Observations from Hohoe Area of Ghana," *International Journal of Social Science & Education* 8(3) (2018): 79.

Taboos are avoidance rules that forbid members of a group from performing certain actions such as eating certain kinds of food, walking or visiting some sites that are regarded as sacred, cruelty to animals, and using environmental sources in an unsuitable manner.<sup>74</sup> Violation of such codes could bring untold hardship and misfortune to an individual or a people. Among the Karanga, in Zimbabwe, it is a taboo for a person to urinate in water as it could pollute the water source and serve as source of drinking, bathing, cooking, and irrigation. This was also a way of conserving the environment. Another very important prohibition is the killing of family totems. A totem is an animal, plant or natural object (or a representation of an object) that serves as an emblem of a clan or family among a traditional people. It represent the mystical or ritual bond of unity and are symbols of religious and social cohesion.<sup>75</sup> African totems are derived from wild animals such as birds, fishes, snakes and are not to be eaten, as it is believed that if one eats or kills such an animal, he may contract a strange disease, lose his teeth or even die. Essentially, abiding by social codes helps to avoid disease. For example, members of the patrilineal clan of the Shumba are prohibited from eating any animal from the cat family. Among the Shona of Zimbabwe baboons, monkeys, lions, leopard, elephants, wild pigs, pangolins, and some birds like the eagles and owls were considered sacred therefore, it is forbidden to kill them. The python was seen as sacred custodian of the land and consequently should not be killed.<sup>76</sup> Janzen and Green note that the spread of HIV/AIDS in Africa during the post-colonial era is as a result of the breakdown of the social codes and sexual conduct.<sup>77</sup> Twumasi notes that social prohibitions, taboos and the consequence of their violation are important to the study because they helped in the adherence of social code and promoted health. Such an afflicted person requires magico-religious treatment or the application of the supernatural to take away the ailment.<sup>78</sup>

Mental health was an important aspect of traditional healing. Okello and Musisi define mental illness as “a situation in which the victim tends to interpret reality in unusual ways... the patient may be unable to differentiate between reality and fantasy, may not pay attention to impending danger, and may be unable

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<sup>74</sup> Makamure Clemence and Vengesai Chimininge, “Totems, Taboos and Sacred Places: an Analysis of Karanga People’s Environmental Conservation and Management Practices,” *International Journal of Humanities and Social Science Invention* 4(11) (2015): 8.

<sup>75</sup> Clemence and Chimininge, “Totems, Taboos and Sacred Places,” 10.

<sup>76</sup> Nisbert T. Taringa, “The Sacred Duty of Animals in African Traditional Religion and Culture,” [http://www.bayreuth-academy.uni-bayreuth.de/resources/WG-C\\_Taringa\\_Animals-in-African-Traditional-Religion.pdf](http://www.bayreuth-academy.uni-bayreuth.de/resources/WG-C_Taringa_Animals-in-African-Traditional-Religion.pdf).

<sup>77</sup> Janzen and Green, “Medicine in Africa,” 14.

<sup>78</sup> Twumasi, *Medical Systems in Ghana*, 9.

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to recognize people previously known to him or her. Such a person's senses are obviously not functioning properly.”<sup>79</sup> Africans believed that witches, wizards, sorcerers, and demons caused mental health. In African societies, mental illness is associated with punishment of an individual for breaking prohibited laws, wrong doings or as a result of contact with an evil spirit or spiritual force.<sup>80</sup> Treatment rested purely on the use of spiritual healing through psychotherapy. The healer first looked into the socio-cultural and intellectual history of the patient before deciding the type of therapy that will be efficacious.

#### *Changing narratives of African traditional medicine*

Under this theme, the authors hope to answer the question, “With the changing narratives of African past, how has indigenous African medicine coped? Social change can be defined as “the significant alteration of social structure that is of forms of social actions and interactions, including both the manifestations and consequences of such structures embodied in the rules of behaviour.”<sup>81</sup> From the influence from Greek and Roman healing through to Persian and Arabic influence then to Christian faith healing and biomedicine, African traditional medicine has undergone changes to arrive at what it is today. Indeed, one can argue that health care in Africa has improved due to the interplay of diverse forces which have influenced it over the years.

As indicated by Patterson, “the physical, biological, and socio-cultural milieu affects the psychological condition and behaviour of man, his parasites and the animal vectors which transmit many infectious diseases... infectious diseases have accompanied human movement throughout history. Explorers, merchants, pilgrims, refugees, and migrants have carried plagues, measles, small pox, typhus, tuberculosis, syphilis, malaria, yellow fever, cholera and other deadly afflictions around the world.”<sup>82</sup> The introduction of new people with new diseases meant the need to revise healing strategies and therapeutic methods and also a major social change in the ways of indigenous therapeutics. The new diseases which infected the African people coupled with dis-empowered healers, became very problematic. As Akyeampong noted, “Africa could not respond to diseases because Africans who had enough knowledge about their environment and knew how to manage it to keep endemic diseases at a low level were politically disempowered and

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<sup>79</sup> Okello and Musisi, “The Role of Traditional Healers in Mental Healthcare in Africa,” 251.

<sup>80</sup> Janzen and Green, “Medicine in Africa.”

<sup>81</sup> Twumasi, *Medical Systems in Ghana*, 6.

<sup>82</sup> David Patterson, *Health in Colonial Ghana: Disease, medicine, and Socio-Economic Change, 1900-1955* (Massachusetts: Crossroad Press, 1981), 1.

Europeans who had political power lacked knowledge of the African environment.”<sup>83</sup> It can be argued that these changes prevented the rapid advancement of traditional medicine,

Colonial influence on medicine is enormous and cannot be gainsaid. Shaped by the perceptions of biological, intellectual and historic superiority, Europeans set out either purposely or ignorantly to denigrate indigenous African systems including traditional medicine. Colonialism suppressed all forms of indigenous knowledge and prevented its development. Maier refers to Bossman that the use of “unskilled physicians” and “corrupted medicine” that endanger the lives of many. However, European biomedicine experimented in Africa also had the propensity to have caused several casualties as well.<sup>84</sup> Contradictorily, Bossman admitted that African herbs were very effective for the treatment of illnesses. He identified some remedies to the illness, which included: “limon [*Sic*] or lime-juice, Malaget, otherwise called Grains of Paradise, or the Roots, Branches and Bumms of Trees, about thirty several sorts of green Herbs, which are impregnated with extraordinary Sedative Virtue.”<sup>85</sup>

The above shows that colonial perceptions about traditional medicine were due to a lack of proper understanding of the indigenous philosophy which was further aggravated by some level of racial superiority. It was easier for Europeans to accept the potency in African herbs than for them to wholly accept African healing therapies including spiritual healing. This slowed down the progress of African medicine, focusing and tagging most African healing expressions as backward and driven by superstition and belief in witchcraft.<sup>86</sup> With the licensing of traditional healers, and the banishment of witch finding cults, the level of secrecy used by the traditional healers as a survival technique was increased.

Similarly, traditional orthodox Islam was against traditional medicine and its converts were cautioned against its use. However, Islam always blends with the African religion. A Muslim healer in Swahili is known to practice *ngoma* along the reading of the Koran. Purification symbolism of African healing is always mixed with ritual ablution of Islam.<sup>87</sup> Through Islamic influence, the beliefs of the people

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<sup>83</sup> Emmanuel Kwasi Akyeampong, “Diseases in West Africa,” in *Themes in West Africa’s History*, ed. E. K. Akyeampong (Ohio: Ohio University Press, 2006), 196.

<sup>84</sup> The antidote found for sleeping sickness at the initial stage caused blindness in a majority of its patients. M. Malowany, “Unfinished Agendas: Writing the History of Medicine of Sub-Saharan Africa,” *African Affairs Journal* 99(395) (2000): 332.

<sup>85</sup> Maier, “Nineteenth-Century Asante Medical Practices,” 36.

<sup>86</sup> Kwasi Konadu, “Medicine and Anthropology in Twentieth Century Africa: Akan Medicine and Encounters with (Medical) Anthropology,” *African Studies Quarterly* 10, 2-3 (2000): 46.

<sup>87</sup> Janzen and Green, “Medicine in Africa,” 11.

were gradually expanded to include the belief in amulet. An amulet is a small figure of gods, goddesses and sacred symbols cut from stones or molded from clay, baked and glazed. These figures were nicely shaped so that they could be hanged about the neck on a cord. The amulets became a charm of protection against various spirits. Any spirit or witch that attacked the wearer was confronted by the likeness and power of a protecting deity. With the introduction of Christianity into the country and specifically Asante, the amulet was equated to the crucifix worn by many Christians.<sup>88</sup>

There was an evolution in spiritual healing caused by socio-economic and religious changes in Africa. Konadu discusses the reduction in value of the national gods' *tete bosom* due to the introduction of the *abosommerafuo* as a result of colonial imposition decline of the Akan religion due to colonial rule and the insurgence of the cocoa industry. The cocoa boom led to the relocation of migrants from northern Ghana and Burkina Faso who introduced the *bosommerafuo* such as Tigare *bosom* from Yipala. This increased social tension within the society.<sup>89</sup> Similarly, Larbi notes that in the case of the rise, Tigare coincided with the decline in influence of the national and traditional *abosom* shrines and with the rapid development of the country on western European lines. Pastors' reports from 1922 to the present day mention the falling-away of Presbyterian Church members to take the medicine of one or other of them. In the 1940s, the number of Christians lapsing to Tigare caused all the Mission Churches deep concern. Nkwantanin in Kwahu, the headquarters of the chief Tigare priest, became a place of pilgrimage attracting devotees, so-called pagans, literates and illiterates, Christians and Moslems, in thousands.<sup>90</sup> This reflects the social tension indicated by Konadu.

In Ghana, another illustration of social tension which erupted as a result of a clash of traditionalists and Christians can be seen in the conflict between the SDA and the members of GPTH. Since traditional healing was seen as a form 'fetishism' by them, they did not recognise the operations of the society. In Kyekyewere, in Ghana, there was serious conflict between the Traditional rulers and leadership of the GPTHA on one hand and members of the Seventh Adventist Day (SDA) church on the other hand over the use of Aboabo stream which was considered sacred. The stream was preserved for shrine purposes on Tuesday where the people were forbidden from drawing water or fishing from it. The SDA Christians argued that their doctrine did not recognise such sacred streams and

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<sup>88</sup> Adu-Gyamfi, "Wesleyan Mission," 5.

<sup>89</sup> Konadu, "Medical Anthropology," 53.

<sup>90</sup> Adu-Gyamfi, "Spiritual and Indigenous Healing," 6.

shrines and therefore should be given the liberty to draw water from it at all times. They contended that “the observance of Asaase Yaa day and other customary holidays such as Kwabena should be optional.”<sup>91</sup> In addition, the freedom of worship and religious liberty in Ghana was enshrined in the 1957 constitutional order-in-council. In response, the government concluded that it intended to preserve sacred shrines and other traditional preservations for medicinal purposes so the SDA members should use other alternative sources of water. It stated that “subject to restrictions as may be imposed for the purpose of preserving public order, morality and health, no law shall deprive any person of his freedom of conscience or the right freely to protect, practice or propagate any religion.”<sup>92</sup> This is a reflection of the impact of Christianity on traditional medicine.

The above dovetails the hate-hate and hate-love nature of relationship between different healers. While some had some form of cordiality others did not tolerate each other. One of such hate-hate relationship was essentially between the traditional healers and the Christian / Islam faith healers. Most churches which sprang up in Africa, opposed the idea of traditional medicine because of the belief that they were considerably associated with black magic. Others were generally tolerant, one traditional priest noted that, “For both of us are working for the welfare of the people, by my office I take away bad things and evil spirits from people in order to get good health; and on the other hand you are advising them for good behavior and love to one another, so we work hand in hand”.<sup>93</sup>

There was also the introduction of Christianised traditional healing. Many independent African Churches which sprang up encouraged healing, exorcisms, and various kinds of practices, which incorporate rites of purification, protection, and sanctification. According to Janzen & Green, Prophet-founders play the role of ancestor-mediators, while prominent or talented members assume the diagnostic role of diviners.<sup>94</sup> The Seraphim and Cherubim churches as well as the Twelve Apostles Church or Nakaba churches, Zion Aladura churches, provided alternatives to western, Islamic or traditional healing. These priests and priestesses had the ability to identify and exorcise witches. All of these churches provided solutions to the health needs of the people, in what Adu-Gyamfi terms as faith medicine. Though the ability of the healer mattered in the healing process of the

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<sup>91</sup> PRAAD, Kumasi, ARG/2/10/13, Letter from the District Commissioner to the Regional Commissioner and GPTHA on the 19<sup>th</sup> January, 1963.

<sup>92</sup> *Ibidem*.

<sup>93</sup> *Ibidem*, 6

<sup>94</sup> Janzen and Green, “Medicine in Africa,” 11.

sick, the faith of the individual played a key role in the healing process.<sup>95</sup> In the Bible Hebrews 11:1 defines faith as the “substance of things hoped for, the evidence of things not seen.” The various orthodox, charismatic, prophetic and Pentecostal churches, which sprang up also offered counseling services, which were therapeutic in themselves.

Historically, in Ghana, the corpus of literature on traditional medicine point to the times when there was the need for traditional healers to refashion their trade to suit the changing conditions of society. During the colonial period, it led to the rise of what Osseo Asare terms as “literate healers”. These traditional healers tried to fashion their trade after that of the European physicians by wearing suits, placing adverts for their medicine, and trying to record their therapeutic methods. Some of these healers such as Joseph Kwesi Aaba published “a compendium of recipes for plant-based therapies in the coastal city of Sekondi ... [and] devote[d] a portion of his photography earnings to what he described as a series of ‘preparations, researches and experiments with regard to ... herbal medicine and its ramifications. He consequently formed the Society of African Healers.<sup>96</sup>

During the twentieth century, healers who learned to read and write used literacy as a vehicle for establishing medical authority. These literate healers lobbied the colonial governments for recognition and sought help to advance their trade. Instead of recognizing them, the colonial government sought to use them to undermine traditional medicine by demanding that members of the association report all contagious diseases to the colonial administration.<sup>97</sup> Though ultimately they were unable to achieve their objective, they introduced a scientific element into traditional healing. This approach was eventually adapted by post-colonial governments all over Africa through the formation of traditional healers associations such as the Ghana Psychic and Traditional Healing Association (GPTHA) in Ghana, the Promotion of Traditional Medicine (PROMETRA) in Uganda among others, who sought to conserve traditional medicinal knowledge and fashion traditional medicine after the well accepted western biomedicine and its physicians. GPTHA under the patronage of Dr. Kwame Nkrumah who was passionate about traditional medicine sought to improve the trade using the

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<sup>95</sup> Adu-Gyamfi, “Spiritual and Indigenous Healing,” 7.

<sup>96</sup> Abena Dove Osseo-Asare, “Writing Medical Authority: The Rise of Literate Healers in Ghana, 1930-1970,” *Journal of African Studies* 57(1) (2016): 69.

<sup>97</sup> Samuel Adu-Gyamfi, “A Historical Study of the Impact of Colonial Rule on Indigenous Medical Practices in Ashante: A Focus on Colonial and Indigenous Disease Combat and Prevention Strategies in Kumase, 1902-1957” (PhD Thesis, Kwame Nkrumah University of Science and Technology, 2010), 103-104; Patterson, *Healthy in Colonial Ghana*, 28.

scientific method. Membership was based on any person actively engaged or interested in psychic and traditional healing in Ghana including herbalists, priests, priestesses and all others associated with shrines in Ghana. Another area of social change which impacted traditional medicine was the introduction of western education.

With the introduction of western healthcare, there was a growing tension between traditional healers and western orthodox physicians. Some medical professionals were hostile to the usage of traditional medicine while others tolerated it. In the case of the latter, when a patient wanted to use the two, the doctor would advise the interval to drink them to avoid any complications. Most literature on traditional medicine agree that about 80% of Africans still use traditional medicine. Today people apply the same attitude to healing as before. The use of western health facilities depends on the causation theory and the availability of resources such as western healthcare facilities and money. You may find people visiting hospitals, clinics and even herbal homes when they believe the ailment is physically induced. When they believe there is an unexplainable or remote explanation to health, they prefer to visit churches, mosques, shrines and spiritual healing centers.

WHO has advocated for collaborations between national health care and traditional medicine systems to be integrative, inclusive, or tolerant. According to Okello and Musisi, no African nation is categorised as having an integrative system, and only three countries, Ghana, Nigeria, and South Africa, have an inclusive one. The majority of other countries in Africa have tolerant systems. In this category, the national health care system is based entirely on western medicine, and the law tolerates only some traditional practices. These laws are often ignored, and in practice traditional medicine is accepted and tolerated throughout Africa.<sup>98</sup> In Ghana, there are some hospitals undergoing a pilot project of integration of orthodox and traditional medicine. The Kumasi South Hospital (Suntreso Hospital) is an example. Also, the Kwame Nkrumah University of Science and Technology (KNUST) is actively playing a role by training of persons in Herbal Medicine to ensure efficient and high standards in the practice. More so, it is engaged in regular training of healers to sharpen their skills and to further

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<sup>98</sup> Okello and Musisi, "The Role of Traditional Healers in Mental Healthcare in Africa," 259.

ensure that their practices are progressive and not injurious to the health and well-being of the people.<sup>99</sup>

Post-colonial African governments have now widely accepted traditional medicine through the establishment of national management or accreditation body for traditional medicine, association of traditional healers, training programs for healers and birth attendants and research introduced into traditional medicine. According to Janzen & Green, this is needed in order to achieve national self-reliance in health by promoting locally accepted herbal medicine, develop an indigenous pharmacology to reduce the national dependence on expensive imported drugs, promote natural health care, and reduce effects of modern medicine. In Uganda, herbal medicine is as effective in the treating of HIV as biomedicine. Similarly, in Nigeria, there is the promotion of traditional medicine for the treatment of HIV. Inaccessibility to biomedicine makes traditional medicine an easier option. An estimated number of about 80% depend on traditional healers for much if not all of their health needs. The way forward is for healers to strategically position themselves to curb diseases and also to ensure higher standards in terms of practice. The theorizing literature points to the argument that Africa's indigenous medicine and socio-cultural spaces have been influenced through colonization and Christian or Islamic philosophies and beliefs.

### *Conclusion*

Traditional medicine is the oldest form of healing system that has stood the test of time. From the earliest times of advanced Egyptian medical expertise through performance of the first surgery on humans,<sup>100</sup> through to colonial interference in traditional medicine as a result of colonial conquest to post independent governments' attempt to balance if not promote western medicine over traditional medicine, traditional medicine has undergone tremendous changes. These changes have informed its character today as it seeks to survive in a competitive globalised world. Traditional healers are essentially complex social beings who try to balance the physical and spiritual forces of nature in a quest to preserve lives. Indigenous traditional medicinal knowledge systems, like all other indigenous systems in Africa, play a major role in the protection of societies. Its importance does not just lie in the ability to heal disease but its intent to

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<sup>99</sup> Samuel Adu-Gyamfi, "From Vital Force To The Scientific or an Admixture: A Historical Discourse On Individuals Value for Indigenous Medical Practices in Ghana," *Journal of Basic and Applied Research International* (2018): 1-23.

<sup>100</sup> Adu-Gyamfi, "Ancient Egyptian Medicine," 11.

holistically preserve the society through its social interactions, religious sacredness and a conservation of the environment. Its absence in African societies could cause an imbalance in a well-ordered healing system among the people.

Religion, custom and tradition continue to serve as essential tools for the preservation of traditional medical knowledge. The ability of traditional healers to improve upon this knowledge system would determine its sustainability and the willingness of African governments to advance and protect it from over exploitation from Europeans and other western oriented practitioners. There is the need for Africans to go back to our roots of indigenous knowledge conservation while advancing the scientific aspects of it. A clan of women called Ngiepan in Uganda has preserved traditional medicinal plants through songs, story-telling and dances.<sup>101</sup> It can be argued that healthcare in Africa has improved due to the sweet interplay of diverse forces. The progress is seen with the decrease in maternal and infant death rates as well as improved general well-being of Africans.

Conclusively, what distinguishes African traditional medicine from orthodox medicine is that it has social and religious character and also emphasizes on prevention and holistic health of the entire society not just the individual. Therefore, African medicine is scientific, social and religious in character.

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<sup>101</sup> M. M. Greger, "Traditional Healers, a Foundational Pillar of Medicinal Plant conservation in Uganda," 2012m, [brage.bibsys.no/xmlui/bitstream/handle/11250/186774](http://brage.bibsys.no/xmlui/bitstream/handle/11250/186774).

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