

UNIVERSITY OF CAPE COAST

A HISTORY OF KONKOMBA MEDICAL CULTURE TILL 1956

BY

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JUNE 2018

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature..... Date

Name: Oliver Kofi Tasin

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature.....Date.....

Name: Prof. Edmund Abaka

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ABSTRACT

People of the savanna ecological zone had frequently found themselves under the control of neighbouring chiefdoms and states before and throughout the colonial period. The Konkomba of the Northern Territories of the Gold Coast (Ghana) were such a people. Throughout much of their history, in both the pre-colonial and colonial periods, they have come under the political control of the Dagomba, Nanumba, Mamprusi, Gonja, Asante, and later, Germans, French and British. However, throughout these political and economic experiences, the Konkomba have maintained their health by utilising plants and herbs that grow in their neighbourhood. This was complemented by adapting and utilising external health practices introduced by their neighbours in the maintenance of their health. Through analyses of the Konkomba conceptualisation of health (*ngbanpuan*), disease (*tebubund*) and treatment (*nitem*), this study employs the qualitative historical method to examine the medical culture of the Konkomba up to 1956. It uses a multi-disciplinary approach to demonstrate that the worldview of the Konkomba and other indigenes of the savanna ecological zone informed their medical practice. As a result, they resorted to both the spiritual world and the natural world of herbs, roots, leaves and various parts of trees to counter sicknesses in their community.

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DEDICATION

To the memory of my late brother, Mr. Mark Yaw Tasin, with whom I began it all, but who never lived to see its completion. May his soul rest in perfect peace.

TABLE OF CONTENTS

	Page
DECLARATION	ii
ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
DEDICATION	v
TABLE OF CONTENTS	vi
LIST OF MAPS AND PICTURE	ix
LIST OF ACRONYMS	x
CHAPTER ONE: INTRODUCTION	
Background to the Study	1
Statement of the Problem	6
Review of Related Literature	7
Objectives of the Study	29
Research Questions	30
Methodology and Sources	31
Significance of the Study	33
Organisation of the Study	34
CHAPTER TWO: A GEOGRAPHICAL HISTORY OF THE KONKOMBA ECOLOGICAL ZONE	
Introduction	36
Geographical Description	37

The Ecological Zone and Economic Developments	39
Political Developments in the Konkomba Ecological Zone	45
Conclusion	56
CHAPTER THREE: HEALTH-RELATED PRACTICES AND BELIEFS OF THE KONKOMBA	
Introduction	57
Contextualisation	59
Konkomba Cosmology and the Concept of a Healthy Person	61
Social Therapy among the Konkomba	64
The stages of conception and pregnancy	68
Names as a Definition of Health	69
Religious Therapy among the Konkomba	71
Conclusion	82
CHAPTER FOUR: MEDICINAL HEALERS AND FORMS OF TREATMENT AMONG THE KONKOMBA	
Introduction	83
Ancestral Medicine	84
Medicinal Healers and External Influence on the Konkomba Medical Culture till 1956	89
Forms of Diagnosis	101
Forms of Treatment	106
Conclusion	113

CHAPTER FIVE: DISEASES, TREATMENTS AND COLONIAL	
INFLUENCE TILL 1956	
Introduction	114
Diseases and the Method of Treatment	115
Colonial Impact on Konkomba Medical Treatment (1900-1956)	134
Conclusion	140
CHAPTER SIX: THE IMPORTANCE OF KONKOMBA	
MEDICAL CULTURE	
Introduction	143
Economic Importance	144
Social Importance	148
CHAPTER SEVEN: CONCLUSION	150
BIBLIOGRAPHY	157
GLOSSARY	200

LIST OF MAPS AND PICTURE

	Page
Map 1. An Administrative Division of the Northern Territories	2
Map 2. Ethnic Map of East Gonja District	3
Map 3. Ethnic Map of Togo	4
Picture. Forests of Northern Ghana	5

LIST OF ACRONYMS

GCC	Gold Coast Colony
MFU	Medical Field Units
NTTC	Northern Territories Territorial Council
NT	Northern Territories
PRAAD	Public Records and Archives Administration Department
UN	United Nations

CHAPTER ONE

INTRODUCTION

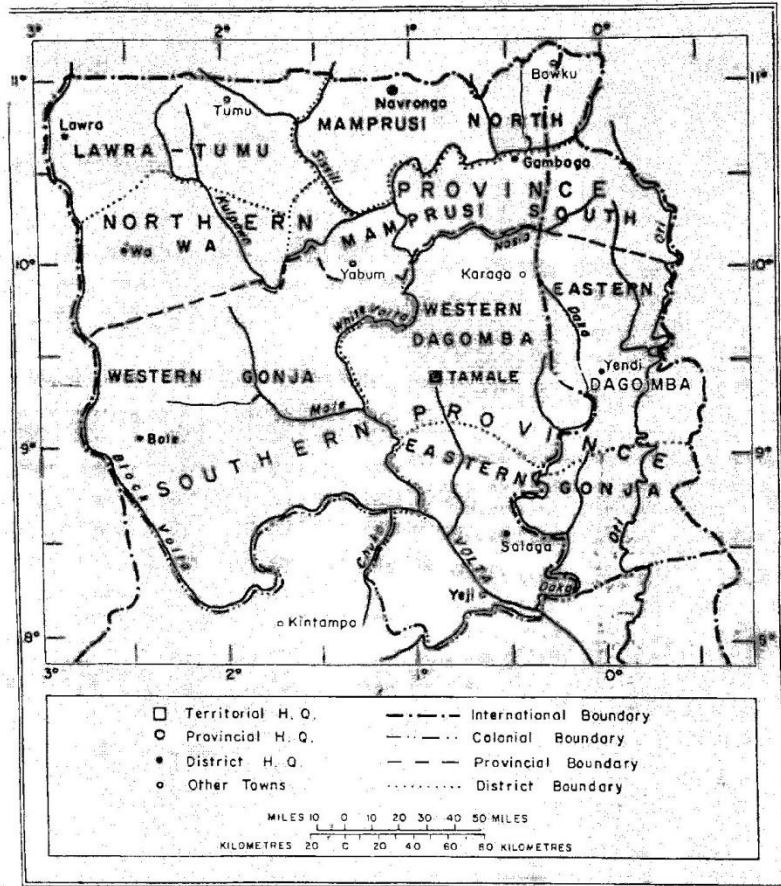
Background to the Study

The Konkomba live in the north-east and north-west of the Republics of Ghana and Togo respectively. Konkomba-dominated territories lie astride the north-eastern international boundary between the two countries. A majority of the Konkomba, therefore, live in Ghana but their customs and religious practices are identical to those of their neighbours in Togo. The Konkomba-dominated territory was a united entity prior to the German occupation of the region in the 1890s. It remained united under German rule, like the case of the Bassari, up to 1914.¹

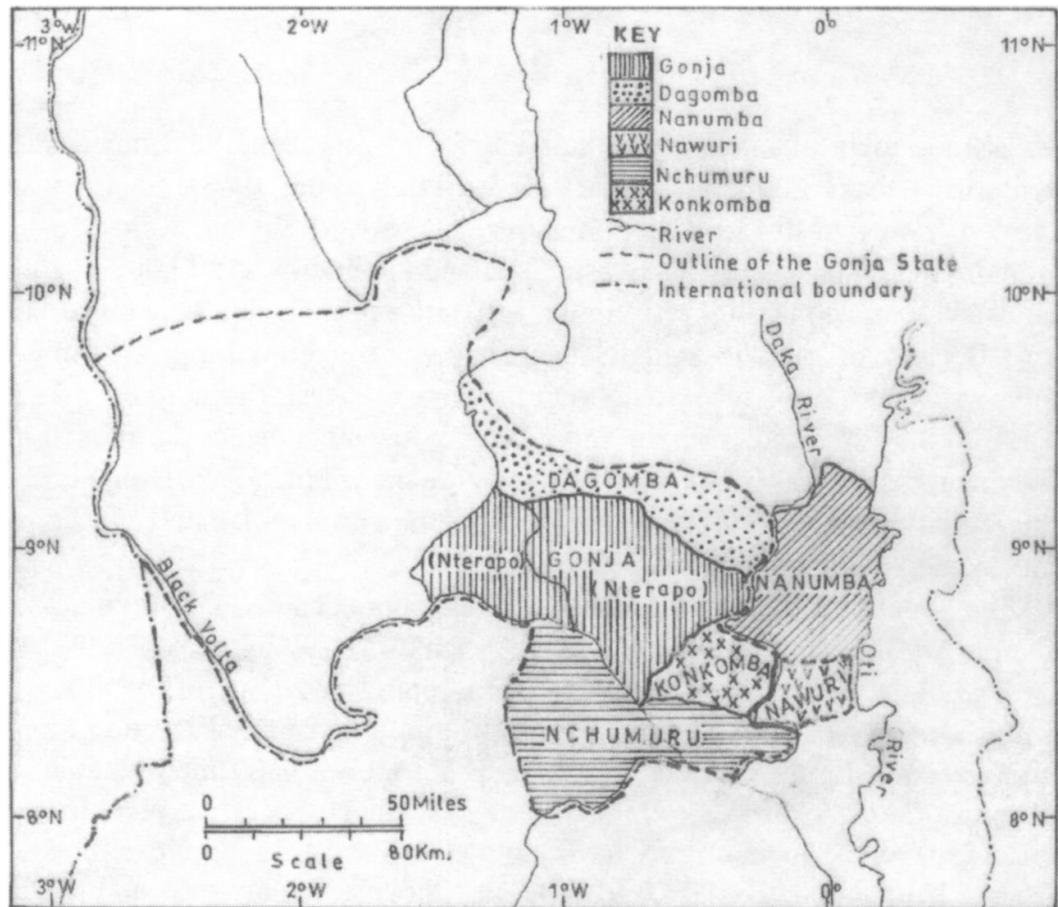
The First World War and its effects on Africans led to the split of the Konkomba territory into two units. This was achieved following the Anglo-French border delimitation of the former German colonies in 1914. During this partition, the wish of the Konkomba as to where they wanted to belong was never taken into account by the European powers. Those who came under British rule fell under the Northern Territories of the Gold Coast and those who came under French rule found themselves in the Savanes Region of Togo.

Despite the political changes that occurred in the Konkomba-dominated areas of the savanna, the ecology has helped them maintain their health over the centuries. Map 1 on page two shows the administrative division of the Northern Territories.

¹ See Limpu Isaac Digbun, "A History of the Bassari of Northern Ghana: From the Pre-European Period up to the 1930s" (M.Phil Thesis, Department of History, University of Cape Coast, 2015), 1.

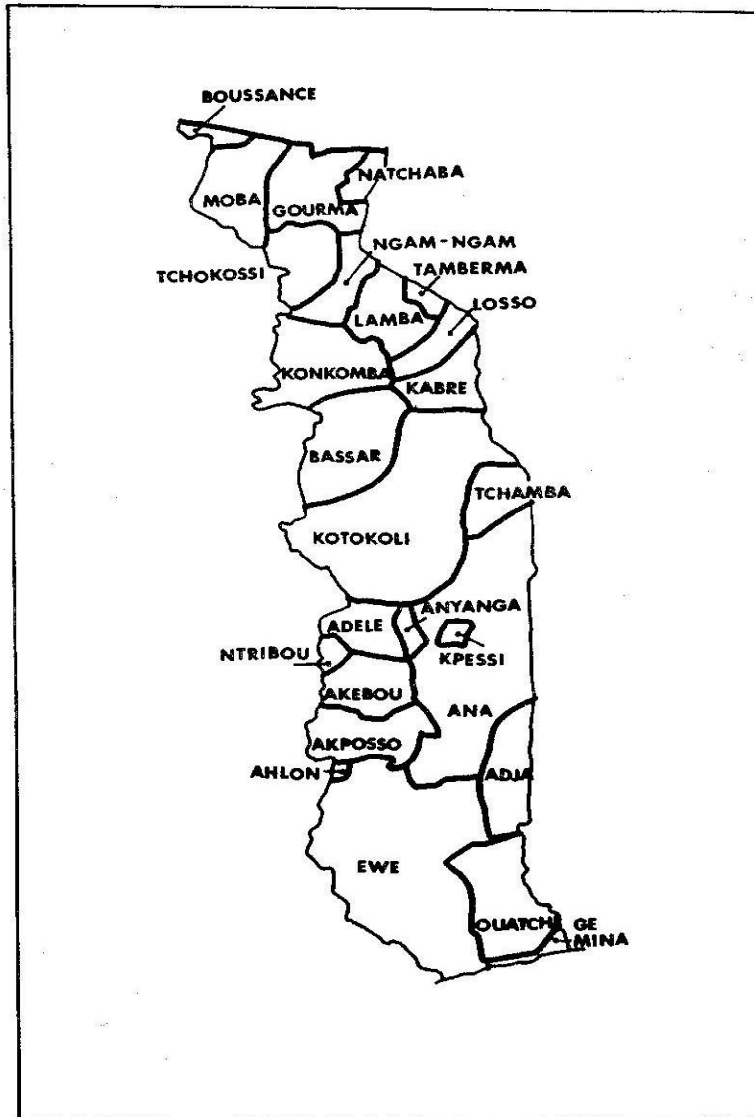


Map 1. A map showing the administrative division of the Northern Territories. Source: Sylvester Gundona, "Introduction," "A Study of Health Conditions and Disease Control in the Northern Territories of the Gold Coast, 1897-1956" (M.Phil Thesis, Department of History, University of Ghana, 1999), iv-v.



Map 2. An ethnic map showing the Konkomba in the centre of the Nchumuru, Nawuri, Nanumba and Gonja in East Gonja District.

Source: J. Ako Okoro, "Reflections on the Oral Traditions of the Nterapo of the Salaga Area," *History in Africa*, Vol. 35 (2008): 379, <http://www.jstor.org/stable/25483728>, accessed March 23, 2017.



Map 3. An ethnic map showing the Konkomba in the north-western part of Togo. Source: Samuel Decalo, *Historical Dictionary of Togo* (London: Scarecrow Press, 1996), xv.



Picture of the forests of the Northern Ghana.

Source: C. Vigne, "Forests of the Northern Territories of the Gold Coast," *Empire Forestry Journal*, Vol. 15, No. 2 (1936): 210-211,
<http://www.jstor.org/stable/42595348>, accessed April 24, 2017.

Statement of the Problem

African indigenous medicine has been a main recourse for the needs of many populations in Africa for many centuries. In spite of this, indigenous medicine often carries with it a perception and the stigma of being irrational and grounded in “unscientific methods.”² One reason for this view of indigenous medical healing is the failure to research, catalogue and interpret African conceptualisation of medicine.

The Konkomba of Northern Ghana are among the groups of people who have relied extensively on indigenous medical practices for survival. Their distinct understanding of health and medicine resulted in their reliance on indigenous medicine. Undoubtedly, very little is known about their medical culture in the field of medical history. Where this is presented or mentioned, only a few lines are devoted to it. The ethnographic studies on the Konkomba have received considerable scrutiny from ethnologists and anthropologists. Not the same could be said of the medical culture of the Konkomba. As a result, people do not know much about the medical culture of the Konkomba of Northern Ghana. This research aims to produce a history of the medical culture of the Konkomba and attempts to correct misconceptions and misperceptions surrounding the medical culture of the Konkomba.

² David Keeports and Dean Morier define the scientific method as a procedure involving observation, inductive and deductive logic, experiments to test hypotheses and hypothesis evaluation through both objective and subjective means. For further information, see David Keeports and Dean Morier, “Teaching the Scientific Method,” *Journal of College Science Teaching*, Vol. 24, No. 1 (1994): 45-50, <http://www.jstor.org/stable/42989554>, accessed November 11, 2016.

Review of Related Literature

There is a considerable number of works on indigenous medicine in Ghana as a method of treatment. However, there is virtually no comprehensive material on the concept of indigenous medicine among the Konkomba. That notwithstanding, available studies on Konkomba history have provided illuminating insights about the Konkomba people at different points in time. These snapshots often describe the Konkomba as “stateless.” Various books, articles and theses were consulted in producing a history of the Konkomba medical culture. These include works principally on indigenous medicine in the Northern Territories of the Gold Coast.

Works on the Northern Territories, particularly, on political and economic activities, include those of P. Northcott,³ A. E. G. Watherston,⁴ and A. W. Cardinall.⁵ These works principally examine the history of the Northern Territories in the late nineteenth century and the first half of the twentieth century. They focus on the geographical description, the water bodies, the seasons, the surface area and the ethnic composition of the Northern Territories. The works also discuss the activities of Samory Toure in the region in the late nineteenth century. The works further underscore the many British expeditions in 1900, 1901

³ P. Northcott, *The Northern Territories of the Gold Coast* (London: HMSO, 1899).

⁴ A. E. G. Watherston, “The Northern Territories of the Gold Coast,” *Journal of the Royal African Society*, Vol. 7, No. 28 (1908): 344-373.

⁵ A.W. Cardinall, *The Natives of the Northern Territories of the Gold Coast: Their Customs, Religions and Folklore* (London: George Routledge, 1920); A.W. Cardinall, “Our Mandate in North Togoland: Part I,” *Journal of the Royal African Society*, Vol. 21, No. 84 (1922): 302-308; A. W. Cardinall, “Our Mandate in North Togoland: Part II,” *Journal of the Royal African Society*, Vol. 22, No. 85 (1922): 43-49; A. W. Cardinall, “Notes on Fire and Fire-Making,” *Man*, Vol. 23 (1923): 139-140.

and 1902 against some of the ethnic groups of the region. The re-arrangement of the Northern Territories into Districts and their smaller administrative units by British colonial officials in the first half of the twentieth century is also highlighted by the aforementioned scholars.

These works, despite their broader focus on Northern Territories, highlight the political development in the savanna zone of the Gold Coast and its impact on the Konkomba. This is more clearly outlined in later works, particularly, those of Kwame Arhin and Magnus J. Sampson from the third decade of the twentieth century. They examine the pivotal activities of George Ekem Ferguson at the peak of the scramble for territories in the savanna zone of the Gold Coast in the 1890s.⁶ They also examine the journeys of George Ekem Ferguson and his study of the ethnic groups of the savanna zone of the Gold Coast. Even though Arhin and Sampson did not directly touch on the Konkomba, their works have shed more light on ethnic dynamics and the precursor to the colonisation of the Northern Territories.

Works of other scholars such as Dennis Austin,⁷ Polly Hill,⁸ R. B. Bening,⁹ Brenda Chalfin,¹⁰ J. K. N. Brukum,¹¹ J. Ako Okoro,¹² further throw light

⁶ Magnus J. Sampson, "George Ekem Ferguson of Anomabu," *Transactions of the Gold Coast & Togoland Historical Society*, Vol. 2, No. 1 (1956): 30-45, <http://www.jstor.org/stable/41406599>, accessed April 4, 2017; K. Arhin, *The Papers of George Ekem Ferguson, A Fanti Official of the Government of the Gold Coast, Vol. 7, 1890-1892* (Leiden: African Studiescentrum, 1974).

⁷ Dennis Austin, "The Uncertain Frontier: Ghana-Togo," *The Journal of modern African studies*, Vol. 1, No. 2 (1963):139-145.

⁸ Polly Hill, "Markets in Africa," *The Journal of Modern African Studies*, Vol. 1, No. 4 (1963): 441-453,

⁹ R. B. Bening, "The Definition of International Boundaries of Northern Ghana, 1888-1904," *Transactions of the Historical Society of Ghana*, Vo. 14, No. 2 (1973): 229-261; R. B. Bening, "The Ghana-Togo Boundary, 1914-1982." *Africa Spectrum*, Vol. 18, No. 2 (1983): 191-209; R. B. Bening, *Ghana Regional Boundaries and National Integration* (Accra: Ghana Universities Press,

on the boundary challenges and the colonial policies adopted in solving some of these challenges. They further explore the administrative policy of the Northern Territories. Mention is made of the demand for union of the Ewe and other peoples who straddle across the frontier of former German Togoland. The authors show how colonial rule has given place to nationalist governments on both sides of the former Anglo-French boundary. The argument put forward from Accra that the Ghana frontier should be shifted east has been met by similar demands from Lome that the Togo boundary should be extended westwards into Ghana. However, the specific case of how colonial division led to the split of the Konkomba between Ghana and Togo was not the focus of the authors.

On the economic history of the Konkomba of the Northern Territories, the articles of Kwame Arhin,¹³ Wayne Mckim,¹⁴ Marion Johnson,¹⁵ I. B. Sutton,¹⁶ Paul E. Lovejoy,¹⁷ Marion Johnson,¹⁸ and Brenda Chalfin were examined.¹⁹ These

1999); R. B. Bening, "Land Policy and Administration in Northern Ghana 1898-1976." *Transactions of the Historical Society of Ghana*, New Series, No. 1 (Vol. 16, no. 2) (1995): 227-266.

¹⁰ Brenda Chalfin, "Border Zone and the Economic Boundaries of the State in North-East Ghana," *Journal of the International African Institute*, Vol. 71, No. 2 (2001): 202-224.

¹¹ N. J. K. Brukum, "Sir Gordon Guggisberg and Socio-Economic Development of Northern Ghana, 1919-1927," *Transactions of the Historical Society of Ghana*, New Series, No. 9 (2005): 1-15.

¹² J. Ako Okoro, "Reflections on the Oral Traditions of the Nterapo of the Salaga Area," *History in Africa*, Vol. 35 (2008): 375-400.

¹³ Kwame Arhin, "Aspects of the Ashanti Northern Trade in the Nineteenth Century," *Africa: Journal of the International African Institute*, Vol. 40, No. 4 (1970): 363-373.

¹⁴ Wayne Mckim, "The Periodic Market System in North-eastern Ghana," *Economic Geography*, Vol. 48, No. 3 (1972): 333-344.

¹⁵ Marion Johnson, "Cotton Imperialism in West Africa," *African Affairs*, Vol. 73, No. 291 (1974): 178-187.

¹⁶ I. B. Sutton, "The Volta River Salt Trade: The Survival of an Indigenous Industry," *The Journal of African History*, Vol. 22, No. 1 (1981): 43-61, <http://www.jstor.org/stable/182151>, accessed March 3, 2017.

¹⁷ Paul E. Lovejoy, "Polanyi's "Ports of Trade": Salaga and Kano in the Nineteenth Century," *Canadian Journal of African Studies*, Vol. 16, No. 2 (1982):245- 277.

¹⁸ Marion Johnson, "The Slaves of Salaga," *The Journal of African History*, Vol. 27, No. 2 (1986): 341-362, <http://www.jstor.org/stable/181139>, accessed March 16, 2017.

works examine trading activities in the savanna zone, the forest and the coastal states of the Gold Coast in the pre-colonial period. The works have established the trading activities of the Asante, Hausa, Mande and Mossi caravans at trade markets in the savanna zone of the Gold Coast in the nineteenth century. They further highlight the fact that the trade across the savanna ecological zone was based on the exchange of kola and other forest products as well as European goods. In line with the relevance in the trade that linked the savanna, forest and coastal zones, the work of Edmund Abaka specifically examined the case of the kola nut trade.²⁰ He examines the production of kola among the Asante, the diffusion of kola as a key article of trade and its economic and medicinal value to the people of the forest region of the Gold Coast and their counterparts in the savanna zone and beyond.²¹

These works serve as reference materials in reconstructing the Konkomba medical culture in the sense that they throw light on the exchanges of commodities, particularly those commodities that became vital in Konkomba medical culture. The works of the above-mentioned scholars also highlight the recruitment of labour from the north for other lucrative economic activities in the forest areas in the Gold Coast and the health impact of such exchanges.

¹⁹ Brenda Chalfin, "Market Reforms and the state: The Case of Shea in Ghana," *The Journal of Modern African Studies*, Vol. 34, No. 3 (1996): 421-440.

²⁰ Edmund Abaka, *Kola is God's Gift: Agricultural Production, Export Initiatives and the Kola Industry of Asante and the Gold Coast c. 1820-1950* (Accra: Woeli Publishing Services, 2005).

²¹ Abaka, *Kola is God's Gift*, 98.

On cowrie shells and their health usage by the Konkomba, the work of scholars such as P. G. Harris,²² M. Hiskett,²³ Marion Johnson,²⁴ James L. A. Webb,²⁵ Philip Evans,²⁶ and James B. Odunbaku²⁷ were used. These articles examine the origin of cowrie shells and establish the fact that cowries entered West Africa by two main routes, both tied to the Mediterranean. The first type of cowries originated from the Maldivian Islands in the Indian Ocean and entered the savanna region of West Africa through the Trans-Saharan Trade routes from the Moroccan coast.²⁸ The second type of cowries was introduced to the West African coast to the east of the Volta estuary through the trading activities of Europeans. Cowries became the dominant form of currency in West Africa for several hundred years until its displacement by coins in the nineteenth century. Cowrie shells remained a dominant currency in the northern savanna of northern Ghana until the twentieth century. The scholars also establish the fact that cowrie shells had aesthetic, ritual and social value far beyond their commercial function. Cowries were particularly used in divination, both as token of payments for

²² P. G. Harris, "Cowries." *Man*, Vol. 43 (1943): 143-144.

²³ M. Hiskett, "Materials Relating to the Cowry Currency of the Western Sudan--II: Reflections on the Provenance and Diffusion of the Cowry in the Sahara and the Sudan," *Bulletin of the School of Oriental and African Studies*, Vol.29, No. 2 (1966): 339-366.

²⁴ Marion Johnson, "The Cowrie Currencies of West Africa. Part I," *The Journal of African History*, Vol. 11, No. 1 (1970): 17-49; Marion Johnson, "The Cowrie Currencies of West Africa. Part II," *The Journal of African History*, Vol. 11, No. 3 (1970): 331-353; Marion Johnson, "Cotton Imperialism in West Africa," *African Affairs*, Vol. 73, No. 291 (1974): 178-187;

²⁵ Webb, James L.A. Webb, "Toward the Comparative Study of Money: A Reconsideration of West African Currencies and Neoclassical Monetary Concepts," *The International Journal of African Historical Studies*, Vol. 15, No. 3 (1982): 455-466.

²⁶ Philip Evans, "The Cowrie Economy and the Maintenance of Social Boundaries in Northern Ghana," *The Cambridge Journal of Anthropology*, Vol. 10, No. 2 (1985):29-40.

²⁷ James B. Odunbaku, "Importance of Cowrie Shells in Pre-Colonial Yoruba land South Western Nigeria: Orile-Keesi as a Case Study," *International Journal of Humanities and Social Science*, Vol. 2, No. 18 (2012): 234-241.

²⁸ Evans, "The Cowrie Economy," 29-30.

services and as part of the divining apparatus itself.²⁹ Among these scholars, only James B. Odunbaka wrote briefly about the medicinal value of cowrie shells. While these articles do not discuss the medicinal value of cowrie shells among the Konkomba, they provide ample information on how the Konkomba borrowed and adapted cowries into their medical culture.

On adaptation and introduction of deities into Konkomba medical culture the works of the following scholars were examined. These include M. J. Field,³⁰ T. C. McCaskie,³¹ Jane Parish,³² Natasha Gray,³³ John Parker,³⁴ and Samuel Adu-Gyamfi et al.³⁵ Their works examine the emergence of deities such as Tigari, Tongo, Aberewa, Kupo, Dente, together with protective medicine such as amulets and talisman in the 1900s up to the 1950s. The works also indicate that many Gold Coast chiefs protected themselves by regular pilgrimages to distant shrines for protective medicine. The belief in the healing power of the deities led to the

²⁹ Evans, "The Cowrie Economy," 32.

³⁰ M. J. Field, "Some New Shrines of the Gold Coast and Their Significance," *Africa: Journal of the International African Institute*, Vol. 13, No. 2 (1940): 138-149.

³¹ T. C. McCaskie, "Anti-Witchcraft Cults in Asante: An Essay in the Social History of an African People," *History in Africa*, Vol. 8 (1981): 125-154.

³² Jane Parish, "The Dynamics of Witchcraft and Indigenous Shrines among the Akan," *Africa: Journal of the International African Institute*, Vol. 69, No. 3 (1999): 426-447; Jane Parish, "Antiwitchcraft Shrines among the Akan: Possession and the Gathering of Knowledge," *African Studies Review*, Vol. 46, No. 3 (2003): 17-34.

³³ Natasha Gray, "Witches, Oracles, and Colonial Law: Evolving Anti-Witchcraft Practices in Ghana, 1927-1932," *The International Journal of African Historical Studies*, Vol. 34, No. 2 (2001): 339-363; Natasha Gray, "Independent Spirits: The Politics of Policing Anti-Witchcraft Movements in Colonial Ghana, 1908-1927," *Journal of Religion in Africa*, Vol. 35, Fasc. 2 (2005): 139-158.

³⁴ John Parker, "Witchcraft, Anti-Witchcraft and Trans-Regional Ritual Innovation in Early Colonial Ghana: Sakrabundi and Aberewa, 1889-1910," *The Journal of African History*, Vol. 45, No. 3 (2004): 393-420; John Parker, "Northern Gothic: Witches, Ghosts and Werewolves in the Savanna Hinterland of the Gold Coast, 1900s-1950s," *Africa: Journal of the International African Institute*, Vol. 76, No. 3 (2006): 352-380.

³⁵ Samuel Adu-Gyamfi et al., "A Historical Narrative of the British Colonial Administration's Clampdown on Witch finding Shrines amongst the Asante People of the Gold Coast," *International Journal of Arts and Humanities*, Vol. 2 No. 9 (2013): 228-234.

flow of ritual commodities and knowledge across porous cultural, ecological and political frontiers. The works further indicate the continuity and transformation that some of the deities underwent due to the culture contact. The attitude of the colonial government towards these deities is also examined, particularly, the quest of British officials to clamp down on the worship of these deities. In some cases, the worship of these deities was left intact, although it was closely watched by the colonial administration.³⁶ The priests who were in charge of the deities were licensed by District Commissioners of the British Colonial Administration. In furtherance of the use of these deities, Jean Allman and John Parker specifically focus on the case of Tongo, or otherwise, Tongnaab of the Tallensi.³⁷ The authors examine the medicinal and protective value of Tongo in the Middle Volta Savanna and its eventual movement into the forest zone.

Even though most of these works focus on the transmigration of these deities from the north to the south, particularly, to the Asante kingdom, they also undertook an in-depth analysis of the circulation of such deities in the Northern Territories. However, these works did not illuminate how the Konkomba borrowed and utilised the deities in their medical culture since those issues were not their focus. This study discusses the adoption and adaptation of such deities as Tigari, Kunde and Kupo into Konkomba medical culture in the twentieth century.

In the twentieth century, the subject of British administration in the Northern Territories led to a series of anthropological studies on the ethnic

³⁶ Parker, "Witchcraft, Anti-Witchcraft and Trans-Regional Ritual Innovation," 418.

³⁷ Jean Allman and John Parker, *Tongnaab: The History of a West African God* (Bloomington: Indiana University Press, 2006).

composition of Northern Ghana. Our knowledge of the origins, histories, socio-political organization and ethnic composition of the people of the Northern Territories are borne out of such anthropological studies. Such studies include the work of R. S. Rattray, M. Manoukian, John Middleton and David Tait.³⁸ These works examine the lives of people of different ethnic groups in the Northern Territories such as the Konkomba, Dagomba, Mamprusi, Nanumba, Kusasi, Nabdam, Tallensi, Builsa, Dagarti, Wala and Lobi. They trace the history of some of these ethnic groups and provide understanding of their migration history. These works principally form part of an ethnological study of Northern Ghana. They facilitate understanding of cultural diversity in Northern Ghana. However, the centrality of these works is devoid of ethnomedical practice of any of the above ethnic groups. This study examines such ethnomedical practice among the Konkomba of Northern Ghana.

Apart from the anthropological works that focus on the ethnic groups in the north, some of the scholars also examine the socio-political structure of specific ethnic groups. These include the famous works of Meyer Fortes³⁹ on the Tallensi which constitute, according to Jack Goody, “one of the most important bodies of ethnographic work ever carried by a single scholar on a particular

³⁸ R. S. Rattray, *The Tribes of Ashanti Hinterland, Vol. 1* (Oxford: Clarendon Press, 1932); M. Manoukian, *Tribes of the Northern Territories of Gold Coast* (London: International African Institute, 1951); John Middleton and David Tait, *Tribe without Rulers: Studies in African Segmentary Systems* (London: Routledge and Kegan Paul, 1958).

³⁹ Meyer Fortes, *The Dynamics of Clanship among the Tallensi* (London: Oxford University Press, 1969); Meyer Fortes, *The Web of Kinship among the Tallensi, 4th ed* (London: Oxford University Press, 1969).

people.”⁴⁰ Meyer Fortes examines the social structures of the Tallensi and how such structures maintained cohesion. Fortes’ works are vital in examining a medical history of the Konkomba due to their lasting impact on scholarly interpretation of the Tallensi social life as well as that of other ethnic groups such as the Konkomba in the savanna zone of Northern Ghana. However, Fortes did not focus on how the social practices of the Konkomba ethnic groups enhance their social health which is the focus of this study.

Limpu Isaac Digbun examines the social, political, and economic history of the Bassari up to the 1930s.⁴¹ He establishes the fact that the Bassari belong to the Gurma language cluster which includes the Konkomba, B’Moba, Chamba and Gurma. He demonstrates that the Bassari and the Konkomba groups had settled in the Voltaic region long before the arrival of the Mossi-Dagomba and Gonja groups. By so doing, he underscores the fact that the Bassari are indigenous inhabitants of both Ghana and Togo. More importantly, he also analyses the relationship of the Bassari with their neighbours which was commercial in nature. The work of Limpu Isaac Digbun is vital to the understanding of the bond between the Bassari and the Konkomba. The work has shown how the Konkomba related with the Bassari in the colonial period. Taking a cue from Limpu Isaac Digbun, this thesis investigates to what extent Konkomba and Bassari relations led to material exchanges among them.

⁴⁰ Jack Goody, “Introduction,” *Religion Morality, and the Person: Essays on Tallensi Religion*, by Meyer Fortes (Cambridge, Cambridge University Press, 1987), vii.

⁴¹ Limpu Isaac Digbun, “A History of the Bassari of Northern Ghana: From the Pre-European Period up to the 1930s” (M.Phil Thesis, Department of History, University of Cape Coast, 2015).

David Tait's works⁴² have served as the foundation for an insightful analysis of the political, social and economic activities of the Konkomba. The three articles dealing with the colonial period were captured in his book, *The Konkomba of Northern Ghana*.⁴³ David Tait argues, albeit from a Eurocentric perspective, that Konkomba society had nothing one may properly speak of as "law." He, however, highlights the clan as the highest political institution of arbitration. Again, he argues that the Konkomba have no regimental system, and even roles were vaguely defined.

While his works facilitate understanding of some aspects of the political and economic life of the Konkomba, they do not focus on how the political life of the Konkomba enhanced their social health. Again, in terms of the economic life of the Konkomba, David Tait did not also examine how the Konkomba responded to the health challenges that emanated from their economic activities, particularly, farming. This is due to the fact that Tait's focus was not on the ethnomedical history of Northern Ghana but rather on ethnographic studies. It is within the ethnomedical history of Northern Ghana that the Konkomba treatment of diseases will be examined.

⁴² David Tait, "The Role of the Diviner in Konkomba Society," *Man*, Vol. 52 (1952): 167-168; David Tait, "The Political System of Konkomba," *Africa: Journal of the International African Institute*, Vol. 23, No. 3 (1953): 213-223; David Tait, "Konkomba Sorcery," *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, Vol. 84, No. 1/2 (1954): 66-74; David Tait, "Konkomba Nominal Classes," *Africa: Journal of the International African Institute*, Vol. 24, No. 2 (1954): 130-148; David Tait, "The Place of Libation in Konkomba Ritual," *Bulletin de l'Institut Francais d'Afrique Noire, Series B*, Vol. 17 (1955): 168-172; David Tait, "Konkomba 'Osuo'," *Man*, Vol. 55 (1955): 152-153; David Tait, *The Konkomba of Northern Ghana* (London: Oxford University Press, 1961).

⁴³ Tait, *The Konkomba*.

Cliff Sabiano Richard Maasole, in his work, focuses on the inter-ethnic relations of the Konkomba up to the beginning of the First World War.⁴⁴ He traces the history of the Konkomba and identifies them as indigenes of Yendi before the fifteenth century. Subsequently, he discusses their relations with the Bassari, Dagomba, Nanumba and Nchumuru and the factors that engineered ethnic tensions up to 1930. Maasole provides a better understanding of ethnic relations in Northern Ghana but does not discuss medicinal exchanges between the Konkomba and their neighbours. Such exchanges of deities and herbs become the focus of this thesis.

On the social institutions of the Konkomba, the works of such scholars such as A. W. Cardinall,⁴⁵ J. C. Froelich,⁴⁶ Allan Charles Dawson⁴⁷ and Henryk Zimon are very instructive.⁴⁸ These works examine some practices of the Konkomba such as beliefs, marriage and festivals. J. C. Froelich focuses on the Konkomba in Togo while the M.A. thesis of Allan Charles Dawson examines the Konkomba both in Ghana and Togo. Dawson highlights Konkomba solidarity through a shared devotion to their land and resistance to those forces that might intervene or interfere

⁴⁴ Cliff Sabiano Richard Maasole, "The Konkomba and the Ethnic Conflicts in the Northern Region of Ghana: A Study in Inter-ethnic Relations from the Earliest Times to 1930" (M.Phil Thesis., Department of History, University of Cape Coast, 1997); Cliff Sabiano Richard Maasole, *The Konkomba and their Neighbours from the Pre-Colonial Period to 1914: A Study in Inter-ethnic Relations in Northern Ghana* (Accra: Ghana Universities Press, 2006).

⁴⁵ A. W. Cardinall, "Some Random Notes on the Customs of the Konkomba," *Journal of the Royal African Society*, Vol. 18, No. 69 (1918): 45-62.

⁴⁶ J. C. Froelich, *La Tribu Konkomba du Nord Togo* (Dakar: IFAN, 1954).

⁴⁷ Allan Charles Dawson, "Becoming Konkomba: Recent Transformation in a Gur Society of Northern Ghana" (MA Thesis, Department of Anthropology, University of Calgary, 2000).

⁴⁸ Henryk Zimon, "The Sacredness of the Earth among the Konkomba of Northern Ghana," *Anthropos*, Bd. 98, H. 2. (2003): 421-443; Henryk Zimon, "Burial Rituals among the Konkomba People of Northern Ghana," *Cesky lid*, Vol. 94, No. 1 (2007): 44-46.

with that connection to the land. Notwithstanding the fact that the above works focus on the Konkomba, none of them specifically examined the social health of the people. They, however, provide ample information about the social practices of the Konkomba.

On analysing the Konkomba use of herbs in healing, works on different herbal medicine were examined. These include Daniel Abbiw,⁴⁹ O. B. Dokosi,⁵⁰ Abena Dove Osseo-Asare,⁵¹ and Kofi Busia.⁵² These works discuss the use of plants and their extracts in healing before the advent of Western allopathic medicine. This skill of healing was acquired informally and improved upon with practice. The works also examine some herbal plants such as the baobab tree (*Adansonia digitata*), pawpaw (*Carica papaya*), African bark (*Crossopteryx febrifuga*), African Cucumber (*Momordica charantia*) and tea bush (*Ocimum gratissimum*). They also highlight further some of the diseases of the region and the process of using plants to heal. These include amenorrhoea, anaemia, expulsion of worms, asthenia, asthma, backache, kidney disease and boils. The works, therefore, show that humankind's social and natural environment constitute their operational arena of medication, and that the use of herbal plants is not only logical but also natural. It is within this perspective that this study focuses on the Konkomba treatment of diseases such as snake bite, boils and stomach pains.

⁴⁹ Daniel Abbiw, *Useful Plants of Ghana* (London: Intermediate Technology Publication, 1990).

⁵⁰ O. B. Dokosi, *Herbs of Ghana* (Accra: Ghana Universities Press, 1998).

⁵¹ Abena Dove Osseo-Asare, *Bitter Roots: The Search for Healing Plants in Africa* (Chicago: University of Chicago Press, 2014).

⁵² Kofi Busia, *Fundamentals of Herbal Medicine: History, Phytopharmacology, Phytotherapeutics*, Vol. 1 (Xlibris: Xlibris Publishing Ltd, 2016).

In line with the role of plants in a geographical contribution to Konkomba pharmacopoeia, works on plants in the savanna zone of Northern Ghana are, therefore, very important. These include the works of N. C. Mcleod,⁵³ C. Vigne,⁵⁴ F. R. Irvine,⁵⁵ R. Rose Innes,⁵⁶ G. W. Lawson,⁵⁷ Steven Maranz et al,⁵⁸ and Marie-Christine Cormier-Salem and Thomas J. Basset.⁵⁹ All these works are key in a discussion of Konkomba medical culture in the sense that they provided for multiple uses of plants in general and those in the savanna zone in particular. Such uses include medicinal, economic, and aesthetic. This enabled the researcher to distill not only the medicinal plants of the Konkomba in the savanna zone but also how they conserved and, sometimes, cultivated such plants over the centuries.

The works of A. Sofowora, I. Sindiga and Nancy Romero-Daza discuss the concept of traditional medicine in Africa, India and China.⁶⁰ Focusing on Africa, they differentiate western medicine from traditional medicine on the basis

⁵³ N. C. Mcleod, *Report by the Conservator of Forests on Plantations in the Northern Territories of the Gold Coast* (Accra: Government Press, 1922); N. C. Mcleod, *Report by the Conservator of Forests on the Shea-Butter Areas in the Northern Territories of the Gold Coast* (Accra: Government Press, 1922).

⁵⁴ C. Vigne, "Forests of the Northern Territories of the Gold Coast," *Empire Forestry Journal*, Vol. 15, No. 2 (1936): 210-213.

⁵⁵ F. R. Irvine, *Woody Plants of Ghana* (London: Oxford University Press, 1961).

⁵⁶ Rose R. Innes, *A Manual of Ghana Grasses* (Surbiton: Ministry of Overseas Development, 1977).

⁵⁷ G. W. Lawson, *Plant life in West Africa* (Accra: Ghana Universities Press, 1985).

⁵⁸ Steven Maranz et al., "Nutritional Values and Indigenous Preferences for Shea Fruits (*Vitellaria paradoxa* C.F.Gaertn. F.) in African Agroforestry Parklands," *Economic Botany*, Vol. 58, No. 4 (2004): 588-600.

⁵⁹ Marie-Christine Cormier-Salem and Thomas J. Basset, "Introduction: Nature as Local Heritage in Africa: Longstanding Concerns, New Challenges," *Africa: Journal of the International African Institute*, Vol. 77, No. 1, (2007): 1-17.

⁶⁰ I. Sindiga, *Traditional Medicine in Africa* (Nairobi: East Africa Educational Publishers Ltd, 1995); A. Sofowora, *Medicinal Plants and Traditional Medicine in Africa* (Ibadan: Spectrum Books, 1982); Nancy Romero-Daza, "Traditional Medicine in Africa," *The Annals of the American Academy of Political and Social Science*, Vol. 583, (2002): 173-176.

of causation. The cause of disease in the African context is often ascribed to witchcraft, the activities of spirits and deities whereas in western medicine, the focus is on germs, viruses and other organisms. In line with traditional medicine, James Anquandah focuses on ethnomedicine, more specifically, the case of Ghana.⁶¹ He examines the cultural foundation of medicine in Ghana. From an archaeological perspective, Anquandah asserts that the foundations of World Medical systems were laid in the Pharaonic period, around 2500 BC. He surveys the practice of medicine by ancient Egyptians who pioneered work in anatomy, surgery, pathology, physiology, pharmacy, mummification and the systematic dissection of the human body. The pivotal argument of Anquandah is that culture influences the definition of health of a people. As such, the earliest known written data on Ghanaian ethnomedical practice is a reference in the *Regimento da Mina*, a handbook drawn up by the King of Portugal, which indicates that in addition to imported European medicines, the Portuguese probably found it expedient also to learn from, and utilise, indigenous Elmina pharmacopoeia.⁶²

Despite the fact that Anquandah, Sofowora, Sindiga and Romero-Daza's works are not directly related to the Konkomba, they establish the basis of traditional medicine in the world, particularly in Africa. This has provided a wider spectrum for the analysis of the Konkomba medical culture within the corpus of African medical practice.

⁶¹ James Anquandah, "African Ethnomedicine: An Anthropological and Ethno-Archaeological Case Study in Ghana," *Africa: Rivista trimestrale di studi e documentazione dell'Istituto italiano per l'Africa e l'Oriente*, Anno 52, No. 2 (1997): 289-298.

⁶² Anquandah, "African Ethnomedicine," 291.

E. Q. Archeampong examines the use of herbs and plants in treating and curing ailments.⁶³ He focuses on epidemiological studies on the outbreak of plague, yellow fever, and small-pox in Ghana, Nigeria and Ivory Coast in the 1900s. He further illuminates the fact that biochemical and physiological standards are indispensable to the normal practice of medicine as well as research in West Africa. Archeampong's focus was on how these epidemics were treated through western allopathic medicine. This thesis, however, centres on indigenous treatments of such epidemics by the Konkomba of Northern Ghana.

On aetiology and treatment, articles of different scholars, particularly, those on African medical and health conceptualisation are very pertinent to this project. These include Robert B. Edgerton,⁶⁴ W. Z. Conco,⁶⁵ Austine S. O. Okwu,⁶⁶ J. K. Anang,⁶⁷ Kassahun Checole,⁶⁸ Nina L. Etkin,⁶⁹ J. Graham Forbes,⁷⁰ Julie Sunderland,⁷¹ and Sylvia Osemwenkha.⁷² These works examine the

⁶³ E. Q. Archeampong, *Conventional Medical Practice and Research into Indigenous Herbal Medicine* (A paper presented at the Inaugural Lecture Delivered at the University of Ghana, Accra, 1989).

⁶⁴ Robert B. Edgerton, "A Traditional African Psychiatrist," *Southwestern Journal of Anthropology*, Vol. 27, No. 3 (1971): 259-278.

⁶⁵ W. Z. Conco, "Diseases in the Tropics: A Confrontation in an African Rural Practice," *The British Medical Journal*, Vol. 3, No. 5875 (1973): 331-333.

⁶⁶ Austine S. O. Okwu, "Life, Death, Reincarnation, and Traditional Healing in Africa," *A Journal of Opinion*, Vol. 9, No. 3 (1979): 19-24.

⁶⁷ J. K. Anang, "Treatment of Protein Energy Malnutrition (PEM)--The Ghanaian Traditional Medical Practitioners' (TMPs) Approach," *Medical Anthropology Newsletter*, Vol. 11, No. 2 (1980):12-14.

⁶⁸ Kassahun Checole, "Man Cures, God Heals (...)," *presence Africaine*, Nouvelle serie, No. 129 (1984): 126-139.

⁶⁹ Nina L. Etkin, "Ethnopharmacology: Biobehavioral Approaches in the Anthropological Study of Indigenous Medicines." *Annual Review of Anthropology*, Vol. 17 (1988): 23-42.

⁷⁰ J. Graham Forbes, "Native Methods of Treatment in West Africa: With Notes on the Tropical Diseases Most Prevalent among the Inhabitants of the Gold Coast Colony," *Journal of the Royal African Society*, Vol. 3, No. 12 (1904): 361-380.

⁷¹ Julie Sunderland, "Definitions of Disease: Health and Healing in Sub-Saharan Africa," *Harvard International Review*, Vol. 16, No. 1 (1993): 54-77.

⁷² Sylvia Osemwenkha, "Disease Aetiology in Traditional African Society," *Africa*, Vol. 55, No. 4 (2000): 583-590.

aetiology of disease from the African world view. By so doing, they examine the role of African belief in natural and preternatural causes. The works also analyse the role of the Supreme Being and ancestors in African treatment of diseases. The works further discuss some common diseases such as stomach pains, headache and the resort to indigenous healers as the principal means of ensuring good health and wellness.

These works provide a wider perspective of African medicine and medical treatment which further demystifies the Konkomba medical culture. However, the focus of the works has been general and, in a way, lost sight of the distinctive ethnic differences within the African context. Specific Konkomba healers such as possessors of *n-yin*, priests, priestesses and soothsayers which this thesis examines, were not mentioned.

Other relevant works, especially those that deal with African forms of diagnosis, include those of J. Abbink,⁷³ Philip M. Peek,⁷⁴ J.P. Kiernan,⁷⁵ Barbara Tedlock,⁷⁶ Knut Graw,⁷⁷ and Benjamin Kankpeyeng.⁷⁸ These works examine a specialised means of diagnosis, mainly, divination. They further highlight the

⁷³ Abbink, J. "Reading the Entrails: Analysis of an African Divination Discourse," *Man*, Vol. 28, No. 4 (1993): 705-726.

⁷⁴ Peek, Philip M. "The Sounds of Silence: Cross-World Communication and the Auditory Arts in African Societies," *American Ethnologist*, Vol. 21, No. 3 (1994): 474-494.

⁷⁵ J. P. Kiernan, "The Truth Revealed or the Truth Assembled: Reconsidering the Role of the African Diviner in Religion and Society," *Journal for the Study of Religion*, Vol. 8, No. 2 (1995):3-21.

⁷⁶ Barbara Tedlock, "Divination as a Way of Knowing: Embodiment, Visualisation, Narrative, and Interpretation," *Folklore*, Vol. 112, No. 2 (2001):189-197.

⁷⁷ Knut Graw, "Beyond Expertise: Reflections on Specialist Agency and the Autonomy of the Divinatory Ritual Process," *Journal of the International African Institute*, Vol. 79, No. 1, (2009): 92-109.

⁷⁸ Benjamin Kankpeyeng et al., "Insights into Past Ritual Practice at Yikpabongo, Northern Region, Ghana," *The African Archaeological Review*, Vol. 30, No. 4 (2013): 475-499.

medical role of diviners in African therapy. This provides insight into the use of kola nuts and cowrie shells in some healing processes. On specific ethnic groups, De-Valera N. Y. M. Botchway examines the ethnomedical universe of the Asante.⁷⁹ He establishes the fact that the Asante conception of disease and how maladies were cured were derived from their conception of the human being as both a physical and spiritual entity. He further indicates that perfect health (*apomuden*) among the Asante is a harmonised combination of bio-physiological principles, body channels, digestive and excretory processes, mental faculties, senses and the (spiritual) self. In line with this conceptualisation of health and healing is the work of Samuel Adu-Gyamfi.⁸⁰ He discusses spiritual and indigenous healing practices by herbalists and *akomfo* among the Asante in the twenty-first century. He establishes the pivotal role of priest healers among the Asante. He further highlights the role of Islamic influence, deities and Christianity in the medical practice of Asante. These works, though not about the Konkomba, are vital in the definition of disease, health and the external influences on the medical culture of the Konkomba. Using these works as reference materials, the Konkomba conception of health and disease will be analysed

Sylvester Gundona's thesis on the health condition in the Northern Territories of the Gold Coast in the mid-nineteenth century presented a comprehensive analysis of diseases and their treatment and, particularly, colonial

⁷⁹ De-Valera N. Y. M. Botchway, "A Note on the Ethnomedical Universe of the Asante, an Indigenous People in Ghana," in *Healing and Performance*, ed. Effie Gemi-Iordanou et al. (Oxford: Oxbow Books, 2014), 160-175.

⁸⁰ Samuel Adu-Gyamfi, "Spiritual and Indigenous Healing Practices among the Asante People of Ghana: A Testimonial from Twenty-First Century Practitioners and Recipients in Kumase," *Journal of Basic and Applied Research International*, Vol. 12, No. 1 (2016): 39-50.

government attempts to alleviate the health challenges in the Northern Territories.⁸¹ His work has shown that prior to the dawn of British administration, the people of the Northern Territories had been living with a variety of diseases such as malaria, smallpox, guinea worm, tropical ulcers and trypanosomiasis. Gundona establishes the fact that other diseases like tuberculosis, syphilis and gonorrhoea were, on the other hand, introduced into the Northern Territories during the colonial period mainly through labourers who were recruited from the region and worked in other parts of the British colony of the Gold Coast. He, therefore, highlights the colonial policies towards healthcare such as vaccination and the evolution of hospitals, dispensaries, maternal and child welfare services to cater for the health needs of the people.

The focus of Sylvester Gundona was, however, not on the indigenous treatment of diseases in the Northern Territories but rather the development of Western allopathic medicine in Northern Ghana. All the same, the work provides ample information on the colonial attempts to alleviate epidemic diseases in the savanna zone of Northern Ghana from the 1900s. In that regard, specific cases of dual treatment of measles and smallpox among the Konkomba will be investigated.

Mustapha Hamid examines the role of the *afa* among the Dagomba of Northern Ghana⁸² and highlights the political, social and religious roles an *afa*

⁸¹ Sylvester Gundona, "A Study of Health Conditions and Disease Control in the Northern Territories of the Gold Coast, 1897-1956" (M.Phil Thesis, Department of History, University of Ghana, 1999).

⁸² Mustapha Hamid, "The *Afa* as a Pivot of Dagbon Participation in the Islamic Tradition" (M.Phil Thesis, Department of Religion and Human Values, University of Cape Coast, 2002).

plays in Dagomba socio-economic life. More importantly, he indicates the use of amulet healing powers of the *afa* and the acquisition of the medicine of the *afa* by people of different occupations in Northern Ghana. The *afa* served as the main change in the socio-economic and political life of the Dagomba. His work is important in the reconstruction of a history Konkomba medical culture due to its exposition on the Arabo-Islamic impact on healing in Northern Ghana. This thesis will further explore how the Konkomba borrowed and incorporated these Arabo-Islamic items into their medical culture.

Oliver Kofi Tasin, in a 2014 B.A dissertation, examines herbal healing among the Konkomba of Northern Ghana.⁸³ He highlights the fact that herbal healing was an unavoidable means of medical treatment among the Konkomba due to its efficacy. He also stressed the fact that the Konkomba did not isolate disease as a problem of a specific part of the human body but strove for holistic treatment of a patient. This dissertation serves as the basis for an in-depth analysis of the Konkomba medical culture in the colonial period.

The study also examined materials on post-colonial studies for what they could contribute to our understanding of the impact of western allopathic medicine on Konkomba medical culture. Pioneering works in this area have been done by David Scott and David K. Patterson.⁸⁴ Their works discuss the development of epidemic diseases in Ghana in the colonial period in the first

⁸³ Oliver Kofi Tasin, "A History of Herbal Medicine among the Konkomba" (B. A diss, Department of History, University of Cape Coast, 2014).

⁸⁴ David Scott, *Epidemic Disease in Ghana, 1901-1960* (London: Oxford University Press, 1965); David K. Patterson, *Health in Colonial Ghana: Disease, Medicine and Socio-Economic Change, 1900-1955* (Massachusetts: Crossroads Press, 1981); David Scott, "The Influenza Epidemic of 1918-19 in the Gold Coast," *The Journal of African History*, Vol. 24, No. 4 (1983): 485-502.

decade of the post-colonial period. David K. Patterson adopts an epidemiological perspective to medical treatment in Ghana from 1900 to 1960. Scott and Patterson examine some of the socio-economic changes in Ghana during the first sixty years of the twentieth century and suggest some of the ways in which these changes influenced the battle against diseases on the Gold Coast. They further explain how infectious diseases have accompanied human movement throughout history and how explorers, merchants, soldiers, pilgrims, refugees and migrants have mostly carried plagues, measles, smallpox, typhoid and a host of other deadly diseases across the globe. Their works stress the fact that mobility, urbanisation and economic development have all had profound consequences for human health, as have the natural environment.⁸⁵

Their works are important in analysing Konkomba medical culture due to the clarification they have provided for the origin of some of the diseases in Ghana, more importantly, in Northern Ghana. They also show the effects of some diseases such as yaws among the Konkomba and explain how the colonial government approached such health challenges.

S. K. Addae's works analyse in sequence, medical practice in Ghana prior to 1880.⁸⁶ He argues that the death rate of Europeans in the forts and castles across the coastal towns of Accra, Anomabo and Cape Coast was excessively high. As a result, various European Merchant Companies sent surgeons to attend

⁸⁵ David Scott, *Epidemic Disease in Ghana, 1901-1960* (London: Oxford University Press, 1965), 26.

⁸⁶ Stephen Addae, *The Evolution of Modern Medicine in a Developing Country: Ghana, 1880-1960* (Durham: Durham Academic Press, 1996); Stephen Addae, *History of Western Medicine in Ghana, 1880-1960* (Edinburgh: Durham Academic Press, 1996).

to the health needs of their countrymen in the Gold Coast. Europeans also introduced quarantine measures in dealing with infectious diseases. The quarantine method was also used by European missionary groups in the Gold Coast. At the same time in the forest area, Addae shows how the Asante dealt with such surgical problems as fractures and haemorrhage from physical trauma. He further shows that the formalisation of western medical practices on the Gold Coast coincided with the period of intense research and development of the medical sciences in Europe and America. Despite Addae's focus on the development of western allopathic medicine in the Gold Coast, his analysis of the colonial government policies on sanitation and vaccination in the Northern Territories was useful. All the policies and campaigns of disease eradication in the Konkomba area during the colonial and post-colonial periods, with their successes and setbacks, were highlighted. Addae's works become cardinal in the assessment of the colonial attempts to mitigate diseases in the Northern Territories.

P. A. Twumasi examines different forms of medical treatment in Ghana which include indigenous and western allopathic methods.⁸⁷ He identifies the important role of traditional medicine in health delivery in Ghana. The work shows that Ghana has operated a plural medical system since the introduction of western medicine into the country in the early 19th century. The two dominant medical systems are distinct and have operated side by side over the years. Twumasi focuses largely on the two forms of medical practice operating in

⁸⁷ P. A. Twumasi, *Medical Systems in Ghana: A Study in Medical Sociology* (Accra: Ghana Publishing Corporation, 1975); P. A. Twumasi, *Social Foundations of the Interplay between Traditional and Modern Medical Systems* (Accra: Ghana Universities Press, 1988).

Ghana. The relevance of Twumasi's work in relation to examining Konkomba medical culture lies in the difference between African, Konkomba in this case, medical therapy and western therapy.

With regard to the emergence of diseases and the government efforts at treatment in the twentieth century, G. A. Ashitey,⁸⁸ Thomas S. Gale,⁸⁹ William H. Schneider⁹⁰ and other colonial reports⁹¹ establish the fact that the main weapons of disease control in this country during the last century has been vaccination. And the colonial government stressed this method from the time vaccination was introduced into the Gold Coast from the 1910s. Sourcing information from these works, this thesis probes such vaccination policies among the Konkomba from 1900s.

Medical dictionaries such as *Blackiston's New Gouled Medical Dictionary*,⁹² *Steman's Medical Dictionary*,⁹³ *Encyclopaedia of Natural Medicine*,⁹⁴ and *The Mosby Medical Encyclopedia*,⁹⁵ *Questions and Answers on*

⁸⁸ G. A. Ashitey, *Disease Control in Ghana: An Epidemiology of Disease Control in Ghana 1901-1990* (Accra: Ghana Universities Press, 1994).

⁸⁹ Thomas S. Gale, "The Struggle against Disease in the Gold Coast: Early attempts at Urban Sanitary Reform," *Transactions of the Historical Society of Ghana*, Vol. 16, No. 2 (1995): 185-203.

⁹⁰ William H. Schneider, "Smallpox in Africa during Colonial Rule," *Medical History*, Vol. 53 (2009): 193-227.

⁹¹ N. A., "Health in Ghana," *The British Medical Journal*, Vol. 1, No. 5295 (1962); N. A., "Prevalence of Disease: Foreign Reports (1896-1970)," *Health Reports*, Vol. 59, No. 43, (1944).

⁹² N. L. Hoerr, *Blackiston's New Gouled Medical Dictionary* (New York: McGraw-Hill Book Company, 1956).

⁹³ John V. Basmajian et al., *Steman's Medical Dictionary: A Vocabulary of Medicine and its Allied Sciences with Pronunciation and Derivation* (New Delhi: S. Chand and Company Ltd, 1976).

⁹⁴ M. Murray, *Encyclopaedia of Natural Medicine*, (New York: Macdonald and Co Publishers Ltd, 1990).

⁹⁵ Glanze, Walter D. Glanze et al., *The Mosby Medical Encyclopedia*, Revised Edition (St. Louis: Signet Book, 1996).

*Tropical Medicine and Infectious Diseases*⁹⁶ and *Oxford Textbook of Medicine*,⁹⁷ have all been helpful and essential in defining medicine as well as specific medical terms that needed to be explained in the study. These dictionaries were vital in explaining, specifically, Western medical concepts and diseases, disease causation and the means of treatment in Western therapy.

Objectives of the Study

The objective of the study, *A history of Konkomba medical culture*, is to present a rich and textured analysis of the indigenous treatment of diseases among the Konkomba. The study was undertaken with the following objectives:

- i. To analyse the Konkomba socio-cultural understanding of health and disease and how such understanding influenced their medical therapy.
- ii. To explain the inseparability of physical, mental and social health for the Konkomba.
- iii. To examine the development of Konkomba medical culture before and after the coming of Europeans to the Northern Territories of the Gold Coast in the 1900s.
- iv. To trace the indigenous Konkomba understanding of health and what the colonial encounter added to the Konkomba medical culture.

⁹⁶ S. K. Owusu, *Questions and Answers on Tropical Medicine and Infectious Disease* (Accra Ghana Universities Press, 1997).

⁹⁷ David A. Warrel et al., *Oxford Textbook of Medicine*, 5th Ed, Vol. 1 (Oxford: Oxford University Press, 2010).

- v. To highlight the importance of the Konkomba ethnomedical universe in maintaining the social health of the people.

Research Questions

This research project titled *A History of Konkomba Medical Culture* addresses the following questions:

- i. What is the geographical history of the Konkomba ecological zone?
- ii. What is the Konkomba world view and conception of health and how did their beliefs and practices enhance total health?
- iii. What is medicine (*n-nyork*) to the Konkomba? What forms did this medicine take and how did they diagnose diseases? What became of the medical culture as a result of their interaction with the Mole-Dagbani, Gonja, the Asante and Europeans?
- iv. How did the Konkomba understand the terms disease, medicine and healing? What were the common diseases among the Konkomba in the colonial period and how did the Konkomba use plants, trees and shrubs within their environment as pharmacopoeia?
- v. What is the relevance of the Konkomba medical culture in understanding the lives of the people?

Methodology and Sources

The study employed the qualitative method of historical research.⁹⁸ Thus, data was collected, critically examined and analysed and facts, interpretations and conclusions presented in a descriptive and narrative approach in a historical context.

The study utilised materials from the Public Records and Archives Administration Department (PRAAD) of Ghana from Accra, Cape Coast, Tamale and Kumasi. In Cape Coast, archival data were collected from files on indigenous medicine and infectious diseases. This includes all relevant information under ADM 123. In Accra, information was derived from files on Konkomba, health, Northern Territories, and Togoland. Useful information under ADM 11 and ADM 56 was used. In Tamale, archival data were sourced from files classified under NRG 8 with information on health, British administrative policies in Konkomba areas and economic initiatives in the Northern Territories. In Kumasi, information on indigenous treatment under ARG 1 was also used. Most of the archival materials were from the diaries of the District Commissioners, the correspondence of the District Commissioners of the Southern Province and Northern Territories, as well as monthly and annual reports of the colonial administrators in the Eastern Dagomba District, especially on health and sanitation.

In order to obtain information from the Konkomba people themselves, oral interviews were conducted between the months of December 2016 and July 2017.

⁹⁸ A qualitative method is an inquiry process of understanding based on distinct methodological traditions of inquiry that explores a social or human problem. The researcher builds a complex holistic picture, analyses words, reports, detailed views of informants and conducts the study in a natural way. See Hinneh Kusi, *Doing Qualitative Research: A Guide for Researchers* (Accra: Emmong Press, 2012), 1.

A wide range of clans were contacted for oral interviews. A recording phone was used to record all interviews in the field. These were later transcribed and examined for use. In gathering all this oral data, the research employed the services of research assistants. The personalities interviewed included healers, many of whom also doubled as traditional rulers, clan heads and lineage heads. Mothers who served as birth attendants and other healers were also interviewed. Some of the interviews were arranged in advance and others occurred on the spur of the moment, especially, given the long distance between the University of Cape Coast and the research field in the northern part of the country.

These oral interviews, together with information collected from the archives, were critically analysed and supported with archaeological, anthropological and ethnological sources. This enabled the researcher to straighten some facts and eliminate some distortions, inaccuracies in chronology and exaggerations which are some of the problems associated with oral tradition.

The research faced some set-backs. Most of the interviewees were very old and could be interviewed for a very short time. Some of the informants also declined to be interviewed. Others insisted on being interviewed in a group setting. They insisted that memory was a collective process and so the presence of others inspires recollection. Other interviewees provided a lot of information but very little of that information proved to be pertinent to the work.

Important secondary sources were utilised in order to analyse the views and conclusions of other extant works related to the Konkomba. The account of

the early European writers on the Northern Territories, and documented archaeological, anthropological and ethnographic investigations in the Konkomba region were very important and germane to the study. These materials are deposited in major libraries that include the Institute of African Studies Library, University of Ghana; the Balme Library, University of Ghana; the Sam Jonah Library, University of Cape Coast, the Prempeh Library, Kwame Nkrumah University of Science and Technology and Nyankpala Campus Library, University for Development Studies.

The study also used internet sources. Different search engines were used to assess websites that gave relevant and useful data related to the study. Unpublished theses from libraries at the University of Cape and Ghana were used.

Significance of the Study

The thesis is a source of information on medical history of Ghana, especially, among the Konkomba.

The thesis would also serve as a guide to Konkomba indigenous medical practitioners.

The thesis would also assist policy makers, especially, the Traditional and Alternative Medicine Directorate of the Ministry of Health and the Foods and Drug Authority on regulations of indigenous medicine in the country and even in West Africa.

The work would serve as reference material in medical schools, especially, in the field of indigenous medicine.

Organisation of the Study

This thesis is divided into seven main chapters. Chapter one deals with the introductory section and covers the background to the study, literature review, objectives of the study, research questions, methodology and sources, significance of the study and thesis organisation.

Chapter two examines the ecological zone of the Konkomba, its description and the economic and political history of the people. It further examines the process that occasioned a split of the Konkomba between Ghana and Togo.

Chapter three discusses the concept of health (*ngbanpuan*), health-related practices and beliefs of the Konkomba. It further examines various socio-cultural institutions such as marriage, inheritance and naming among the Konkomba. More importantly, the chapter underscores how complete social health of the Konkomba was attained through these practices.

Chapter four discusses medicinal healers and forms of treatment among the Konkomba. The chapter explains types of medicine used in the medical culture of Konkomba. It distinguishes between endogenous medicine of the Konkomba and adapted medicine. Konkomba healers such as soothsayers (*beboab*) priests and priestesses (*bewadam*) have also been explored in the chapter.

Chapter five analyses the various means of disease treatment and the impact of the colonial government in the twentieth century. It specifically deals with how diseases such as yaws, boil, venereal diseases, as well as bone setting were treated by the Konkomba. The colonial policies on health in the Northern Territories, especially, in the Konkomba communities, were also examined. This specifically focuses on the development of medical outstations and dispensaries from the first decade of the twentieth century and beyond.

Chapter six examines the importance of the Konkomba medical culture. It focuses on the economic and social importance of the Konkomba medical culture, specifically, affordability, accessibility, and ethnomedical efficacy.

Chapter seven deals with the conclusion of the study. It shows the efficacy of indigenous medicine among the Konkomba. Furthermore, it underscores the disastrous impact of western medicine on the social health and indigenous knowledge of the Konkomba.

CHAPTER TWO
A GEOGRAPHICAL HISTORY OF THE KONKOMBA
ECOLOGICAL ZONE

Introduction

This chapter attempts to offer a history of the geopolitics of the ecological zone of the Konkomba who live principally in the Northern Region of Ghana and parts of the Volta Region (formerly Trans-Volta Togoland). It examines the historical geography⁹⁹ of the Konkomba and describes the geography of the region and its link with the economic and political developments of, and, in that area, up to the eve of Ghana's independence. Ecological zones are classified according to climatic conditions, vegetation, size of land and topography. The study of the ecological zone of a people can be used as a "telescopic tool"¹⁰⁰ by historians to understand the history of the people.

⁹⁹ The use of the term geographical history simply refers to the role landscape, particularly, topography and location plays in the political, economic and social developments or changes that occur in a particular region. In the context of this study, it means changes that have occurred over the centuries in the savanna ecological zone of the Gold Coast. For further information, see John A. Jakle, "Historical Geography: Focus on the 'Geographic Past' and 'Historical Place'," *Environmental Review*, Vol. 4, No. 2 (1980): 2-5, <http://www.jstor.org/stable/3984475>, accessed February 2, 2017; Richard Dennis, "History, Geography, and Historical Geography," *Social Science History*, Vol. 15, No. 2 (1991): 274, <http://www.jstor.org/stable/1171417>, accessed February 2, 2017.

¹⁰⁰ The use of an ecological zone as a "telescopic tool" is a device through which the geography of a people helps historians to objectively study the past civilization of such people in a closer outlook. For further information on the role of telescope in magnification, see Antoni Malet, "Early Conceptualizations of the Telescope as an Optical Instrument," *Early Science and Medicine*, Vol. 10, No. 2 (2005): 237-262, <http://www.jstor.org/stable/4130312>, accessed February 3, 2017.

Geographical Description

Ghana is divided into different vegetation zones which include the savanna, forest and coastal scrub and grassland.¹⁰¹ The Konkomba occupied one of these major vegetation zones in Ghana, specifically, the savanna belt that spans through the mouth of the Oti River to the North-Western part of Togo.¹⁰² The Konkomba are predominantly located in the savanna zone, although some occupied the Oti plain in the Volta basin of Ghana.¹⁰³ According to Cliff Sabiano Richard Maasole, the size of the homeland of the Konkomba is about fifty kilometres wide from east to west and one hundred and seventy five kilometres long from north to south of the Oti plain.¹⁰⁴ It covers areas including Nalerigu, Gushiegu, Chereponi, Zabzugu and Saboba.

The Konkomba thus form part of the ethnic groups in the savanna zone divided between Ghana and Togo. Some of the towns of the Konkomba in the North-Western part of Togo include Sarakawa, Dapaong, Nbuendo and Yawkugmado. The area was originally part of the Guinea Savanna Zone which consisted of fire resistant deciduous trees of open canopy with shrub grass

¹⁰¹ Roger S. Gockling, *The History of Ghana* (London: Greenwood Press Ltd, 2005), 2-6. Also see the identifiable vegetation zones and the main form of crop production in Seth Kordzo Gadzekpo, *History of Ghana Since Pre-History* (Accra: Excellent Publishing and Printing, 2005), 56-58; D. E. K. Amenumey, *Ghana: A Concise History from Pre-Colonial Times to the 20th Century* (Accra: Woeli Publishing Services, 2011), 3.

¹⁰² R. B. Bening, *Ghana Regional Boundaries and National Integration* (Accra: Ghana Universities Press, 1999), 17; "Description of the Franco-British Frontier Marked on Sprigade's Map of Togoland, Scale 1: 200, 000," *The American Journal of International Law*, Vol. 17, No. 3 (1923): 187, <http://www.jstor.org/stable/2212966>, accessed September 24, 2016.

¹⁰³ David Tait, *The Konkomba of Northern Ghana* (London: Oxford University Press), 1.

¹⁰⁴ Cliff Sabiano Richard Maasole, *The Konkomba and their Neighbours from the Pre-Colonial Period to 1914: A Study in Inter-ethnic Relations in Northern Ghana* (Accra: Ghana Universities Press, 2006), 17.

undergrowth.¹⁰⁵ This vegetation has been replaced by continuous stretches of farmlands with scattered trees and widely spaced houses. Some of the useful common trees found there are *litul* (baobab tree, *Andersonia digitata*), *nyikse* (neem tree, *Azadiracta indica*), *bikpasumb* (sheanut tree, *Butyrospermum parkii*), *bidub* (dawadawa tree, *Parkia clappertoniana*) and *mongor* (mango, *Mangifera indica*).¹⁰⁶ It is noted that the vegetation in the Guinea Savanna Zone is not uniform.¹⁰⁷ Despite the difference in the vegetation pattern, all the plants within the Guinea Savanna Zone constituted the Konkomba pharmacopoeia.

Climatically, the year is made up of two principal seasons, the rainy season (*kesie*) and dry season (*lepel*).¹⁰⁸ The rainy season begins towards the end of April and lasts till late October, while the dry season runs from the end of the latter month to late April.¹⁰⁹ This dry period can be considerably prolonged if the rains come late, to the detriment of the farmers.¹¹⁰ The rainfall pattern influenced the farming activities of the Konkomba. As farmers, features of the religious beliefs and practices of the Konkomba were closely associated with agriculture. It

¹⁰⁵ C. Vigne, "Forests of the Northern Territories of the Gold Coast," *Empire Forestry Journal*, Vol. 15, No. 2 (1936): 210-213, <http://www.jstor.org/stable/42595348>, accessed April 24, 2017; R. Rose Innes, *A Manual of Ghana Grasses* (Surbiton: Ministry of Overseas Development, 1977), 14-24.

¹⁰⁶ N. C. Mcleod, *Report by the Conservator of Forests on Plantations in the Northern Territories of the Gold Coast*, (Accra: Government Press, 1922), 1-17; N. C. Mcleod, *Report by the Conservator of Forests on the Shea-Butter Areas in the Northern Territories of the Gold Coast* (Accra: Government Press, 1922), 1-10; PRAAD (Tamale) NRG8/11/19 *Shea Butter Industry and Industrial Products*; PRAAD (Tamale) NRG8/11/15 *Dagomba District Forest Reserve*; PRAAD (Tamale) NRG8/11/48 *Kulukpene Forest Reserve*. See also Cuthbert Christy, "African Bush and Forest," *Journal of the Royal African Society*, Vol. 19, No. 74 (1920): 85-91, <http://www.jstor.org/stable/716026>, accessed March 13, 2017.

¹⁰⁷ G. W. Lawson, *Plant life in West Africa* (Accra: Ghana Universities Press, 1985), 34.

¹⁰⁸ Tait, *The Konkomba*, 15.

¹⁰⁹ An interview with Ugan Kpobanye, 80 year healer, by Oliver Kofi Tasin on 24th December, 2016, at Azua in the Volta Region of Ghana.

¹¹⁰ A. E. G. Watherston, "The Northern Territories of the Gold Coast," *Journal of the Royal African Society*, Vol. 7, No. 28 (1908): 347, <http://www.jstor.org/stable/714630>, accessed April 4, 2017.

seems that this was so among many of the ethnic groups in Northern Ghana. For example, this was true among the Kasena and Dagaba, who also made sacrifices to God either directly or indirectly through the ancestors in order to obtain rain.¹¹¹ The ecological space of the Konkomba therefore determined their relation to the habitat. This was a fairly simple relation in terms of farm work and the maintenance of their health.

The Ecological Zone and Economic Developments

The development of societies began earlier in the savanna zone than in other areas in Ghana. From the fifteenth to the eighteenth centuries, the ecological zone that later became Northern Territories attracted economic and political activities of different people.¹¹² The Konkomba, like their neighbours in the savanna zone, engaged in activities such as hunting, farming and barter trade among themselves.¹¹³ They cultivated crops such as guinea corn, red sorghum, rice, pigeon peas, maize, ground nuts, cassava, sweet potatoes, cotton, tobacco, and shea nuts. The Konkomba were linked to foreigners by trade routes which

¹¹¹ B. G. Der, "God and Sacrifice in the Traditional Religions of the Kasena and Dagaba of Northern Ghana," *Journal of Religion in Africa*, Vol. 11, Fasc. 3 (1980):173, <http://www.jstor.org/stable/1581412>, accessed June 17, 2017.

¹¹² As a result of the trade links between the savanna zone and the people of western Sudan, formation of states began in the savanna zone by the fifteenth century. Not until the activities of the Europeans in the sixteenth, seventeenth and eighteenth centuries changed the trade link from a predominantly northward axis to a southward axis facilitated the rise of forest and coastal states. See F.K. Buah, *A History of Ghana* (London: Macmillan Publishers Limited, 1980), 36; Kwabena Adu-Boahen, "The Impact of European Presence on Slavery in the Sixteenth to Eighteenth-Century Gold Coast," *Transactions of the Historical Society of Ghana*, New Series, No. 14 (2012): 165-199, <http://www.jstor.org/stable/43855025>, accessed May 17, 2017; Ivor Wilks, *Asante in the Nineteenth Century: The Structure and Evolution of a Political Order* (Cambridge: Cambridge University Press, 1975).

¹¹³ An interview with Tafan Banalin, 73 year old healer, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

passed through their territory.¹¹⁴ They bought cloth from the Mossi traders who came from the Upper Volta (now Burkina Faso) and imported iron for hoes from the Bassari.¹¹⁵ Local markets also existed for livestock, artifacts, *pito*¹¹⁶ and good social fellowship.

At the end of the first half of the eighteenth century, all the economic activities of the Konkomba in the savanna zone came under the imperial domination of Asante.¹¹⁷ By this period, trading activities between the Konkomba¹¹⁸ and the coast was controlled by Asante merchants.¹¹⁹ This

¹¹⁴ I. B. Sutton, "The Volta River Salt Trade: The Survival of an Indigenous Industry," *The Journal of African History*, Vol. 22, No. 1 (1981): 54, <http://www.jstor.org/stable/182151>, accessed March 3, 2017. For further information on the trade across some Konkomba-dominated towns such as Salaga, see Paul E. Lovejoy, "Polanyi's 'Ports of Trade': Salaga and Kano in the Nineteenth Century," *Canadian Journal of African Studies*, Vol. 16, No. 2 (1982):245- 277. <http://www.jstor.org/stable/484296>, accessed March 16, 2017; Marion Johnson, "The Slaves of Salaga," *The Journal of African History*, Vol. 27, No. 2 (1986): 341-362, <http://www.jstor.org/stable/181139>, accessed March 16, 2017; Polly Hill, "Markets in Africa," *The Journal of Modern African Studies*, Vol. 1, No. 4 (1963): 441-453, <http://www.jstor.org/stable/158877>, accessed March 23, 2017.

¹¹⁵ Marion Johnson, "Cotton Imperialism in West Africa," *African Affairs*, Vol. 73, No. 291 (1974): 181, <http://www.jstor.org/stable/720736>, accessed March 16, 2017. See also Paul E. Lovejoy, "Polanyi's 'Ports of Trade,'" 250.

¹¹⁶ *Pito* is a beer made from fermented millet. It is popular among many people in the northern part of Ghana. The millet is threshed and the grain is soaked in a large pot. After four days it begins to germinate and it is set out to dry. Next, the grain is ground into a flour and brewed twice over two consecutive days. The liquid is poured into a pot that has yeast sediment. A thick cloth is then placed in the pot to expedite fermentation. The resulting fermented beer is *pito*. See Benjamin A. Talton, "'Food to Eat and Pito to Drink'. Education, Local Politics and Self-help Initiatives in Northern Ghana, 1945-1972," *Transactions of the Historical Society of Ghana*, New Series, No. 7 (2003): 209.

¹¹⁷ By 1750, Asante penetration into the savanna ecological zone had been attained following the conquest of Western Gonja in 1732-3, Eastern Gonja and Dagomba in 1744-5. This resulted in a complete exercise of political control over people of the savanna ecological zone of the Gold Coast. See J. Goody, "'The Over-Kingdom of Gonja,'" in D. Forde and P. M. Kaberry (eds), *West African Kingdoms in the Nineteenth Century* (Lodon: O. U. P., 1967), 182" in Edmund Abaka, *Kola is God's Gift: Agricultural Production, Export Initiatives & the Kola Industry of Asante & the Gold Coast c. 1820-1950* (Accra: Woeli Publishing Services, 2005), 14. See also Ivor Wilks, *Asante in the Nineteenth Century: The Structure and Evolution of a Political Order* (Cambridge: Cambridge University Press, 1975); Kwame Arhin, "Aspects of the Ashanti Northern Trade in the Nineteenth Century," *Africa: Journal of the International African Institute*, Vol. 40, No. 4 (1970): 363-373, <http://www.jstor.org/stable/1159472>, accessed March 13, 2017.

¹¹⁸ It must be noted that most of the produce of the Konkomba were sold in local markets and middlemen came from Yendi and Tamale to purchase them. These produce were then sold to the

continued throughout the eighteenth down to the last three decades of the nineteenth century when Asante's economic hold over the Konkomba declined. The British defeat of Asante in 1874 weakened Asante jurisdictional powers over the trade routes and markets that linked the north and the Volta basin to the coast.¹²⁰ This enabled Hausa traders who initially played a middleman role between the north and Asante to become directly involved in the north-south trading activities in the Gold Coast. The articles of trade in the markets had been best explained by early European officials in the late nineteenth century. The case of Salaga was summarily explained in E. Kling, a German official's report in 1890:

From the great market, where 15-22 cattle were slaughtered everyday ...people daily fetched meat, milk, yams, beer, millet, beans, etc. The many selling-places offered not only these articles, but also the kola nuts, salt, honey cakes, great masses of snow-white, palatable shea butter, native cloth, white and gaily-embroidered Hausa shirts, shoes, boots, saddles, whips, bridles, hats with gay leather trimming, knives, swords, lances, shields, all made in Salaga from local materials or materials imported from the great inner African markets.¹²¹

By the early decades of the twentieth century long distance trade between north and south had expanded and the Asante had lost total economic control over the economic activities of the Konkomba. Asante, hitherto, an imperial power,

Asante who also served as the middlemen between the savanna zone and the British in the coastal areas.

¹¹⁹ J. D. Fage, *A History of West Africa* (Hampshire: Gregg Revivals, 1992), 168.

¹²⁰ Abaka, *Kola is God's Gift*, 86.

¹²¹ Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/15/1 (Legon: Institute of African Studies, University of Ghana).

was annexed as a British territory following their defeat in the Yaa Asantewaa War of 1900-1901. As a result, areas to the north of the Asante were subsumed under the British colony, specifically referred to as the Protectorate of the Northern Territories.¹²²

From 1901, Asante imperial control was replaced by British imperial control. As a result of this, the savanna ecological zone came under the colonial yoke of the British. Due to the completion of the Anglo-French boundary line in 1901-1902, during the time of Col. Morris, Chief Commissioner of the Northern Territories, British centres were subsequently extended to Salaga and Yendi which became key economic hubs.¹²³ The management of trade activities became one of the motivations that resulted in the placement of Konkomba societies in the provincial administrative system.¹²⁴ This consequently reoriented markets already in places such as Saangul, Ngamwe, Saboba, Galimata, Sambwer and Nansuan to provincial centres such as Yendi and Salaga.¹²⁵ Salaga was described as “the Timbuctu of the South” as a result of its pivotal role in the economic connection

¹²² Kwasi Konadu, “Euro-African Commerce and Social Chaos: Akan Societies in the Nineteenth and Twentieth Centuries,” *History in Africa*, Vol. 36 (2009): 280, <http://www.jstor.org/stable/40864521>, accessed February 25, 2017.

¹²³ PRAAD (Accra) ADM 56/1/44 *Anglo-French Boundary*; PRAAD (Accra) ADM 56/ 1/402 *Anglo-French Boundary*. See also Joseph Haydn and Benjamin Vincent, *Daydn's Dictionary of Dates and Universal Information to all Ages and Nations* (New York: Dover Publications, 1969), 632.

¹²⁴ For the geographical description of Salaga and the reasons why it played a significant role in the trade activities in the savanna zone, see PRAAD (Tamale) NRG8/1/3 *Boundaries*. See also Marion Johnson, “The Slaves of Salaga,” *The Journal of African History*, Vol. 27, No. 2, Special Issue in Honour of J.D.Fage (1986): 341-362, <http://www.jstor.org/stable/181139>, accessed March 16, 2017.

¹²⁵ G. E. Metcalfe, *Great Britain and Ghana: Documents on Ghana History* (London: Nelson, 1964), 505. For such expansion in the Northern Province of the Northern Territories, see A. A. Illiasu, “The Establishment of British Administration in Mamprugu (Mamprusi), 1898-1937,” *Transaction of the Historical Society of Ghana* 16 (1975): 1-28.

between the Gold Coast Colony and the interior.¹²⁶ The same concentration was given to Yendi which later became the administrative centre of Eastern Dagomba District.¹²⁷

The economic activities of the Konkomba were subsequently linked to the British centres in the coastal areas of the Gold Coast such as Accra and Cape Coast.¹²⁸ The goal of the British was to provide goods for the growing coastal markets in the Gold Coast Colony as well as to convey products such as cloth from the coast to the Northern Territories, all without competition from neighbouring European countries, particularly, the French. New forms of trade centres were also established which encouraged local and regional commerce.¹²⁹ Most of the markets of the Konkomba by this period came under the aegis of the colonial administration. As shown by N. J. K. Brukum in the case of the Northern Territories in general,

¹²⁶ Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/1/4 (Legon: Institute of African Studies, University of Ghana.); J. Goody, "Salaga in 1876" in Maasole, *The Konkomba and their Neighbours*, 36.

¹²⁷ Wayne Mckim, "The Periodic Market System in Northeastern Ghana," *Economic Geography*, Vol. 48, No. 3 (1972): 334, <http://jstor.org/stable/142912>, accessed September 24, 2016.

¹²⁸ In the twentieth century, savanna ecological zone became the hub for the British recruitment of labour that was used in the mines and other agricultural activities. As a result, the Northern Territories of the Gold Coast did not witness a proportionate development as compared to the south. For further information see PRAAD (Tamale) NRG8/17/1 *Mines-Labour (1909)*; PRAAD (Tamale) NRG8/17/2 *Labour (1930-37)*; PRAAD (Tamale) NRG8/17/5 *Labour 1940-45*; PRAAD (Tamale) NRG8/17/6 *Labour Employed in the Mines 1950-54*, PRAAD (Tamale) NRG8/17/8 *Migrant Labour 1952-3*; PRAAD (Tamale) NRG8/17/12 *Labour Recruiting and Control*. See also Roger G. Thomas, "Forced Labour in British West Africa: The Case of the Northern Territories of the Gold Coast 1906-1927," *The Journal of African History*, Vol. 14, No. 1 (1973): 79-103, <http://www.jstor.org/stable/180778>, accessed April 4, 2017.

¹²⁹ P. Northcott, *The Northern Territories of the Gold Coast* (London: HMSO, 1899), 47; R. B. Bening, "Indigenous concepts of Boundaries and Significance of Administrative Stations and Boundaries in Northern Ghana," *Bulletin of the Ghana Geographical Association*, Vol. 15 (1973): 14; Allan Charles Dawson, "Becoming Konkomba: Recent Transformation in a Gur Society of Northern Ghana" (MA Thesis, Department of Anthropology, University of Calgary, 2000), 107.

*the colonial government took steps to integrate the Northern Territories into the Gold Coast economy. It encouraged trade, introduced new currency to replace cowry shell and established marketing centres and urged Africans to be industrious to be able to earn money to purchase European goods. The government also advertised the products of the Protectorate - groundnut, guinea corn, and "European" vegetable through displays at National Agricultural Shows.*¹³⁰

It must be noted that the prices of commodities in the nineteenth and early twentieth centuries were in cowries.¹³¹ In David Asante's account of Salaga in 1877, cowries were used as money in buying commodities.¹³² The use of cowries as a form of currency lost its value in the beginning of the twentieth century. For example, in the colonial report of the Gold Coast for 1902, it was stated that, "British gold and silver coins have almost entirely superseded the use of gold dust by the [indigenes] in Ashanti and cowries in the Northern Territories."¹³³ This

¹³⁰ N. J. K. Brukum, "Sir Gordon Guggisberg and Socio-Economic Development of Northern Ghana, 1919-1927," *Transactions of the Historical Society of Ghana*, New Series, No. 9 (2005): 5.

¹³¹ Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/13/1 (Legon: Institute of African Studies, University of Ghana); James L. A. Webb, "Toward the Comparative Study of Money: A Reconsideration of West African Currencies and Neoclassical Monetary Concepts," *The International Journal of African Historical Studies*, Vol. 15, No. 3 (1982): 455-466, <http://www.jstor.org/stable/218147>, accessed March 24, 2017 ; Philip Evans, "The Cowrie Economy and the Maintenance of Social Boundaries in Northern Ghana," *The Cambridge Journal of Anthropology*, Vol. 10, No. 2 (1985):29-40, <http://www.jstor.org/stable/23816366>, accessed March 16, 2017.

¹³² Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/3/1 (Legon: Institute of African Studies, University of Ghana). For further information see Marion Johnson, "The Cowrie Currencies of West Africa. Part I," *The Journal of African History*, Vol. 11, No. 1 (1970): 17-49, <http://www.jstor.org/stable/180215>, accessed March 24, 2017; Marion Johnson, "The Cowrie Currencies of West Africa. Part II," *The Journal of African History*, Vol. 11, No. 3 (1970): 331-353, <http://www.jstor.org/stable/180342>, accessed March 24, 2017; M. Hiskett, "Materials Relating to the Cowry Currency of the Western Sudan--II: Reflections on the Provenance and Diffusion of the Cowry in the Sahara and the Sudan," *Bulletin of the School of Oriental and African Studies*, Vol.29, No. 2 (1966): 339-366, <http://www.jstor.org/stable/611182>, accessed March 16, 2017.

¹³³ *Gold Coast Annual Report, 1902*, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1902/5530214, accessed June 4, 2017.

ensured British control of economic activities in the Northern Territories. This form of monopoly adversely contributed to the decline of earlier Konkomba markets at Saangul, Ngamwe, Saboba, Galimata, Sambwer which became peripheral to the British-established or recognised markets such as Salaga and Yendi.¹³⁴

Political Developments in the Konkomba Ecological Zone

Before the second half of the nineteenth century, the savanna ecological zone was generally ignored by Europeans. In this period, Asante domination blocked European extension into this zone until 1874 when the Asante were defeated by the British.¹³⁵ Independence for the Konkomba, after the defeat of Asante, was short-lived as rival European forces, British, French¹³⁶ and German,¹³⁷ began pushing northwards, south-eastwards, and westwards respectively from the coast.¹³⁸ The British colonial government dispatched George Ekem Ferguson, a Fante in the service of the British colonial

¹³⁴ Brenda Chalfin, "Border Zone and the Economic Boundaries of the State in North-East Ghana," *Journal of the International African Institute*, Vol. 71, No. 2 (2001): 206, <http://www.jstor.org/stable/1161520>, accessed September 24, 2016.

¹³⁵ Ivor Wilks, *Asante in the Nineteenth Century*, 39; A. A. Boahen, *Ghana: Evolution and Change in the Nineteenth and Twentieth Centuries* (London: Longman Group Ltd, 1975), 28.

¹³⁶ Louis Gustave Binger, a French explorer passed through Mamprugu and Salaga in 1888. See Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/78/1 (Legon: Institute of African Studies, University of Ghana); L.R. Binger, "In Niger au Golfe de Guinee," in Maasole, *The Konkomba and their Neighbours*, 136.

¹³⁷ In 1886, Krause, a German explorer travelled from Accra to Salaga and northward to Ouagadougou. In 1888 another German, Curt Von Francois made his way to Salaga, Yendi and Gambaga. In these movements, Francois signed treaties with the chiefs, notably those of Yendi (24 March), Gambaga (28 April) and Salaga (June 11). See Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/80/1 (Legon: Institute of African Studies, University of Ghana). See also R. Cornevin, "Histoire du Togo", in Maasole, *The Konkomba and their Neighbours*, 136.

¹³⁸ PRAAD (Accra) ADM8/1/11 *Short History and Description of the Gold Coast Colony, Ashanti and the Northern Territories*. See also John D. Hargreaves, *Prelude to the Partition of West Africa* (London: Macmillan & Co Ltd, 1963), 162.

administration to the savanna zone.¹³⁹ George Ekem Ferguson was dispatched to survey the savanna region and, possibly, sign treaties with the chiefs.¹⁴⁰ The treaties were to pave the way for British negotiations with the chiefs. In so doing, the British Governor, Sir W. Brandford Griffith, wanted to incorporate the savanna zone of the Gold Coast into the sphere of British administration and against French expansion from the north-west.¹⁴¹

The political activities of this period were characterised by frequent struggle for control by the imperial forces.¹⁴² This involved the competing claims of the French, German and British imperialists in one sphere and the Zabarima and Samory in the other.¹⁴³ Samory and the Zabarima were particularly noted for their raiding activities.¹⁴⁴ The capture and exile of Samory by the French to

¹³⁹ PRAAD (Tamale) NRG8/2/28 *Native Administration, Northern Province*; PRAAD (Cape Coast) ADM 23/1/911, Ferguson, George Ekem. For further information on the works of George Ekem Ferguson in the British colonial activities. See K. Arhin, *The Papers of George Ekem Ferguson, A Fanti Official of the Government of the Gold Coast, Vol. 7, 1890-1892* (Leiden: African Studiescentrum, 1974); Magnus J. Sampson, "George Ekem Ferguson of Anomabu," *Transactions of the Gold Coast & Togoland Historical Society*, Vol. 2, No. 1 (1956): 30-45, <http://www.jstor.org/stable/41406599>, accessed April 4, 2017.

¹⁴⁰ PRAAD (Accra) ADM8/1/11 *Short History*. See also R. B. Bening, "Land Policy and Administration in Northern Ghana 1898-1976," *Transactions of the Historical Society of Ghana*, New Series, No. 1 (Vol. 16, no. 2) (1995): 227, <http://www.jstor.org/stable/41406619>, accessed September 24, 2017.

¹⁴¹ Ferguson secretly entered the neutral zone and signed treaties with the traditional authorities in areas such as Yendi, Bimbilla and Salaga. See PRAAD (Accra) ADM8/1/11 *Short History*; Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/40/3 (Legon: Institute of African Studies, University of Ghana, 1965). See also Maasole, *The Konkomba and their Neighbours*, 138.

¹⁴² Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/44/1 (Legon: Institute of African Studies, University of Ghana); Watherston, "The Northern Territories," 345.

¹⁴³ D. Cordel et al., *Hoe and Wage: A Social History of a Circular Migration System in West Africa* (Boulder Co: Westview Press, 1996), 56; A. Knoll, *Togo under Imperial Germany, 1884-1914* (Stanford CA: Hoover Institution Press, 1978), 101.

¹⁴⁴ A. W. Cardinall, "Our Mandate in North Togoland: Part II," *Journal of the Royal African Society*, Vol. 22, No. 85 (1922): 44, <http://www.jstor.org/stable/716265>, accessed March 13, 2017. For further information on the activities of the Zabarima in Northern Ghana, see J. J. Holden, "The Zabarima Conquest of North-West Ghana Part I," *Transactions of the Historical Society of Ghana*, Vol. 8 (1965): 60-86, <http://www.jstor.org/stable/41403569>, accessed May 17, 2017.

Gabon in 1898 left the contest to the European powers.¹⁴⁵ The British mission under Lieutenant Henderson and Col. H. P Northcott undertook expeditions in the late 1890s that led to the establishment of a British post at Gambaga in the Northern Territories¹⁴⁶

In the first decade of the twentieth century, the Northern Territories became part of three distinct but contiguous political units created by the British. These were the Gold Coast Colony (GCC) along the coastal areas (known simply as the colony), the Colony of Ashanti in the centre and the Protectorate of the Northern Territories of the Gold Coast farther inland.¹⁴⁷ By these geographical demarcations, the core of ethnic geography in the Gold Coast was expressed in terms of socially constructed boundaries. In the exercise of the powers conferred upon him by the Order-in-Council, Governor Matthew Nathan of the Gold Coast issued the Northern Territories Administration Ordinance of 1st January, 1902.¹⁴⁸ The Chief Commissioner, as a local representative of the Governor, was appointed to administer the Northern Territories.

The delimitation and demarcation of all the international boundaries of the Gold Coast were completed by the end of 1904. In the case of the Northern Territories, it was only the Mangu-Yendi district that was not under a specific

¹⁴⁵ PRAAD (Tamale) NRG8/2/6 *Disturbances on the Anglo-French Border*. See also Elizabeth Isichei, *History of West Africa Since 1800* (London: Macmillan Publishers Ltd, 1977), 189; A. A. Boahen, *African Perspectives on Colonialism* (Baltimore: The Johns Hopkins University Press, 1989), 53.

¹⁴⁶ PRAAD (Accra) ADM 8/1/13 *Short History of the Gold Coast*; PRAAD (Accra) ADM8/1/11 *Short History and Description of the Gold Coast Colony, Ashanti and the Northern Territories*.

¹⁴⁷ PRAAD (Accra) ADM 11/1/1160 *Boundaries between the Gold Coast, Ashanti and the Northern Territories*. see also Bening, *Ghana Regional Boundaries*, 1.

¹⁴⁸ Bening, "Land Policy and Administration," 228.

colonial power. This district on the eastern boundary between the Northern Territories (NT) of the Gold Coast and Togo was still disputed by Britain and Germany by the beginning of the First World War in 1914.¹⁴⁹ The Konkomba were found within the Anglo-German disputed Mangu-Yendi district. It is worth noting that earlier in 1907, there were criticisms in the German parliament and press about the German way of handling matters in many African colonies.¹⁵⁰ The German Government Ministry for handling colonial affairs was, therefore, revamped and a considerable programme of colonial reforms was initiated. These colonial reforms had little time to produce results when, in 1914, France and Britain found themselves at war with Germany.¹⁵¹

In August 1914, a provisional agreement for the temporary administration of Konkomba in the Mangu-Yendi district was drawn up by the Allied Powers which provided that,

*the political and judicial administration of the various districts should be confided exclusively to the officers of one or the other of the two Colonial Governments, who shall be guided by such laws in forces respectively in the Gold Coast or its dependencies or in Dahomey as it may be deemed expedient to apply having due regard to [indigenous] custom and to local circumstances.*¹⁵²

The provisional administration of the German-controlled areas remained under the French and the British until 1919, when, as a result of the Treaty of Versailles,

¹⁴⁹ PRAAD (Accra) ADM 56/1/25 Notes on Togoland for 1904. See also R. B. Bening, "The Definition of International Boundaries of Northern Ghana, 1888-1904," *Transactions of the Historical Society of Ghana*, Vol. 14, No. 2 (1973): 229-261.

¹⁵⁰ Fage, *West Africa*, 187.

¹⁵¹ PRAAD (ADM) ADM 56/1/1915 Anglo-French German War (1914-1915).

¹⁵² R. B. Bening, "The Ghana-Togo Boundary, 1914-1982," *Africa Spectrum*, Vol. 18, No. 2 (1983): 192, <http://www.jstor.org/stable/40174115>, accessed September 24, 2016.

Germany's colonies were taken away from her and entrusted by the League of Nations to the victorious Allied Powers.¹⁵³ On 10th July, 1919, as part of the arrangements for the peaceful disposal of German colonies among the Allied Powers, some Konkomba remained under French colonial rule while others came under the British-controlled Northern Territories of the Gold Coast.¹⁵⁴

Some Konkomba settlements in Togo, due to the Allied Powers' agreement, were transferred from the Germans to the French. Consequently, with the demand of the French to impose poll tax throughout the whole of Togoland, the British, though ill-disposed towards the adoption of such a measure in their sphere, were willing to allow the French to do so in their zone "provided that the revision also included a re-adjustment of the boundaries of the British and French spheres in the Mangu-Yendi district of Northern Togoland."¹⁵⁵

The Northern Territories, by the beginning of the third decade of the twentieth century, became politically and legally separate and had administrative structures distinct from the colony, even though most powers were diffused from the colony.¹⁵⁶ The administrative unit of the Northern Territories was divided into Northern and Southern provinces. These provinces were further divided into districts.¹⁵⁷ This division, as George Owusu has shown, was based on the need to maintain large ethnic groups as homogenous and unified entities in line with the

¹⁵³ PRAAD (Accra) ADM 56/1/263 *Anglo-Franco-German War (1919-1926)*.

¹⁵⁴ PRAAD (Tamale) NRG8/1/2 *Boundary Dispute-Togoland*.

¹⁵⁵ PRAAD (Tamale) NRG8/1/2 *Boundary Dispute*.

¹⁵⁶ Bening, *Ghana Regional Boundaries*, 1.

¹⁵⁷ PRAAD (Accra) ADM 56/1/52 *Northern Territories Administration*.

British indirect rule system.¹⁵⁸ The system by which local administration was to be entrusted to indigenous institutions, was subject to the supervision and overriding authority of the British colonial government.¹⁵⁹ The component districts were generally considered as mere geographical divisions of a single polity which was intended to foster administrative efficiency of the British under the general supervision of the Commissioner of Northern Territories. The Northern Province included Navrongo District, Zuarungu District, Southern Mamprusi District, Kussasi District, Lawra-Tumu District and Wa District.¹⁶⁰

The Konkomba were chiefly found in the Southern Province that included Eastern Dogomba District, Western Dagomba District, Eastern Gonja District, Western Gonja District and Krachi District.¹⁶¹ The limits of all these closely interrelated and contiguous British dependencies were designated as internal colonial boundaries to distinguish them from the lines delimiting the spheres of influence of Asante and the colony. As a result of the British quest for an apt political devolution of power, attempts were made by the British colonial authorities to understand the land tenure system and allodial rights to lands in the Northern Territories.¹⁶² By so doing, the British understanding of allodial rights to

¹⁵⁸ George Owusu, "Internal Boundaries and District Administration: A Challenge to Decentralization and District Development in Ghana," *Geografiska Annaler*, Vol. 91, No. 1 (2009): 57-71, <http://www.jstor.org/stable/40405819>, accessed September 24, 2016. For further information on the historical geography of ethnic groups in Ghana, see K. B. Dickson, *A Historical Geography of Ghana*, (Cambridge: Cambridge University press, 1971).

¹⁵⁹ David E. Apter, *The Gold Coast in Transition* (Princeton: Princeton University Press, 1955), 123.

¹⁶⁰ PRAAD (Tamale) NRG8/2/18 *Native Administration*; PRAAD (Tamale) NRG8/2/20 *Native Administration*.

¹⁶¹ PRAAD (Tamale) NRG8/1/5 *Boundaries of Northern Territories*.

¹⁶² PRAAD (Accra) ADM 56/1/3375 *Land Tenure: Answers to questionnaire to Chief Commissioner Northern Territories*; PRAAD (Accra) ADM 56/1/113 *Land Tenure in Northern Ghana*. See also Cletus Kwaku Mbowura, "Autochthonous, Conquest and Overlordship Rights in

land emphasised ethnicity over other identities. The Konkomba in the North-eastern part of the Northern Territories were administratively placed under Eastern Dagbon. To this arrangement, it was established by the colonial government that:

*...the Na of [Eastern Dagbon] is Lord Paramount of all the land by virtue of the title obtained by his ancestors by right of conquest. All people know and realize this. The ... Konkomba living away ... knows (sic) that the Na of Yendi owns the land.*¹⁶³

The internal organisation of the Northern Territories and the resultant districts were means of incorporating the diverse people and geographical areas into a single coherent political, economic and social structure for efficient administration by the British. At the 1921 conference in Tamale to discuss the status of the indigenous rulers, Governor Gordon Guggisberg declared:

*the British colonial policy [in the Northern Territories] must be to maintain any paramount chiefs that exist and gradually absorb under these any small scattered about...*¹⁶⁴

The Konkomba lost the political sovereignty of their traditional areas¹⁶⁵ to the Dagomba, Gonja and Mamprusi through the forceful changes of the British.¹⁶⁶

Land: Constructing Allodial Rights in the Kpandai Area in Northern Ghana in the Pre-Colonial Times,” *Abibisem: Journal of African Culture and Civilization*, Vol. 5, (2012) & 6, (2013): 60-78.

¹⁶³ PRAAD ADM 56/1/3375 *Land Tenure: Answers to Chief Commissioner Northern Territories.*

¹⁶⁴ PRAAD (Accra) ADM 56/1/259, *Informal Diary, Yendi District, 1920-1921.*

¹⁶⁵ Traditional area in this context is defined as a community composed of people with primordial characters like common ancestry and language. This means the lens within which the definition could be viewed is highly ethnolinguistic. See George B. N. Ayittey, “Traditional Institutions and the State of Accountability in Africa,” *Social Research*, Vol. 77, No. 4 (2010), 1183-1210, <http://www.jstor.org/stable/23347124>, accessed September 20, 2016.

¹⁶⁶ The British administration formally defined the ‘centralized’ polities as Native Administration through the Native Authority Ordinance and the Native Tribunal Ordinance. The Native Authority Ordinance empowered the chief commissioner (with the governor’s approval) to “appoint any chief or other native or any group of natives to be a native authority for an area,” and increased the chiefs’ authority over the people. See Benjamin A. Talton, “The Past and Present in Ghana’s

In the fourth decade of the twentieth century, the British adopted the policy of amalgamation and introduced a different dimension of conquest in the Northern Territories in line with the practice of indirect rule.¹⁶⁷ As a result, the Konkomba within the Salaga and Kpandai areas, by 1932, were amalgamated with Gonja society while a majority of the Konkomba and the Chakosi people were amalgamated with the people of Dagbon.¹⁶⁸ A few of the Konkomba within the Gambaga escarpment were amalgamated with the Mamprugu. Administratively, the Dagomba, Gonja and Manprusi were made overlords of the Konkomba.¹⁶⁹ This policy, which formed part of the British indirect rule system, created larger societies for effective and efficient administration. Nonetheless, the Konkomba asserted their economic ownership of lands in areas where they engaged in farming activities.

The colonial authorities carved the Northern Territories into divisions according to what they considered to be suitable units for administrative purposes without consulting the Konkomba. This political policy of the British, which was to espouse the principle of administrative expediency and economic viability, rather assembled ethnic groups of different cultures together. The British therefore constructed and implemented a policy from a misreading of ethnic politics and culture of the people and inevitably laid the foundation for the

Ethnic Conflicts: British Colonial Policy and Konkomba Agency, 1930-1951,” *Journal of Asian and African Studies*, <http://jas.sagepub.com/content/38/23/192.refs>, accessed September 24, 2016.

¹⁶⁷ Indirect rule was a British administrative system whereby local administration was entrusted to indigenous people and institutions with the supervision and an overriding authority of the governor. See David E. Apter, *The Gold Coast in Transition* (Princeton: Princeton University Press, 1955), 123.

¹⁶⁸ PRAAD (Accra) ADM 11/1/1801 Konkomba Administration.

¹⁶⁹ J. Ako Okoro, “Reflections on the Oral Traditions of the Nterapo of the Salaga Area,” *History in Africa*, Vol. 35 (2008): 379, <http://www.jstor.org/stable/25483728>, accessed March 23, 2017.

colonial and post-colonial ethnic conflicts between the “subject” and the “overlord” ethnic groups.¹⁷⁰

The Konkomba in the second quarter of the twentieth century were indirectly interlocked with the colonial powers’ engagement in the Second World War. Following the replacement of the League of Nations when the Second World War ended in 1945 with the formation of United Nations (UN), the Konkomba-dominated areas under the mandated territories of the British and French became Trust Territories.¹⁷¹ The Permanent Mandates Commission, which monitored the administration of the mandated territories, was superseded by the Trusteeship Council. The Council sent missions that assessed public opinion on matters that affected Konkombas such as colonial policies within these Trust Territories. The responsibility of the administering authorities of the Trust Territories was clearly defined in article 76 (b) of chapter twelve (12) of the UN charter:

to promote the political, economic, social and educational advancement of the trust territories, and their progressive development towards self-government or independence as may be appropriate to the particular circumstances of each

¹⁷⁰Carola Lentz and Paul Nugent, “Ethnicity in Ghana: A Comparative Perspective,” in *Ethnicity in Ghana: The Limits of Invention*, ed. Carola Lentz and Paul Nugent (New York: St Martin’s Press, 2000), 9. From the 1940s, the Konkomba and other ethnic groups that were reduced to subject status by the colonial policy had incessant conflicts with their supposed overlords. For more information on the ethnic conflicts see Jon P. Kirby, “Ethnic Conflicts and Democratization New Paths toward Equilibrium in Northern Ghana,” *Transactions of the Historical Society of Ghana, New Series*, No.10 (2006-2007): 65-107, <http://www.jstor.org/stable/41406734>, accessed April 4, 2016; Abayie Boaten, “Ethnicity and ethnic Conflicts in Africa: Ghana Example,” *Anthropology of Africa and the Challenges of the Third Millennium-Ethnicity and Ethnic Conflicts*, PAAA/ APA, 1999, <http://www.ethnonetafrica.org/pubs/p95boaten.htm>, accessed September 24, 2016; Benjamin A. Talton, “The Past and Present.”

¹⁷¹ PRAAD (Tamale) NRG8/1/55 *Boundary between Northern Land and Southern Section of Togoland under British Trusteeship*.

*territory and its people and the freely expressed wishes of the people concerned.*¹⁷²

The above article prompted the Northern Territories Territorial Council (NTTC) to unanimously adopt a motion to abolish the arbitrary Anglo-French boundary in Northern Togoland. This was due to the fact that the boundaries created ethnic challenges, particularly, dividing the Konkomba into different spheres under the French and the British.¹⁷³ In the second half of the twentieth century, after the Gold Coast was granted internal self-government in 1951, a UN Mission assessed the need for the dissolution in the Northern Sector of British Togoland.¹⁷⁴ On 31st July, 1955, the Trusteeship Council adopted an Indian resolution¹⁷⁵ which earlier recommended the termination of the trusteeship agreement as soon as the Gold Coast attained her independence. It was, therefore, generally recognised by the UN that integration of British Togoland with the Gold Coast was the only practical way for the people of the British Trust Territories to achieve immediate sovereignty.¹⁷⁶ The two options offered to the inhabitants by the UN ahead of the 1956 plebiscite were:

(a) the union of their Territory with an independent Gold Coast; or (b) the separation of Togoland under the British administration from the Gold Coast and its continuance

¹⁷² Fage, *West Africa*, 168-169; Chapter 12, article 76 (b) of the UN Charter in R. B. Bening, "Ghana- Togo Boundary," 204.

¹⁷³ Bening, "Ghana Regional Boundaries," 204.

¹⁷⁴ British Togoland also included Kpandu and Ho districts as a unit, Buem-Krachi north and Buem-Krachi District south of the boundary of the Akan Local Council area. For further information see D. E. K. Amenumey, "The Pre-1947 Background to the Ewe Unification Question: A Preliminary Sketch," *Transactions of the Historical Society of Ghana*, Vol. 10 (1969): 65-85, <http://www.jstor.org/stable/41406350>, accessed October 2, 2016.

¹⁷⁵ An agreement that admonished the withdrawal of the trusteeship control upon the attainment of Gold Coast independence. See "Trusteeship and Non-Self-Governing Territories," *International Organization*, Vol. 11, No. 2 (1957): 335-355, <http://www.jstor.org/stable/2704827>, accessed May 18, 2017.

¹⁷⁶ R. B. Bening, "The Ghana-Togo Boundary," 204.

*under the trusteeship pending the ultimate determination of its political future.*¹⁷⁷

The Gold Coast government favoured integration with Western Togoland and, therefore, increased its investment and tempo of development in the Northern Sector of British Togoland.¹⁷⁸ On 9th May 1956, a poll was held by the Gold Coast government under the supervision of the UN. Of the 194, 230 registered voters, 93, 095 (58%) favoured union with, while 67, 492 (42%) voted for separation from the Gold Coast.¹⁷⁹

The Northern Sector of the British Trust Territories included the Mamprusi district with a registered voter population of 21, 299 who cast their votes. 17, 870 of the electorate voted for union in the Mamprusi district while 3, 429 voted for separation.¹⁸⁰ In the Dagomba district with a registered voter population of 34, 632 who cast their votes, 28, 083 voted for union while 6, 549 voted for separation. In the Gonja district with a registered voter population of 5, 895 who cast their votes, 3, 166 voted for union while 2, 729 voted for separation.¹⁸¹ The results were, on the whole, a clear indication of the desire for union with an independent Gold Coast. The British government, therefore, maintained that:

the partition of this small trust territory and the establishment of a fragment of it as a distinct political

¹⁷⁷ R. B. Bening, "The Ghana-Togo Boundary," 205.

¹⁷⁸ It must be noted that the main pro-Ewe unification parties in the French Togoland could not take part in the campaign preceding the plebiscite because they had no legal foothold in the territory. For further information see D. K. E. Amenumey, *The Ewe Unification Movement, A Political History*, (Accra: Ghana Universities Press, 1989).

¹⁷⁹ R. B. Bening, "The Ghana-Togo Boundary," 205.

¹⁸⁰ Dennis Austin, "The Uncertain Frontier: Ghana-Togo," *The Journal of Modern African studies*, Vol. 1, No. 2 (1963):142, <http://www.jstor.org/stable/159025>, accessed September 24, 2016.

¹⁸¹ PRAAD (Accra) ADM 11/1/603 *Togoland People*.

*entity, would be harmful to the long-term interests of the inhabitants of the territory. It would, moreover, create a most formidable administrative problem and inevitably cause serious difficulties for the Gold Coast when it [becomes] independent.*¹⁸²

Following the results of the plebiscite in 1956, all Konkomba under the British Trust Territories in the Northern Sector of the Gold Coast became part of the independent unitary state of Ghana in 1957.

Conclusion

Indeed, after a look at the ecological zone of the Konkomba, it becomes clear that they engaged in the economic and political activities that occurred in the savanna zone up to 1956. While there is no specific migratory history of the Konkomba as was the case with the Mossi-Dagomba and Gonja, it is undeniable that they formed part of the indigenous people in the savanna zone of the Northern Territories. The interaction of the Konkomba with their neighbouring ethnic groups in the north, the Asante to the south and Europeans in the twentieth century was marked by their distinctive social life of togetherness and unity. Such social life included their cultural practice of marriage, child naming and beliefs which constituted their social health till 1956. The next chapter examines some key cultural philosophies and practices of the Konkomba which were integral to their health-related practices.

¹⁸² Bening, "The Ghana-Togo Boundary," 206.

CHAPTER THREE

HEALTH-RELATED PRACTICES AND BELIEFS OF THE KONKOMBA

Introduction

Linguistically, the Konkomba who occupied the Guinea Savanna zone formed part of the Gur languages¹⁸³ of the Niger-Congo family in West Africa.¹⁸⁴ The Konkomba people are called *Bekpokpam*, their language is *Lekpokaln*¹⁸⁵ and their society is *Kekpakank*.¹⁸⁶ The Konkomba fashioned a culture to serve different needs: existential, eschatological, spiritual, material, political, economic, health and epidemiological. But more importantly, Konkomba culture was fundamentally a form of social medication. Thus all the cultural practices were geared towards the attainment of individual and societal well-being. Culture in

¹⁸³ It must be noted that the Konkomba have a high affinity with the Bassari more than with any other ethnic group in Northern Ghana. For further information, See Limpu Isaac Digbun, “A History of the Bassari of Northern Ghana: From the Pre-European Period up to the 1930s” (M.Phil Thesis, Department of History, University of Cape Coast, 2015), 19; Allan Charles Dawson, “Becoming Konkomba: Recent Transformation in a Gur Society of Northern Ghana” (MA Thesis, Department of Anthropology, University of Calgary, 2000), 7; E. Hall, *Ghanaian Languages* (Accra: Asempa Publishers, 1983), 18; Joseph H. Greenberg, *The Languages of Africa* (Bloomington: Indiana University, 1966), 8.

¹⁸⁴ D. K. E. Amenumey, *Ghana: A Concise History from Pre-Colonial Times to the 20th Century* (Accra: Woeli Publishing Services, 2011), 5; Maasole, *The Konkomba and their Neighbours*, 18; C. S. Maasole, “The Konkomba and the Ethnic Conflicts in the Northern Region of Ghana: A Study in Inter-ethnic Relations from the Earliest Times to 1930,” (M.Phil Thesis, University of Cape Coast, 1997), 17.

¹⁸⁵ One of the most revered cultural elements among the Konkomba was their language. As opined by Amos Wilson every culture is bound up with its language that expresses, communicates, sustains and preserves it in being from generation to generation. It constitutes one of the primary means of exporting that culture. Language, therefore, becomes the heart and soul of a culture. For further information, see Amos N. Wilson, *The Falsification of African Consciousness: Eurocentric History, Psychology and the Politics of White Supremacy* (New York: Afrikan World Infosystems, 1993), 22.

¹⁸⁶ M. Manoukian, *Tribes of the Northern Territories of the Gold Coast* (London: International African Institute, 1951), 5. See also David Tait, “Konkomba Nominal Classes,” *Africa: Journal of the International African Institute*, Vol. 24, No. 2 (1954): 130-148, <http://www.jstor.org/stable/1156136>, accessed May 22, 2016.

this sense could essentially be explained as a community's composite treatment or solution to different sicknesses (challenges) of life.¹⁸⁷ In other words, “from their life experiences, [the Konkomba] developed a set of rules and procedures for meeting their needs, the set of rules and procedures, together with a supporting set of ideas and values defined their ... health.”¹⁸⁸

The study of the concept of health-related practices is a complex one. This is so among the Konkomba whose culture was interlocked with their epidemiological worldview. The Konkomba developed their cultural interactive processes such as kinship systems, marriage patterns, economic and political systems towards the quest for, and realisation of, holistic health for individuals and the community as a whole. Thus, the Konkomba, like any ethnic group in Ghana and Togo, established their own unique cultural systems that served as efficacious medicine not only for their bodily health challenges but also for their social, religious, political and economic institutions in the community.¹⁸⁹ The organisation, functions and significance of these institutions reinforced the health of the Konkomba. The chapter seeks to examine the concept of health and its related practices that maintained Konkomba well-being.

¹⁸⁷ An interview with Balar Jeija, 90 year old healer, by Oliver Kofi Tasin on 24th December, 2016, at Abunyanya in the Volta Region of Ghana.

¹⁸⁸ Obadele Kanbom, “‘The Forces Arrayed against Africa’: Social and Cultural Warfare” (Paper presented at the annual meeting for the African Youth Improvement Foundation Founder’s Day Program, University of Ghana Commonwealth Hall, September 21, 2015), <https://www.youtube.com/watch?v=06dZNoJ7S88>, accessed May 24, 2016.

¹⁸⁹ An interview with Balar Jeija.

Contextualisation

Health (*ngbanpuan*), as a universal concept, has various definitions which essentially try to explain the optimal functioning of an organism without evidence of disease or abnormality.¹⁹⁰ This is so in “Western” definition of health where medical investigations have tended to focus more on osteological data and devote little attention to the social, performative and ephemeral aspects of healing.¹⁹¹

The Konkomba conception of health (*ngbanpuan*) involves far more than the absence of disease. Health is a general state of physical and social well-being. The observance of religious and customary obligations, oath of words (*nkam*), the maintenance of harmonious relations with family and social contacts, moderation in the consumption of certain types of food, and acquisition of protective medicines are all dimensions of a healthful living.¹⁹² All these practices that promote a healthful living are referred to as the medical culture of the Konkomba. The medical culture of the Konkomba was, in that sense, a social health. It is thus, that dimension of a society’s well-being that concerns how it gets along with its people and how the people react to social institutions and societal norms for a healthful living.¹⁹³ It incorporates elements of personality and social skills, and reflects social norms and mutual support.

¹⁹⁰ The state of organism when it functions optimally without evidence of disease or abnormality. See John V. Basmajian et al., *Steman’s Medical Dictionary: A Vocabulary of Medicine and its Allied Sciences with Pronunciation and Derivation* (New Delhi, S. Chand and Company Ltd, 1976), 618.

¹⁹¹ See “Introduction,” Effie Gemi-Iordanou et al., *Medicine, Healing and Performance* (Oxford: Oxbow Books, 2014), 1.

¹⁹² An interview with Balar Jeija.

¹⁹³ R. D. Russell, "Social Health: An Attempt to Clarify This Dimension of Well-Being," *International Journal of Health Education* Vol. 16 (1973):74–82.

Health was attained through the relationship between social institutions, practice, worldview and the interrelation between the physical and the metaphysical aspects of a human being (*uniborn*). It drew upon socially embedded skills and knowledge and utilised culturally specific practices in maintaining social health. It evoked complex relationships expressed and constructed by the Konkomba through performances in the maintenance of bodily health and well-being.¹⁹⁴ The performative aspect of healing included the rites performed on individuals such as widows, widowers, orphans, and pregnant women to ensure their well-being. The inability of the society to achieve a social equilibrium through the above social medication was a “dis-ease”¹⁹⁵ and disorder that a person and the society suffer from.¹⁹⁶ Disease (*tebunbund or eweein*), therefore, goes beyond a group of signs and symptoms inconsistent with the normal order of a single person in a society as construed from western medicine.¹⁹⁷ This made the medical culture of the Konkomba more holistic in terms of approach to health.

¹⁹⁴ An interview with Bingnul Ugaja, 47 year old healer, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

¹⁹⁵ Medical anthropologists have tried in the past to draw a distinction between disease, sickness and illness. In that quest, ‘disease’ stands for ‘organic pathologies and abnormalities,’ ‘illness’ stands for ‘how diseases and sicknesses are brought into the individual’s consciousness’ and ‘sickness’ stands for ‘the process through which worrisome behavioural, and biological signs, particularly ones originating from diseases are given socially recognized meanings.’ See Eric Nii Bortey Anum, “The Placebo Phenomenon and the Jesus Factor in healing Practices in Ghana,” in Joseph B. A. Afful et al., *Communication, Culture and Health* (Cape Coast, University of Cape Coast Press, 2015), 191. Among the Konkomba, to say a person does not possess wellness or health (*unil wee kaa pua*) included personal, familial and societal conception of health (*ngbanpuan*). An interview with Beninbewir Gbenbor, 50 year old healer, by Oliver Kofi Tasin and Manee Maasund on 3rd January, 2017, at Nbuendo in the Savanes Region of Togo.

¹⁹⁶ De-Valera N. Y. M. Botchway, “A Note on the Ethnomedical Universe of the Asante, an Indigenous People in Ghana,” in Gemi-Iordanou et al., *Medicine*, 161.

¹⁹⁷ John V. Basmajian et al., *Steman’s Medical Dictionary*, 401.

Konkomba Cosmology and the Concept of a Healthy Person

The Konkomba developed a complex epidemiological worldview, a worldview made up of practices and beliefs that ensured their health. Their worldview generally identified the human being (*uniborn*) as a composite of body (*tiwonand*), the soul (*kinan*), spirit (*mfutam*) and personal spirit (*nwin*).¹⁹⁸ In this sense, the exterior and inside elements of a human being shared the same principles and good health required evenness of all aspects of a human being. As a result, the concept of a perfect health was a harmonised combination of bio-physiological principles, body channels, digestive and excretory processes, mental faculties, senses and the spiritual self.¹⁹⁹ Consequently, the attitude of the Konkomba towards health and conception of illness were grounded in the endogenous cosmos that the human being (*uniborn*) was an intimate combination of material and immaterial forces.

The material aspect of the human being (*uniborn*) was the perceptible aspect and represented the biological figure (*tewonand*). Blood (*farr*)²⁰⁰ constituted one of the physical elements within the Konkomba cosmology and

¹⁹⁸ An interview with Lenyan Katawol, 60 year healer, by Oliver Kofi Tasin and Bingnul Malibi on 24th December, 2016, at Azua in the Volta Region of Ghana.

¹⁹⁹ Effie Gemi-Iordanou et al., *Medicine*, 166.

²⁰⁰ It was on the basis of the sacredness attached to blood that a menstruated woman was made to rest from her daily routine responsibilities. This was particularly so since menstruation was an indication of potential human being that could have been added to the family. An interview with Lakorbor Ugan, 96 year healer, by Oliver Kofi Tasin and Bingnul Malibi on 24th December, 2016, at Azua in the Volta Region of Ghana.

was held sacred.²⁰¹ The physical and perishable biological figure (*tewonand*) included anatomical components such as the body organs.

The immaterial and immortal part comprised the soul (*kinan*). The soul was given by the Supreme Being (*Uwumbor*), the creator of the universe. The soul was divine but could be polluted by the individual who possessed it. Thus the soul which served as the guardian spirit, director and advisor of the body could become a corrupted soul or a clean soul.²⁰² The soul, therefore, served as the embodiment of the Konkomba existence without which the material elements could not survive. The soul continued to live after the material elements experienced cessation. It transited from the universe of the physically living into the ancestral world (*yaajatib*) of the ancestors.²⁰³

An ancestor among the Konkomba was an individual believed to have lived a good life and died through a natural cause. The acceptance of an individual was based on the standard of the person's earthly life. It must, however, be noted that purificatory rites could be performed for a deceased to be accepted into the ancestral world by either the family, or clan head. The soul of an individual could be attacked through his or her personal spirit (*nwin*).²⁰⁴ When

²⁰¹ An interview with Lakorbor Ugan.

²⁰² An interview with Chamula Bipornbimaa, 77 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 24th December, 2016, at Azua in the Volta Region of Ghana.

²⁰³ In the Konkomba belief system, the deceased members of a family, clan or community had their own ancestral family. As a result, some sacrifices had to be offered, in some cases, to pave way for a newly departed soul to be welcomed by the ancestors of such family, clan or community.

²⁰⁴ The direction within which the spirit shaped an individual constituted their destiny (*ewilin*). The *nwin* is fairly equivalent to the Igbo (an ethnic group in South-eastern Nigeria) concept of *chi*. For further information on the concept of *chi* among the Igbo see, I. Chukwukere, "Chi in Igbo Religion and Thought: The God in Every Man," *Anthropos*, Bd. 78, H. 3./4. (1983):519-534, <http://www.jstor.org/stable/40460646>, accessed November 15, 2016.

the biological figure (*tewonand*) perished, the soul (*kinan*) went to the ancestral world, depending upon the life it led on earth when it occupied a body.

Connected to the soul (*kinan*) was the personal spirit (*nwin*) that played a role in the health of an individual. A personal spirit was derived from one's parents. A person could inherit the personal spirit of his father, mother, grandmother or any member of the extended family through the genetic connection of the parents to the family, lineage and clan at large. It formulated a person's character, disposition, mental fortitude and intelligence. Professed as a specific astrophysical double, it manifested in dreams. It could be attacked by malevolent spirits and sorcerers.²⁰⁵ The defeat of one's personal spirit (*nwin*), therefore, affected the material component of the victim. Consequently, the biological figure (*tewonand*) became fragile and the victim suffered from different illnesses. A strong personal spirit (*nwin*) protected the human being (*uniborn*) from spiritual attacks and the maladies that would manifest physically in the biological figure.²⁰⁶ A personal spirit (*nwin*) which led a virtuous and morally upright life found succor in the world of the ancestors and could choose to reincarnate.²⁰⁷ The personal spirit (*nwin*) was, therefore, a crucial personality

²⁰⁵ The Konkomba word for witchcraft or sorcery is *kesuo*. *Osuo* (singular) was believed to have magical powers which were used to cause ill-health of an individual. This was done mainly in three ways: in beer (*ndabin*), in a kola nut or being placed on a path (*tiwanpilkan*). As a result of the malevolent activities of *besoub* (plural), Konkombas do not eat anything particularly, kola, given by strangers. They do not receive anything by using the left hand, especially if it is food. For further information see David Tait, "Konkomba Sorcery," *The Journal of the Royal Anthropological Institute of Great Britain and Ireland*, Vol. 84, No. 1/2 (1954): 66-74, <http://www.jstor.org/stable/2844001>, accessed April 21, 2016; David Tait, "Konkomba 'Osuo'," *Man*, Vol. 55 (1955): 152-153, <http://www.jstor.org/stable/2793483>, accessed May 22, 2016.

²⁰⁶ An interview with Chamula Biporbimaa.

²⁰⁷ On the other hand, the one which led an evil and sinful life and (or) did not die a natural death or dies in the service of humanity could also reincarnate to fulfill an unfulfilled life. An interview

spirit which originated from the external exposure of an individual without any direct role from the soul.

A human being (*uniborn*) was a subset of a family (*lichinl*) and community (*limantorl*). A healthy person was therefore regarded as community-structured.²⁰⁸ The individual was a social person as well as an individual being. Any emphasis on individuality at the expense of the social network of other fellow human beings was construed as a fatal disease among the Konkomba. The health of a human being (*uniborn*) was due to the integrativist conception of personhood of both the physical and the spiritual worlds of the community.²⁰⁹ Therefore, the entire world of a human being (*uniborn*), which affected the individual's health, was conceived as a complex of earthbound life and spiritual or past and future life limits.²¹⁰ To prevent or treat illnesses or restore good health, harmony between and comfort for the material and immaterial facets must be guaranteed.

Social Therapy among the Konkomba

The social institutions among the Konkomba were basically established and done to maintain societal harmony. Components such as marriage, rites

with Benyibore Ndilare, 70 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 24th December, 2016, at Tinjase in the Volta Region of Ghana.

²⁰⁸ To say that someone is community structured is to acknowledge the foundational place of the community in the making of the person and, as well, to recognise that the person is a communal being. For instance, the origin of life of a person is found in the parental union which is a communing. See Ike Odimegwu, *Integrative Personhood: A Communalist Metaphysical Anthropology* (New Brunswick: Transaction Publishers, 2008), 41-42.

²⁰⁹ Odimegwu, *Integrative Personhood*, 42.

²¹⁰ Effie Gemi-Iordanou et al., *Medicine*, 66. For further information on Konkomba spirituality and harmonious co-existence with the universe which is essentially tied to African spirituality, see the lecture of John Henrik Clarke, African spirituality (the laws of nature and the universe), <https://www.youtube.com/watch?v=xEQx75UPoIY>, accessed September 24, 2016.

around pregnancy, belief in deities and ancestral veneration were deemed to have promoted their social health.

First, marriage was not simply an affair of the individual couple but of the community. It was the community that approved or disapproved a marriage, and invoked the Supreme Being's (*Uwumbor*) blessings on the married couple which constituted a household in the kinship system. The Konkomba believed that the health of a family and a clan in general depended on marriage. Its performance was one of the Konkomba rites of passage and a process in their medical culture.²¹¹ Marriage, the exogamous one, was key to the creation of a healthy family, lineage and clan. Marriage was important to the extent that the status of perpetual spinster or bachelor was not encouraged.²¹² A perpetual spinster or bachelor was considered to be "sick" because they could not be defined as socially healthy.²¹³

The Konkomba practised a polygynous system of marriage.²¹⁴ Polyandry was unknown among the Konkomba.²¹⁵ Since the Konkomba cosmology revolved around spiritual, ritual and cleanliness, polygyny allowed the woman who experienced menstruation to stay away from her husband and other socio-

²¹¹ An interview with Benyibore Ndilare.

²¹² An unmarried person was not accorded some ritual rites at death. An interview with Gmalanki Ntenyimba, 67 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 24th December, 2016, at Tinjase in the Volta Region of Ghana.

²¹³ An interview with Salma Tamadi, 74 year old healer, by Oliver Kofi Tasin and Bingnul Mali on 26th December, 2016, at Kpassa in the Volta Region of Ghana.

²¹⁴ A society that becomes individualistic also loses a sense of the emotional and mental imbalances that operate in people who are deprived in one way or the other. By maintaining all societal norms, practice of prostitution (*kininsunkpaank*) was unknown in an endogenous Konkomba community. An interview with Sey Namey, 75 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 26th December, 2016, at Sibi in the Volta Region of Ghana.

²¹⁵ PRAAD NRG8/2/215 *African Marriage Laws and Custom*.

religious and economic activities.²¹⁶ It also allowed menstruating wives to rest from daily household chores.

The conception of marriage as an institution that had health implications informed the customary types of marriage. The most common one was the betrothal type (*eninpuchoi*).²¹⁷ This system reinforced the Konkomba conceptualisation of marriage as a health-giving or health-diminishing institution.²¹⁸ Thus, it served as a means of moral upbringing of a child viewed as either a prospective wife or husband. As a result, people were always eager to get married to families that were immune to “societal diseases” such as theft, jealousy and greed.²¹⁹

The betrothed girl and the prospective husband were trained in the etiquette of marital and family values. In other words, it automatically served as the courtship for the two families. It is worth noting that the betrothed wife, in line with the collective values of the Konkomba, was regarded as an integral part of the man’s family. Conversely, a betrothed lady may not necessarily marry the prospective husband.²²⁰ As David Tait explains:

²¹⁶ An interview with Ntawan Balar, a 55 year old mother, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

²¹⁷ An interview with Salma Tamadi.

²¹⁸ An interview with Ndobor Boyor, 69 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 26th December, 2016, at Sibi in the Volta Region of Ghana.

²¹⁹ An interview with Ntawan Balar.

²²⁰ This further explains why the man was not allowed to have any sexual engagement with the betrothed girl until they were acceptably married. In most cases, the family of the betrothed girl could also change the specific girl betrothed based on circumstances worthy of such change. However, there was a high absence of ‘the marital canker’ of divorce irrespective of whatever challenges. In cases where divorce occurred, the two families still regarded themselves as bonded together. An interview with Epornyan Uyonk, 73 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 26th December, 2016, at Sibi in the Volta Region of Ghana.

*First, Konkomba say that 'a woman does not marry one man.' Indeed, a girl is sometimes betrothed not to a specific husband but to an elder who, when the girl is old enough to marry, will give her to whichever of his sons is old enough to marry. The practice shows that the marriage relation is not primarily one between individuals but between a woman and a kin group.*²²¹

A bride stayed for three days in the house of the lineage head, where the aged women shared marital wisdom and life experiences with her. On the third day, the bride was sent to the bridegroom's family where a cock was offered to the ancestors. This afforded the bride both the physical and spiritual protection of the ancestors of the family.²²² This was also done to ensure childbearing since barrenness was also considered as a social illness caused by supernatural forces. Once a woman was married, she was taken care of by the family, lineage and clan in all situations. As reported by E. Lewis, the British agent in Yendi in 1955,

*among the Konkomba, the father's sister is married to another clan which cares for her throughout life. All women over the age of puberty living in 'hamlet' are married to it and have, vis-à-vis males of the minor lineage, the status either of mother or wife. These are protected statuses, in that wives are inherited, as indeed are mothers in the sense that some lineage member must stand to an old widow as her 'son'.*²²³

Mutual social support was viewed as an aspect of social health. Support reduced the effects of stress and incidence of disease. It also contributed to positive adjustment in children and adults, and encouraged personal growth. The concept of support underlined the theme of social health as an attribute of a society; a sense of community which refers to the extent to which there was a

²²¹ Tait, *The Konkomba of Northern Ghana*, 84.

²²² An interview with Salma Tamadi.

²²³ PRAAD (Tamale) NRG8/2/33 *Konkomba Language, Customs and Constitution (inquiry into, 1931)*.

feeling of mutual trust and reciprocity among members of such communities.²²⁴ Interestingly, the worth of an individual was measured, principally, by the number of children.²²⁵ Several rites and practices were, therefore, carried out to ensure healthy and safe childbearing, particularly, during the stages of pregnancy.

The Stages of Conception and Pregnancy

A pregnant woman in the culture of the Konkomba was the most esteemed individual. She was seen not just as a woman but an individual who needed keen physical and spiritual protection. The family of the pregnant woman, specifically, the husband, therefore, prayed and consistently made sacrifices for the safe delivery by the woman. This included other antenatal practices that the woman observed. Some of the antenatal prescriptions included the following: the woman was not supposed to delay on the farm till late evening, take a bath in the night and live a solitary life.²²⁶ She was also prohibited from some specific foods and given a ritual chain of *n-yin*²²⁷ by the clan head to wear.²²⁸ The husband was not supposed to raise yam mounds, especially, in the early postnatal period.

All the above served as the antenatal prescriptions which, coupled with other physical health practices, ensured safe delivery. The medical culture of the

²²⁴ An interview with Tafan Banalin, 73 year old healer, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

²²⁵ An interview with Epornyany Uyonk.

²²⁶ An interview with Namorbe Kumonkor, a 50 year old mother, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

²²⁷ *N-yin* was the endogenous medicine among the Konkomba. It was a protective medicine worn by women during pregnancy. Chapter four will do an exhaustive analysis of *n-yin* among the Konkomba. Oliver Kofi Tasin, "A History of Herbal Medicine among the Konkomba" (B.A diss., University of Cape Cape, 2014), 21.

²²⁸ An interview with Ntesunbon Tasin, 77 year old birth attendant, by Oliver Kofi Tasin on 24th December, 2016, at Abunyanya in the Volta Region of Ghana.

Konkomba was such that infidelity²²⁹ on the part of a married woman prevented her from fast or easy delivery. This could be detected by the indigenous birth attendant. Upon confession, such a woman could deliver safely. The refusal of such a woman to confess could lead to further complications.²³⁰

The birth of a child was a response to prayer as well as a blessing on the community and the family. The Konkomba family and world into which a child was born crying, was made up of seven characteristics: common origin, common worldview, common language, shared culture, common historical experience and a common destiny.²³¹ These characteristics influenced the naming of the child. A name, therefore, constituted one of the means of ensuring social health.

Names as a Definition of Health

Konkomba naming pattern served as a means for a healthy development of the child.²³² The name of a child signified his or her role and ensured the health of that child. This view was encoded in the Konkomba aphorism that *liyinbil wanbiik san ewee* (a bad name is a disease) or *liyinbil wanbii kaa cha kitindan* (a

²²⁹ The sacrifices made to the ancestors after a marriage served as the bond that checked infidelity. Since the ancestors were to protect the bride who became an integral member of her husband's family, the bride also ought to live a morally fulfilling life. However, a woman was supposed to confess any act of infidelity in cases where moral sanctity was breached. When a woman who breached this moral code ate food that had been blessed by the ancestors, she was believed to become blind. This informed most of the spiritual beliefs of the Konkomba to ailments. An interview with Kabuja Balatorb, 50 year old healer, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

²³⁰ An interview with Kabuja Balatorb.

²³¹ An interview with Salmo Bitekpe Konja, 81 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 26th December, 2016, at Sibi in the Volta Region of Ghana.

²³² An interview with Ntagnan Bourbour, 67 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 28th December, 2016, at Sarakawa in the Savanes Region of Togo. For further information see Afam Ebeogu, "Onomastics and the Igbo Tradition of Politics," *African Languages and Cultures*, Vol. 6, No. 2 (1993):133-146, <http://www.jstor.org/stable/1771770>, accessed June 27, 2016.

diseased name does not leave its owner). This belief explains why the choice of a name for a child, or a prospective title initiate or a new bride was carefully exercised.²³³ In some cases, it involved the consultation of soothsayers (*uboa*) before such names were given. Personal names were classified under differing circumstances of birth: 'the Supreme Being and Deities,' 'The Good and the Virtuous,' 'Kinship,'²³⁴ 'Natural Phenomenon,'²³⁵ 'Social Concepts,'²³⁶ 'The Calendar,' 'Titles,' 'Evil and Non-Virtuous,' 'Natural and Physical Objects,' 'Parts of the Body,' 'Material Assets' and 'Occupations.'²³⁷

There were also personal theophoric names given to children to help them maintain a healthy development and fortune. These included names such as, *Uwumborapuan* (God's strength), *Uwumborapiin* (God's blessings), *Uwumborchee* (through the will of God), *Uwumborbe* (God is alive), *Uwumborla*

²³³ Interview with Ntagnan Bourbour.

²³⁴ Some of the names suggested continuity of the family, or clan. Names such as *Begrine* (they have replaced), *Ntefune* (father has come), *Ntebe* (father is alive) reflected the ancestral consciousness and continuity of a family or clan among the Konkomba. An interview with Ntefune Nagorb, 47 year old healer, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

²³⁵ The natural phenomenon, in most cases, depended on the season and the unusual death of a family before one's birth. In such cases, the names tended to plead for better health. For example names such as *Nkumucha* (death should stop), *Nkumagi* (death is tired), *Kitindo* (land is finished for burial) and *Nkubanyen* (if hundred leaves, hundred replaces). An interview with Waja Jeija, 73 years old healer, by Oliver Kofi Tasin and Bingnul Malibi on 29th December, 2016, at Yawkugmado in the Savanes Region of Togo.

²³⁶ The writer interviewed an aged man why his middle name was *Tintakume* (May the problem of the people not destroy me). The explanation was that the father was some kind of community leader. About the time the respondent was born, his father was involved in some conflict with the community in which the father stood the danger of being greatly disadvantaged by the decision he had taken in good faith on behalf of the community. For this parent, it was obviously an irritating experience trying to serve the group, and what better way can this irritation be captured than by expressing it through a name given to a child born at that time. *Tintakume* was a plea arising out of a personal irk as well as a healthy and philosophical injunction to the effect that any person dealing with a group must attempt to draw the necessary line between individual responsibility and that of the people so that what has been done on behalf of the community does not turn back to destroy the individual. The therapy of such protection could be expressed in no other means than the conscious through name. An interview with Nagnakiya Tintakume Balija, 80 year old healer, by Oliver Kofi Tasin and Manee Maasund on 3rd January, 2017, at Nbuendo in the Savanes Region of Togo.

²³⁷ Interview with Balar Jeija.

(God loves) and *Uwumborti* (God's gift).²³⁸ The Konkomba understanding of health was, therefore, linked to their naming sensibility. Names among the Konkomba, depending upon the circumstance and other factors, worked in congruence for the health of a person in the Konkomba medical culture. The name of a child reflected the family, lineage and clan's activities.

Religious Therapy among the Konkomba

The spiritual activity of the Konkomba was all embracing and holistic.²³⁹ The Konkomba believed that the universe was a cosmological component ruled by spirits which were accountable to the Supreme Being (*Uwumbor*).²⁴⁰ Hence there was a hierarchical structure of divine composition of spirits, from the ultimate to the smaller ones which they prayed to. The small spirits served as intermediaries between man and the Supreme Being (*Uwumbor*). Consequently, spirituality gave meaning to life and the very progress of life purely depended on an individual's ability to understand the tenets of one's spiritual life.²⁴¹

The spirit was the principle of life and energy in man without separation between or difference in the material and spiritual worlds.²⁴² All the institutions of

²³⁸ Interview with Kabuja Balatorb.

²³⁹ Spirits of the Konkomba can be categorized into two. These included spirits as personifications of the powers of nature and spirits that appear as a result of deification of ancestors.

²⁴⁰ "An interview with Ugan Kpobanye by Oliver Kofi Tasin and Nawundo Banalin on 14th February, 2014 at Azua, Volta Region of Ghana," in Tasin, "Herbal Medicine," 14. For further information from the African spiritual development, see John Henry Clarke teaching on African spirituality, the laws of nature and the universe, <https://www.youtube.com/watch?v=xEQx75UPoIY>, accessed November 28, 2016.

²⁴¹ John Henrik Clarke's teachings on African Religion, <https://www.youtube.com/watch?v=iPRNtRpAp94>, accessed November 28, 2016.

²⁴² Nana Kobina Nketia V, *Africa Culture in Governance and Development: the Ghana Paradigm* (Cape Coast: Cape Coast University Press, 2013), 285.

the Konkomba were spiritually controlled. Social, economic and political institutions were all tied to ritual or spiritual prescriptions and proscriptions.²⁴³ The success of any of these depended on the rate at which an individual abided by the rules of spiritual order. Stringent observance of spirituality, therefore, defined a complete health of a Konkomba.²⁴⁴ The Konkomba reality of health was explained through the realisation of the movement of these cosmic spirits through dreams, encounter with some animals in the past and divination.²⁴⁵

The Supreme Being (*Uwumbor*) was viewed as omniscient, creator of the universe and the omnipotent healer.²⁴⁶ God's name in Konkomba is prefixed, 'U' which is the prefix of a human being (*Uniborn*). This is joined with *wum*, which translates as 'enlighten.' *Bor* meant 'chiefly.' U+ wum+ bor etymologically meant the chiefly enlightened, in other words, the omniscient Being of the universe. Health wise, the Supreme Being (*Uwumbor*) was seen as the universal healer of humanity.²⁴⁷ This, in certain terms, explained the centrality of the Supreme Being in Konkomba medical culture. It was found in daily sayings such as *Uwombor ndo si ewein* (may the Supreme Being heal you). His existence and potency were cardinal in every Konkomba spiritual and health thought. The universality of the Supreme Being (*Uwumbor*) was so acknowledged that every

²⁴³ An interview with Ujabu Sowin, 74 year old healer, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

²⁴⁴ Carlos A. Botero et al., "The ecology of religious beliefs," *Proceedings of the National Academy of Sciences of the United States of America*, Vol. 111, No. 47 (2014):16784-16789, <http://www.jstor.org/stable/43279389>, accessed October 21, 2016.

²⁴⁵ An interview with Ujabu Sowin.

²⁴⁶ John Henry Clarke teaching on African spirituality transformation into Christianity, <https://www.youtube.com/watch?v=PfLFVYQQA0&spfreload=10>, accessed November 28, 2016.

²⁴⁷ Another version of the etymology of the name Uwombor is the *U* (the prefix of humanity) + *wom* (enlightened) + *bor* (chief) which meant the chief of humankind. An interview Ujabu Sowin.

endogenous medical practice among the Konkomba involved prayers channeled to Him.²⁴⁸ Such prayer was recited with great solemnity. In translation, a typical prayer was rendered as:

*Ntedan Uwumbor saa nyisum*²⁴⁹ *me na*.....the Supreme Being, the protector of the universe receive your cold drinks.
Litigbaln saa nyisum me na.....Earth deity receive your cold drinks.
Litingbaln atikpiib naa nyisum me na....Ancestors of the earth receive your cold drinks.
Tiyaaaja tiib na nyisum me na.....Grandfathers receive your cold drinks.
Nwa kɔkɔɔ na nyisum me na.....All unknown deities and spirits receive your cold drinks.
Dam man kila fo na dam.....Come and receive your drinks.
Ti yi ne litafa sulnWe call you on peace.²⁵⁰

The prayer to the Supreme Being that was carried by his messengers was then followed by the specific request of the officiant. This made the Supreme Being, the earth and the ancestral world the most important components of the Konkomba religious beliefs. This enhanced their spirituality which formed one of the fulcrums in the Konkomba medical practice. It served as the basic unit of moral control which constituted part of the Konkomba definition of health.

²⁴⁸ An interview with Toborchand Tinanla, 81 year old soothsayer, by Oliver Kofi Tasin and Manee Masund on 3rd January, 2017, at Nbuendo in the Savanes Region of Togo; Ross Gaskin, A Contrast of the Konkomba worldview with that of the Pitjantjatjara, towards better communication, 1989, <http://www.worldcat.org/title/contrast-of-the-konkomba-worldview-with-that-of-the-pitjantjatjara-towards-better-communication/oclc/271768588#relatedsubjects>, accessed August 14, 2016.

²⁴⁹ *N-nyim* in the Konkomba language is water and *sum* literally means cold. In some prayers, drinks, particularly, the locally produced ones such as *pito* may be used. The usage of *n-nyisum* was to express an appreciating atmosphere before one's request was put forth. An interview with Tiborchand Tinanla.

²⁵⁰ Henryk Zimon, "The Sacredness of the Earth among the Konkomba of Northern Ghana," *Anthropos*, Bd. 98, H. 2. (2003): 429, <http://www.jstor.org/stable/40467332> , accessed April 22, 2016; A. W. Cardinall, "Some Random Notes on the Customs of the Konkomba," *Journal of the Royal African Society*, Vol. 18, No. 69 (1918): 45-62, <http://www.jstor.org/stable/715714>, accessed April 4, 2016.

Apart from the Supreme Being (*Uwumbor*), the Konkomba established forms of worship through which their health messages and prayers were conveyed to the Supreme Being. The root and medical establishment of many health practitioners revolved around a direct earthly form of communication. Since the Konkomba medical practitioner was a member of a clan, their health practices revolved around the clan deity.²⁵¹ As a result of the multiplicity of clans among the Konkomba, members of each clan associated themselves with one clan deity and they traced the origin of such deity to an eponymous ancestor.²⁵² The clan deity of the Konkomba (*leyajawal*) was the earthly universal deity worshipped by a particular clan. An instance was the *bunchee* deity of the chal clan.²⁵³ Each clan had a clan priest who performed strictly defined religious and social functions.²⁵⁴ The earth priest enjoyed great esteem and certain privileges.²⁵⁵ The clan deity (*leyajawal*) was under the control of whoever the deity thought had qualified to handle its affairs, especially the aged. The clan deity served as the protector of the clan.

Territorially, the clan deity also served as the landmark of the clan to members who dispersed over time and linked the members of a given clan to a particular town. The clan deity, as a matter of fact, justified their heritable right to

²⁵¹ The clan forms the most important unit of the social and political system of the Konkomba. It serves as the highest stage of healing and also settling social discord between or among family members. See David Tait, "The Political System of Konkomba," *Africa: Journal of the International African Institute*, Vol. 23, No. 3 (1953): 213-223, <http://www.jstor.org/stable/1156281>, accessed January 1, 2017. See also J. H. Driberg, "Clan Functionaries," *Journal of the Royal African Society*, Vol. 38, No. 150 (1939): 65-74, <http://www.jstor.org/stable/717538>, accessed March 23, 2017.

²⁵² An interview with Ugaja Baliija, 69 year old healer, by Oliver Kofi Tasin and Manee Masund on 3rd January, 2017, at Nbuendo in the Savanes Region of Togo.

²⁵³ Tasin, "Herbal Medicine," 18.

²⁵⁴ Zimon, "The Sacredness of the Earth," 421.

²⁵⁵ An interview with Ugaja Baliija.

inhabit and use the land they occupied.²⁵⁶ The source of worship of such deity was in a serene environment, especially in mountains, lakes, rivers, and rocks.²⁵⁷ These objects served as the symbols through which clans derived their expression of divine essence.²⁵⁸ The clan deity among the Konkomba was connected to ancestral history of an animal or plant that saved the life of the eponymous ancestor of such a clan. In the quest of honouring the pivotal role by such animal, the clan was prohibited from eating the meat of such animals.²⁵⁹ Any violation of such clan prohibition led to an infection by a fatal disease. For example, the Kanjotib clan members do not eat monkeys, the Sangutib clan does not eat leopard and Chatib clan is forbidden to eat a leopard.²⁶⁰

The clan head in charge of the clan deity was selected by the clan deity. In some cases, the chosen individual was at a different place from where he returned to the clan land. Any violation of such calling could lead to blindness, crippling or death. The clan head in consultation with lineage heads made communal sacrifices, when necessary, for the health of the clan and the community.

²⁵⁶ Zimon, "The Sacredness of the Earth," 424.

²⁵⁷ The beliefs of the Konkomba were tied to Mircea Eliade's analysis. Thus the earth served as the basis of a number of hierophanies and revelations. It was a source of power and of sacred forces, which were manifested in such forms as soil, stones, mountains, trees, woods, water vegetation, landscape and environment. All these hierophanic manifestations existing on the earth created a whole and constituted a large living cosmic unity whose synthesis and expression was seen in the earth which was championed by the *utindan*. For further information see Mircea Eliade, *The Quest: History and Meaning in Religion* (Chicago: Chicago Press, 1969), 112.

²⁵⁸ Nana Kobina Nketia V, *African Culture*, 286.

²⁵⁹ An interview with Ugaja Balija. See also J. C. Froelich, *La Tribu Konkomba du Nord Togo* (Dakar: IFAN, 1954), 42; interview with Ugaja Balija.

²⁶⁰ Froelich, *La Tribu Konkomba*, 42.

The clan's spiritual symbol of worship served as the social bondage that ensured the continued existence of the clan and its descendants.²⁶¹ Despite the composition of different lineages and families, members ultimately saw themselves as one unit. Consequently, the clan served as the 'health umbrella' that protected its members.

Next in line of the Konkomba belief system was the territorial deity (*litingbanwaal* henceforth *Litingbaln*). Each community of the Konkomba had a universal deity which was worshipped by all clans and people within that community. The name *Litingbalnwaal* was derived from earth (*kitink*),²⁶² a definite landscape (*ligban*) and deity (*lewal*). The administrative nature of the territorial deity was run by the owner or custodian of the land (*utindaan*).²⁶³

The specific area for worship was treated with devotion which was under the supervision of the custodians²⁶⁴ (*betindam*), mostly vested in the top lineage of the land. Emigrants to a particular area paid their allegiance mostly to the head

²⁶¹ David Tait, "The Place of Libation in Konkomba Ritual," *Bulletin de l'Institut Francais d'Afrique Noire, Series B*, Vol. 17 (1955): 168-172.

²⁶² The earth (*kitink*) is regarded as the mother of the Supreme Being (*Uwumbor*) by the Konkomba. As a result, they were acquainted with the images concerning the cosmic binomial, namely the couple of Heaven-Earth. The view of the Konkomba differed from the general view painted by R. S. Rattray that the earth female element and a wife among the people of Northern Ghana, see R. S. Rattray, *The Tribes of Ashanti Hinterland, Vol. 1* (Oxford: Clarendon Press, 1932), 43; M. Fortes' view, the earth among the Tallensi was not a goddess, although it was often identified with female principle, see M. Fortes, *The Dynamics of Clanship among the Tallensi* (London: Oxford University Press, 1969), 107.

²⁶³ The literal translation of the word *utindan* as 'owner of the land' does not mean that the person owned the land. The land among the Konkomba, just as other African societies, was a collective property for the present and the future generation. The selection and the function of the *utindan* were specifically to ensure these aims of present and future generations. As a result, *Utindan* can neither give up nor sell the land; however, the land belonged to the whole lineage, the clan and eventually to the supernatural beings (especially to the *litingbaln* and the ancestors. For further information see W. A. Cardinal, *The Natives of the Northern Territories of the Gold Coast: Their Customs, Religions and Folklore* (London: George Routledge, 1920), 15.

²⁶⁴ The plural form of *utindan*.

of the custodian family with the head referred to as *utindan*. Custodians of a territorial deity could also travel to pay homage to their clan deity. The spiritual leader of the territorial deity (*litingbaln*) assumed the title of *Utindaninkpel* of an area who ensured the continuity of life between the living, cosmic beings and the Supreme Being.²⁶⁵ Some of the spiritual leaders functioned as both the head of the territorial deity and the clan deity. *Utindan* was the leading worshipper of the *litingbaln* and offered prayers to the *litingbaln* for rain, sowing and bountiful harvest. *Utindan* in sum made thanksgiving, pacificatory and expiatory sacrifices on behalf of the indigenes of a community. *Utindan* represented the members of the clan and/or community and mediated between the people and the supernatural beings.²⁶⁶ His power did not only emanate from the territorial deity but it was also directed from the Supreme Being (*Uwumbor*) who consigned the earth to his care.

The territorial deity guaranteed peace and social-moral order and served as the symbol and manifestation of the local earth spirits as well as the guardian of all the inhabitants of a particular polity and/or clan.²⁶⁷ The territorial deity was not only the feeder and source of food but it had a patrimonial character of being

²⁶⁵ An interview with Ugaja Baliija.

²⁶⁶ An interview with Ugaja Baliija.

²⁶⁷ It was therefore forbidden to shed blood of any kind over the soil, particularly through a quarrel. It meant defilement and in cases where such event occurred, each of the quarrelling parties brought a sacrificial animal to the place where the blood was shed. They dug up a ditch where they poured the blood of the sacrificial animal saying “we are burying this blood and this quarrel and we will not quarrel or speak of it anymore.” After the ditch was filled up, the meat of the sacrificed animal was cooked and ate by all the participants. On this basis, murder was a serious crime against the earth and one could not go unpunished by the Supreme Being (*Uwumbor*). Adultery, and even more, incest in the bush meant defilement of the earth, the stopping of rain, infertility and the earth’s anger. Zimon, “The Sacredness of the Earth,” 423. Among the Tallensi people, murder, whether purposeful or accidental, was a sin against the earth and it was repaired with big offerings from the murderer. For further information, See M. Fortes, 4th ed., *The Web of Kinship among the Tallensi* (London: Oxford University Press, 1969), 265. This was also found among other voltaic ethnic groups such as the Moba, Kasena and Nuna. Fortes, *The Web*, 188.

closely related to the ancestors who had been buried and lived there. The importance of the territorial deity and the ancestors in the social and spiritual health of the Konkomba followed from the fact that the ancestors guaranteed the continuity of patrilineal structure and expressed the unity between the dead and the living members of the lineage and clan of a community.²⁶⁸ All the territorial deities of the Konkomba people were principally of clan character and they expressed a sacred relation between the clan members and the residence. A ritual offering to the territorial deity usually included beer or water, and other animals. A classic example of the prayers by the *utindan* was captured in the following:

*We are making offerings to you (the territorial deity) today.
You (spirit of this community), accept this drink and give it to our
ancestors.
Since we are making offering to our earth, we shouldn't experience
any evil thing or trouble.
We want good health and prosperity.
Our great ancestor (utindan) you own this land.
After accepting this sacrifice, make our women give birth to
children and give us enough food.
Spirit of the earth, guard us when we are working in the field.
If you accept it, don't let any yam seedling be wasted.
We want happiness and health.²⁶⁹*

The ritual bond that sacrifices establish between major lineages, clans and communities strengthened and stabilised the feeling of oneness. The sacrifice to the territorial deity (*litingbaln*) also integrated and united a number of clans within a community. Ritual sacrifices became a symbolic system of meanings and communication, which made the contact of man and the community with the

²⁶⁸ An interview with Nlakpind Mabee, 97 year old healer, by Oliver Kofi Tasin and Manee Masund on 4th January, 2017, at Nbuendo in the Savanes Region of Togo.

²⁶⁹ An interview with Njonarm Baliija, 70 year old healer, by Oliver Kofi Tasin and Manee Masund on 3rd January, 2017, at Nbuendo, Savanes Region of Togo.

supernatural realities possible.²⁷⁰ Through words, gestures, objects, and symbolic activities, it conferred spiritual truths, norms and values which determined Konkomba behaviour and secured order, continuation and harmony for the society. The ritual sacrifice was also a carrier of emotional states, experiences and expectations of individuals and relieved anxieties.²⁷¹

Next in the religious beliefs of the Konkomba was ancestral veneration. The Konkomba understanding of human existence embodied two conceptualisations: The life within the universe and the life underworld otherwise called the ancestral world (*yaajatib*). This constituted a double heritage of human existence devoid of statements such as ‘you only live once.’²⁷² This explained their belief in life-here-after. This cosmic view among the Konkomba shaped their cultural consciousness that served as an embodiment of their health. The ancestor played the intermediary and protective role between the living and the Supreme Being.²⁷³ Ancestors played socio-religious roles for the Konkomba. Veneration of ancestors expressed and embodied the extended ongoing communion between the living and the dead, and interdependence in family relations. It affirmed that an individual belonged to a complex network of relations stretching from the past, the present and to the future. Thus, a socially healthy life was like a thread that connected individual generations together and was never lost. This practice is shown by Benjamin Kankpeyeng et al, in the Northern Territories that:

²⁷⁰ An interview with Nlakpind Mabee.

²⁷¹ Zimon, “The Sacredness of the earth,” 439.

²⁷² An interview with Kechee Kornab, 70 year healer, by Oliver Kofi Tasin and Manee Masund on 3rd January, 2017, at Nbuendo in the Savanes Region of Togo.

²⁷³ For further information on the intermediary role of the ancestors among ethnic groups of Northern Ghana, see B. G. Der, “God and Sacrifice in the Traditional Religions of the Kasena and Dagaba,” 172-187.

It is common feature in the ritual practice of many of the ethno-linguistic groups in [the Northern Territories] that an aspect of the ancestral/guardian spirit should be invested in a material object/ artifact/shrine, this often being the end point of the funeral or incorporation rites. The placement of these materials signifiers often echoes existing social kin relationships, as well as to reinforce a continuing relationship with ancestral spirit.²⁷⁴

The ancestral world was believed to be below the physical world of the living. Social health of the Konkomba embodied the representation of this ancestral world at the right corner of a man's house where periodic prayers and sacrifices were made. In this intricately bounded relationship, distance, snow, or death did not separate anyone from the family unit. Furthermore, life came from the Supreme Being and was shared within the relations that were woven into the family tapestry and the community.²⁷⁵ On the above culture of the Konkomba, the ancestors having once trodden the path of the living, having had experiences similar to those of their living descendants, having gained the spiritual status, presumably invested with power that humans did not possess, were believed to be in the position to guide, protect and help to maintain social equilibrium.²⁷⁶ The ancestors' former humanity linked them to their descendants and constituted them as part of the family or community of humans living in flesh. Even though the ancestors could not be seen, they were nevertheless believed to be dwelling in the

²⁷⁴ Benjamin Kankpeyeng et al, "Insights into Past Ritual Practice at Yikpabongo, Northern Region, Ghana," *The African Archaeological Review*, Vol. 30, No. 4 (2013): 489, <http://www.jstor.org/stable/4264184>, accessed February 3, 2017.

²⁷⁵ An interview with Kechee Kornab. Also see Pashington Obeng, "Re-Membering Through Oath: Installation of African Kings and Queens," *Journal of Black Studies*, Vol. 28, No. 3 (1998): 347, <http://www.jstor.org/stable/2784737>, accessed July, 29 2016.

²⁷⁶ "An interview with Nakoba Jakodo by Oliver Kofi Tasin on 27th January, 2014 at Chama, Northern Region of Ghana," in Tasin "Herbal Medicine," 16.

world of spirits where they constantly communicated²⁷⁷ with the world of human beings.²⁷⁸

The ancestral veneration was, therefore, seen as a collective family affair which was presided over by the family head. This became the unit of moral and social control among members that sacrificed together.²⁷⁹ The ancestors among the Konkomba protected their families, in some cases, against the ‘eaters of the soul’ (*bisunb*);²⁸⁰ thus, people who employed malevolent powers in the quest to wreak havoc on the family or community. The ancestors were always honoured by the Konkomba to prevent “historical and experiential amnesia”²⁸¹ which could lead to “social diseases” among them.²⁸²

Ancestors were considered to be ever present and alive members of the community, who took an active part in the life of the community and influenced the health of the living. Their veneration resulted from the position that they held both in the physical and spiritual worlds.²⁸³ The ancestors were the links that joined the Konkomba with the spiritual world. The content of ancestral prayers embraced all individuals and community health as well as the needs of the

²⁷⁷ The communication was chiefly done through dreams, revelations and other experiences.

²⁷⁸ “An interview with Poanda Nakoja by Oliver Kofi Tasin on 10th February, 2014 at Sibi, Volta Region of Ghana” in Tasin, “Herbal Medicine,” 17.

²⁷⁹ John Middleton and David Tait, *Tribe without Rulers: Studies in African Segmentary Systems* (London: Routledge and Kegan Paul, 1958), 186.

²⁸⁰ Tasin, “Herbal Medicine,” 16.

²⁸¹ That is when an individual or a group of people are compelled by various circumstances to repress important segments of their formative cultural history. They at the same time lose access to crucially important social, intellectual and technical skills associated with that history which could be used to solve their problems. Consequently, to some lesser or greater degree, the people become handicapped or disadvantaged by the social amnesia. See Wilson, *The Falsification of African Consciousness*, 1.

²⁸² K. Gyekye, *African Cultural Values: An Introduction* (Accra: Sankofa Publishing Company, 1996), 23.

²⁸³ An interview with Kechee Kornab.

participants in the ritual.²⁸⁴ The prayers that accompanied the offering of a drink and animal asked for social harmony in the community, health of the community, fertility, and abundance of food, welfare, rain, freedom from illness, evils, and troubles.²⁸⁵

Conclusion

Having observed the above socio-religious practices, the Konkomba medical culture was fundamentally a social health which was more holistic in its approach to disease and health. Their socio-religious practices underpinned such social health. Health (*ngbanpuan*) was derived from the society and its beliefs in the Supreme Being (*Uwumbor*), deities and the ancestors. This belief pattern constituted an integral element in Konkomba medical therapy. The concept of medicine (*n-nyork*) and medicinal healers (*benyordam*) among the Konkomba was linked to their socio-cultural practices towards complete health (*ngbanpuanbamorm*).

The next chapter examines medicine (*n-nyork*), medicinal healers (*benyordam*) and forms of treatment such as hydrotherapy and bloodletting among the Konkomba.

²⁸⁴ An interview with Kechee Kornab.

²⁸⁵ An interview with Nlakpind Mabee.

CHAPTER FOUR

MEDICINAL HEALERS AND FORMS OF TREATMENT AMONG THE KONKOMBA

Introduction

The Konkomba term for medicine (*n-nyork*) represents the totality of ways in which humankind attempted to help their community to either heal it of some health challenges (*ngbanpuan aakam*) or cause ill-health (*tebubund*) to an individual or the community.²⁸⁶ Medicine (*n-nyork*) was, therefore, used for either healing purposes or for causing ailments. The terms medicine and medicinal healer are related to the healing purposes and the individual who carried out such healing respectively.

Various forms of medicine were used in bringing good fortune and protection against illnesses (*tebubund*) that the Konkomba encountered from the early period till the twentieth century. From the twentieth century, Konkomba classified medicine (*n-nyork*) in a variety of ways. The European medicine (*ekalnyork*)²⁸⁷ was distinguished from African medicine (*Enibornyork*)²⁸⁸ and for that matter Konkomba medicine (*Ekpakpanyork*).²⁸⁹

Medicine (*n-nyork*) was again divided according to its source and potency.

This included home medicine (*nnanpal anyork*) and medicine of the healer

²⁸⁶An interview with Salmo Bitekpe Konja, 81 year old healer through *n-yin* and *bigolkpaab*, by Oliver Kofi Tasin and Bingnol Malibi on 26th December, 2016, at Sibi, Volta Region of Ghana.

²⁸⁷ *Ekalnyork* refers to non-African medicine. This means any medicine that is derived from other parts of the world, particularly, Europe and Americas.

²⁸⁸ *Enibornyork* refers to medicine derived from the corpus of African therapy. As a result, such medicine is not necessarily geographically bound. In other words, it might come from any part of the world either than Africa but it must be derived from African indigenous knowledge.

²⁸⁹ *Ekpakpanyork* refers to medicine derived from the corpus of Konkomba therapy. It therefore constitutes of the universal African indigenous therapy. An interview with Salmo Bitekpe Konja.

(*unyordan anyork*). The former was the common household therapy and the latter being the more powerful and professionally formulated treatment.²⁹⁰ The household therapies included basic treatments that parents carried out without undergoing any prior routine training or initiation. Apart from household medicine and that of a trained healer, the Konkomba had other medicines that could be termed as ancestral medicine (*eyajanork*). Ancestral medicine was designed to heal the patient through purification rituals used for their kin, and clan.²⁹¹ Ancestral medicine was a central aspect of the Konkomba medical culture. These included *n-yin*, *jabun* and *gbalk* collectively referred to as “native” medicine by the Europeans in the colonial period.²⁹²

Ancestral medicine

N-yin was one of the ancestral medicines utilised by the Konkomba before the twentieth century. The power of healing in this area of medicine was derived from the *n-yin*, which was similar to the clan deity (*leyajawal*) but different in some respects. The *n-yin* was clan-based and, hence, each clan

²⁹⁰ An interview with Lakorbor Ugan, 96 year old healer through *n-yin*, by Oliver Kofi Tasin and Bingnul Malibi on 24th December, 2016 at Azua, Volta Region of Ghana.

²⁹¹ An interview with Lakorbor Ugan.

²⁹² A misunderstanding of African therapy by the colonial officials that characterised on the Gold Coast in the colonial period resulted in a derogatory naming of African ways of treatment by the British as ‘native’ and ‘unscientific’. This led to different colonial policies which either did away with the medical practice of the people or sought to register the practitioners as members of a specific healing group. Hence, license was given to some of the practitioners of indigenous medicine and thus resulted in a clampdown on other practitioners. The British ignorantly described such practices as fetish. See *PRAAD (Cape Coast) ADM 23/1/441 Native Medicine Practitioners and Licenses of Native Doctors; PRAAD (Tamale) NRG8/19/11 Fetish, Witch-craft Prevention and Native Customs*. See also Samuel Adu-Gyamfi et al., “A Historical Narrative of the British Colonial Administration’s Clampdown on Witch finding Shrines amongst the Asante People of the Gold Coast,” *International Journal of Arts and Humanities*, Vol. 2 No. 9 (2013): 228-234.

possessed a unique clan *n-yin* bequeathed to it by its forefathers.²⁹³ It was clan-owned and not based on individual ownership. What actually constituted clan *n-yin* varied from one clan to another. However, *n-yin* basically was made up of *Hymenocardia acida* tree known as *litanyal* in Konkomba and porcupine quills.²⁹⁴ The roots of the *Hymenocardia acida* tree²⁹⁵ were pounded, soaked in water and allowed to dry hard around the horn of a bush cow (*ukpiin*). The encased horn was then bound with strings and porcupine quills were inserted around the horn. The ritual processes that entailed in the creation of *n-yin* were so elaborate that the custodian of the *n-yin* served as a healer. It was not supposed to touch the ground and was placed in the shell of a turtle (*umeen*).²⁹⁶

N-yin was used to protect people against evil spirits and strong spirits of dangerous animals. Examples of such animals included the lion (*uchind*), bush cow (*umorna*), crocodile (*unyii*), and hippopotamus (*umualpeel*).²⁹⁷ A hunter among the Konkomba who killed an animal deemed dangerous came to the *n-yin*

²⁹³ An interview with Lakorbor Ugan; An interview with Salmo Bitekpe Konja.

²⁹⁴ An interview with Lakorbor Ugan. See also David Tait. *The Konkomba of Northern Ghana* (London: Oxford University Press, 1961), 82.

²⁹⁵ The leaves and leafy shoots were used as an infusion for treating chest-complaints, fevers, and small pox. A decoction of the leaves, combined with honey was used to treat coughs and stomach aches. A leaf decoction was used as an eyewash. An extract of the leafy twigs was rubbed in the body to strengthen sickly children. The water of the boiling leaves was inhaled to treat headache. Its leaf powder was taken as snuff for treating headaches or was applied for rheumatic pains and toothache. See Geoffrey A. Levin and Michael G. Simpson, "Phylogenetic Relationships of *Didymocistus* and *Hymenocardia* (Euphorbiaceae)," *Annals of the Missouri Botanical Garden*, Vol. 81, No. 2 (1994): 239-244, <http://www.jstor.org/stable/2992095>, accessed March 18, 2017; F. N. Hepper, "Tropical African Plants: XXXIII," *Kew Bulletin*, Vol. 28, No. 2 (1973): 319-326, <http://www.jstor.org/stable/4119791>, accessed March 18, 2017. Its dried and powdered young leaves were sprinkled over sores after washing. The leaf sap was used as drops to treat eye infections. The leaves, combined with the roots, were again used in treating deficiency diseases caused by malnutrition. See J. K. Anang, "Treatment of Protein Energy Malnutrition (PEM)--The Ghanaian Traditional Medical Practitioners' (TMPs) Approach," *Medical Anthropology Newsletter*, Vol. 11, No. 2 (1980):13, <http://www.jstor.org/stable/647622>, accessed March 13, 2017.

²⁹⁶ An interview with Salmo Bitekpe Konja.

²⁹⁷ Tait. *The Konkomba of Northern Ghana*, 82.

for protection. When an individual fell sick on the basis of committing a crime, the victim confessed to the *n-yin* in order to be healed. *N-yin* was used to prepare soup for pregnant women in order to protect their pregnancies.²⁹⁸ It was also used in washing the womb of women who had still-birth to ensure conception. The practice followed a specific process in such a way that a mistake by a patient further incurred the wrath of the *n-yin*.²⁹⁹ It was placed outside the compound of a deceased clan head during the “second” funeral rites when the soothsayer (*uboa*) was at work finding out the cause of the deceased’s death. It was further invoked during the mock hunt held at the “second” burial of a clan head and a leper.³⁰⁰ Further enquiries have shown that the *n-yin* was originally used as protective medicine only but over time it was chewed, boiled and used in food not for the sake of its medicinal properties but in order that its power might be captured and held.³⁰¹

The *jabun* was not different from *n-yin* except that it was used to ward off ghosts, particularly when one committed murder.³⁰² It was also used in the ritual burial of a woman who died during pregnancy. *N-yin* and *jabun* fundamentally served as the basis of Konkomba medical culture.³⁰³

²⁹⁸ An interview with Lakorbor Ugan. For more indigenous treatments see Nah Dove, “A Return to Traditional Health Care Practices: A Ghanaian Study,” *Journal of Black Studies*, Vol. 40, No. 5 (2010): 827.

²⁹⁹ An interview with Lakorbor Ugan.

³⁰⁰ Tait, *The Konkomba of Northern Ghana*, 82; Henryk Zimon, “Burial Rituals among the Konkomba People of Northern Ghana,” *Cesky lid*, Vol. 94, No. 1 (2007): 44-46, <http://www.jstor.org/stable/42640048>, accessed April 22, 2016.

³⁰¹ Tait, *The Konkomba of Northern Ghana*, 82.

³⁰² An interview with Salmo Bitekpe Konja.

³⁰³ Tait, *The Konkomba of Northern Ghana*, 82.

Gbalk was another key medicine utilised by the Konkomba. It was employed immediately someone fell sick. *Gbalk* was not administered to a patient but was medicine for general function regardless of the kind of disease of an individual. In one account, *gbalk* was prepared using plants or grasses that grew near the bathroom drainage area.³⁰⁴ These grasses were specially burnt into ashes. The ashes were mixed with shea butter (*nkpapim*) and tied in a piece of sealed pouch. This was in turn tied against the leg or the hand of the patient.

On the other hand, *gbalk* was also prepared using a combination of the shea butter tree (*Butyrospermum parkii* L, *bikpasunb* in Konkomba), the dawadawa tree (*bidub*) and a fowl.³⁰⁵ The roots of the shea butter tree and the dawadawa tree were cut into small pieces. The pieces were toasted in a pan until the pieces were burnt into a charcoal-like form (*n-nyorborn*). This charcoal-like form was then ground with shea butter and put into a piece of cloth and tied in another small piece of cloth.³⁰⁶ This was further tied around either the leg or hand of the patient.

The relevance of *gbalk* as an all-round and powerful medicine for a patient was to protect the patient from evil persons who visited the sick with bad

³⁰⁴ "An interview with ... Kabuja balatorb on 13th February, 2014 at Abunyanya, Volta Region of Ghana," in Oliver Kofi Tasin, "A History of Herbal Medicine Among the Konkomba" (B. A diss, University of Cape Coast, 2014), 22.

³⁰⁵ An interview with Benyibore Ndilare, 70 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 24th December, 2016, at Tinjase, Volta Region of Ghana.

³⁰⁶ An interview with Benyibore Ndilare.

intent.³⁰⁷ It was also aimed at preventing the effects of rivalry between members of the same family or clan known as *tipuchand* among the Konkomba.³⁰⁸

According to the Konkomba, a patient was to be “vaccinated” first and foremost against malevolent spirits before the actual cause of the disease could be treated.³⁰⁹ In this sense, such vaccination was tied up to their belief of disease causation of which the concept of *gbalk* was cardinal in their medical practice. All the herbs used in the preparation of *gbalk* were believed to have such protection. Such belief of protection formed the rationale for the use of herbs such as those around the bathroom, the shea butter tree, the *dawadawa* tree and a fowl. The shea butter and the *dawadawa* trees were believed to be protective trees of the vulnerable.³¹⁰ As a result, when the spirits of the Supreme Being, ancestors, clan

³⁰⁷ A. W. Cardinall, “Some Random Notes on the Customs of the Konkomba,” *Journal of the Royal African Society*, Vol. 18, No. 69 (1918): 61, <http://www.jstor.org/stable/715714>, accessed April 4, 2016.

³⁰⁸ An interview with Benyibore Ndilare.

³⁰⁹ An interview with Salmo Bitekpe Konja.

³¹⁰ Cardinall, “Some Random Notes on Konkomba,” 61. Shea butter was both economically and medicinally important to the Konkomba, in particular, and other ethnic groups of Northern Ghana. Economically, shea fruits were eaten by men, women and children. Fresh fruits were also sold in local markets. Large trunks were used in making mortars for pounding grains and *fufu* and the wood was also used for fire and charcoal. Because shea fruits were ripen at the time of year when men were working in the fields preparing the soil for planting (May-June), being able to sit in the shade of shea trees and rest while eating shea fruits was an important part of Konkomba culture. It was also the primary cooking fat for the Konkomba. Medicinally, it was used as a skin ointment and the roots, leaves and bark were used in treating mouth sores, boils, burns, diarrhoea and eyewash against the venom of a spitting cobra. Shea pulp has potassium levels that exceeded that of banana which was known as a rich potassium source (though not usually available in rural savanna markets). Shea pulp was also a rich source of calcium, phosphorus, zinc and magnesium. The Konkomba consumption of the shea fruit enhanced their health. See Steven Maranz et al, “Nutritional Values and Indigenous Preferences for Shea Fruits (*Vitellaria paradoxa* C.F.Gaertn. F.) in African Agroforestry Parklands,” *Economic Botany*, Vol. 58, No. 4 (2004): 588-600, <http://www.jstor.org/stable/4256873>, accessed March 13, 2017; Mcleod N.C. *Report by the Conservator of Forests on the Shea-Butter Areas in the Northern Territories of the Gold Coast* (Accra: Government Press, 1922), 1-7. See also PRAAD (Tamale) NRG8/11/19 Shea Butter Industry and Industrial Products; Brenda Chalfin, “Market Reforms and the state: The Case of Shea in Ghana,” *The Journal of Modern African Studies*, Vol. 34, No. 3 (1996):421-440, <http://www.jstor.org/stable/161379>, accessed March 13, 2017; A. W. Cardinall, “Notes on Fire and Fire-Making,” *Man*, Vol. 23 (1923): 139, <http://www.jstor.org/stable/2787643>, accessed

and the territorial deities were invoked in the preparation of the *gbalk*, it became a protective medicine.³¹¹ The sick person upon wearing it became protected against all malevolent forces. What this meant was that the health condition of a patient would retrogress without the *gbalk*.³¹² It was removed when a patient was completely healed. These medicinal practices served as the endogenous health practice of the Konkomba medicinal healers prior to the arrival of other influences in the seventeenth to the twentieth centuries.³¹³

Medicinal Healers and External Influence on the Konkomba Medical Culture till 1956

Before the twentieth century, medicinal healers among the Konkomba were the possessors of *n-yin*, soothsayers (*beboab*), priests of ancestral and territorial deities (*leyajawadan* and *utingbanjoor* respectively) and possessors of bush spirit (*bigolkpaab* or *bipornib*). The Konkomba relations with other ethnic groups such as the Dagomba, Gonja, Nanumba, Kotokoli and Nawuri had led to external influences that impacted on their form of medicinal treatment and healing.³¹⁴ The influence of cultural ideas of other ethnic groups on Konkomba

March 13, 2017 ; S. Maranz and Z. Wiesman, "Evidence for Indigenous Selection and Distribution of the Shea Tree, *Vitellaria paradoxa*, and Its Potential Significance to Prevailing Parkland Savanna Tree Patterns in Sub-Saharan Africa North of the Equator," *Journal of Biogeography*, Vol. 30, No. 10 (2003): 1505-1516, <http://www.jstor.org/stable/3554465>, accessed March 13, 2017; M. K. Seth, "Trees and Their Economic Importance," *Botanical Review*, Vol. 69, No. 4 (2003): 321-376; J. St. Bodfan Gruffydd, "The Importance of Trees," *Journal of the Royal Society of Arts*, Vol. 122, No. 5209 (1973):15-30.

³¹¹ An interview with Salmo Bitekpe Konja.

³¹² An interview with Salmo Bitekpe Konja.

³¹³ An interview with Salmo Bitekpe Konja.

³¹⁴ Cliff Sabiano Richard Maasole, *The Konkomba and their Neighbours*, 17-23. In the view of Ibrahim Yusif, a researcher into the Kotokoli history, the Kotokoli and the Konkomba were inhabitants of some part of the savanna zone before they were interrupted by the Mole-Dagabani

medical culture was enhanced in the nineteenth century following north-south exchanges that occurred between the Asante and the northern ethnic groups. This led to the increased use of such materials as cowries (*nmonbinyan*), deities (*nwa*), kola (*Sterculia acuminata* L, *ligul* in Konkomba),³¹⁵ palm oil (*nkpaman*), palm kernel oil (*mbekpam*) and talisman (*mbornbian*) by priests of deities (*bewadam*) and soothsayers (*beboab*) in Konkomba therapy.

The soothsayer (*uboa*) was one of the healers among the Konkomba. *Uboa* was, therefore, the name of anybody who underwent several years of training involving seclusion from the ordinary life in the community, the observance of strict prohibitions and other disciplines, and receiving instruction in natural and religious law in order to treat ailments that bedeviled the Konkomba.³¹⁶ Not only were the *beboab* (plural of *uboa*) popular for their ability to diagnose, administer medicine and cures but also for their ability to interpret, counsel and lead the community.³¹⁷ *Uboa* was someone who foretold the future and also explained the cause of the death of a person. The *uboa*, therefore, saw that which was not seen by ordinary men with ordinary eyes. He was in communication with the world of the spirits and revealed useful herbs and ritualistic procedures to a patient.³¹⁸ The soothsayer, as an indigenous medical healer, was the one who informed the

and the Gonja at the end of the thirteenth century. See Ibrahim Yusif, *Kotokoli: The Forgotten Tribe of Ghana* (Accra: Slombiya Training Centre, 2014), 9.

³¹⁵ An indigenous plant in the Gold Coast found in the forest region that was mainly controlled by Asante traders. Due to the trading activities of the Asante merchants to the north, kola was borrowed by the priests and used in the healing processes. Kola also served as mild stimulant, a hunger suppressant and an antidote for certain diseases. See Emund Abaka, *Kola is God's Gift*, 5-41.

³¹⁶ An interview with Toborchand Tinanla, 81 year old soothsayer, by Oliver Kofi Tasin and Manee Masund on 3rd January, 2017 at Nbuendo, Savanes Region of Togo.

³¹⁷ Kassahun Checole, "Man Cures, God Heals (...)," *presence Africaine*, Nouvelle serie, No. 129 (1984):128.

³¹⁸ An interview with Toborchand Tinanla.

Konkomba about the cause of a person's death and the required atonement for psychological health. *Uboa* like other health practitioners among the Konkomba was trained mainly to give advice, prescribe medicine, help in the recovery of lost items or diagnose severe maladies or misfortunes such as acute madness, blindness, impotence and leprosy. As captured by a British colonial agent in Yendi in the first half of the twentieth century,

*those who have acquired the medicine that enables them to 'see' sorcerers (besunb) I shall call 'seers'; persons able to foretell future events or to diagnose ritual conditions other than mere sorcery, I shall call diviners.*³¹⁹

Uboa restored harmony and wholeness among the Konkomba and their relationship to the physical, psychological, social, moral, economic and the spiritual world.³²⁰ As a diagnostician, the work of the *uboa* was so delicate that he was very careful and avoided exaggeration and slander. His particular pace and speech, gestures and mannerisms were all directed by the possessing spirit of the deceased in the situation of finding the cause of the deceased's death.

An essential part of the socio-medicinal role of the *uboa* was that of healing, both physically and spiritually. He was thus not only a trained health practitioner but also a trained psychologist and psychotherapist.³²¹ As explained by Sindiga on traditional medicine in African societies, confidence in the healers and their ability to relieve the patient's anxiety explained a good success which

³¹⁹ PRAAD (Tamale) NRG8/19/18 *Fetish in the Northern Region*.

³²⁰ An interview with Toborchand Tinanla.

³²¹ An interview with Toborchand Tinanla.

was so in the Konkomba mental healing.³²² The medication given, sometimes only for a placebo, was not often the therapeutic agent.³²³ By virtue of their training in healing and spiritual knowledge, the *beboab* had a wide knowledge of the properties of many roots, barks, herbs and leaves. They interpreted the mysteries of life, conveyed the message of a deceased person, gave guidance in the daily lives of people, uncovered the past, explained the present and foretold the future.³²⁴

In order to restore harmony, the *beboab* were consulted to establish the real cause of sickness and the healing rituals to be performed.³²⁵ To the Konkomba, a disease was caused by a detachment in the spirit which was then reflected or translated into physical infirmity.³²⁶ Therefore, *uboa*, as an indigenous medicinal healer endeavoured to reconnect the detached physical body to the supernatural or the spirit world to activate complete healing.

Against this background, the healing process of *uboa* was based on the supernatural causes of illness or diseases. Hence, the *beboab* concentrated on the

³²² I. Sindiga, *Traditional Medicine in Africa* (Nairobi: East Africa Educational Publishers Ltd, 1995), 19; Robert B. Edgerton, "A Traditional African Psychiatrist," *Southwestern Journal of Anthropology*, Vol. 27, No. 3 (1971): 263.

³²³ PRAAD (Tamale) NRG8/12/43 *Psychic and Traditional Healing*. See also W. Z. Conco, "Diseases in the Tropics: A Confrontation in an African Rural Practice," *The British Medical Journal*, Vol. 3, No. 5875 (1973): 331-333.

³²⁴ An interview with Toborchand Tinanla. For further information on healing see Kaja Finkler, "Sacred Healing and Biomedicine Compared," *Medical Anthropology Quarterly*, Vol. 8, No. 2 (1994):178-197, <http://www.jstor.org/stable/648694>, accessed March 13, 2017; Nancy Romero-Daza, "Traditional Medicine in Africa," *The Annals of the American Academy of Political and Social Science*, Vol. 583, (2002): 173-176, <http://www.jstor.org/stable/1049695>, accessed March 20, 2017.

³²⁵ The causes could be multiple: they could be related to ancestral wrath, evil spirits natural circumstances and false oath. See Sylvia Osemwenkha, "Disease Aetiology in Traditional African Society," *Africa*, Vol. 55, No. 4 (2000):583.

³²⁶ Isaac Nortey Darko, "Ghanaian Indigenous Health Practices: The Use of Herbs," (MA Thesis, Department of Sociology and Equity Studies, University of Toronto, 2009), 75.

“why” of illnesses before the “how” of illnesses.³²⁷ In other words, the spiritual aspect of disease was reckoned to be more important than the physical effects.³²⁸ A person qualified to be trained as *uboa* when the individual showed a preference for spirituality. A person may also inherit the healing powers of his father as an *uboa*. A trainee was supposed to exhibit attributes of thoughtfulness, obedience and the ability to strictly adhere to instructions. The prospective *uboa* was, however, prohibited from eating certain things. This was due to the fact that such prohibited things were used in the training process and were the source of the *uboa*'s power. A common and major one was the meat of tortoise.³²⁹ The power of *uboa* as a spiritual healer was derived from a rigorous spiritual training. *Uboa*, therefore, served as an indigenous healer through cultural heritage by which the Konkomba depended for their health.³³⁰

The priest of a deity (*uwadan*) was another healer among the Konkomba. Prior to the adaptation of deities from other ethnic groups, the priests of deities among the Konkomba were only the priest of the clan deity (*leyajawadan*) and the priest of the territorial deity (*utingbanjoor*). In the second half of the nineteenth and the twentieth centuries, the Konkomba adopted other deities deemed to be effective in healing from some of their neighbours and adapted these deities into

³²⁷ George M. Foster, “Disease Etiologies in Non-Western Medical Systems,” *American Anthropologist*, New Series, Vol. 78, No. 4 (1976): 778-782, <http://www.jstor.org/stable/675143>, accessed May 18, 2017.

³²⁸ E. Q. Archempong, *Conventional Medical Practice and Research into Indigenous Herbal Medicine*. A paper presented at the Inaugural Lecture Delivered at the University of Ghana, Accra, 1989.

³²⁹ An interview with Toborchand Tinanla.

³³⁰ An interview with Toborchand Tinanla. See also Marie-Christine Cormier-Salem and Thomas J. Basset, “Introduction: Nature as Local Heritage in Africa: Longstanding Concerns, New Challenges,” *Journal of the International African Institute*, Vol. 77, No. 1 (2007): 7, <http://www.jstor.org/stable/40026695>, accessed March 13, 2017.

their medical treatment. Among the Konkomba, priestesses did not administer deities and one could find priestesses only in the case of the possession of bush spirit (*bepornip*). Hence, priests of these individual deities became part of the healers in Konkomba medical culture. Deities such as Kupo, Tigari and Tongo were adopted into the healing process of the Konkomba by the twentieth century.³³¹ These were deities adopted as a result of their protection of individuals and their families against dangers. The continued significance of the medicinal and healing potency of individual deities was reported by many later British officials such as E. Lewis in Yendi.

*This medicine [the medicine obtained from the deity] was brought back to Tferiponi (Chereponi) by a Tfekosi (Chakosi) who lived long in Ashante country- hence, no doubt, the names Nana and Tigare used in connection with it. The actual place this man got it from is either not known or not admitted.*³³²

According to the account of E. Lewis, the Chakosi man had two assistants who served as interpreters and the third individual was said to be a Fante who sold the medicine at Karaga.³³³ This buttresses T. C McCaskie's view that *suman*³³⁴ and *aduro* (medicine) were easily transportable goods in the historic commercial

³³¹ M. J. Field, "Some New Shrines of the Gold Coast and Their Significance," *Africa: Journal of the International African Institute*, Vol. 13, No. 2 (1940): 138-149.

³³² PRAAD (Tamale) NRG8/19/18 Fetish.

³³³ PRAAD (Tamale) NRG8/19/18 Fetish.

³³⁴ An Akan word which means a charm, amulet or talisman worn as a remedy or preventative medicine against evils or mischief such as disease and witchcraft. See J. G. Christaller, 2nd Ed., *Dictionary of the Asante and Fante Language Called Tshi (Chwee, Twi)* (Basel: n.p., 1933), 483; Gabriel Bannerman-Richter, *The Practice of Witchcraft in Ghana* (California: Gabari Publishing Company, 1982), 12. In the historical novel of Noel Smith, a spoon was Afua Danso's *suman* which comforted her and kept her healthy in her state as a captive in 1824 Nsamakow War. She carried the *suman* even when she was sold into slavery and sent it to the Americas. See Noel Smith, *It Happened in Ghana: A historical Romance 1824-1971* (Accra: Sub-Saharan Publishers, 2007), 5.

system linking Asante and the North.³³⁵ The movement of some of these deities was localised in the north-east of the Gold Coast and British Togoland. The people who came to the deity of the Chakosi man included Konkomba, Dagomba, Mamprusi, Nanumba and Banda.³³⁶ From this account, most of the deities adopted by the Konkomba for healing by the twentieth century came from their immediate neighbours. However, priests (*bewadam*) of these deities used Akan appellations, names and prescriptions due to the ease of such Akan appellations.³³⁷ The Konkomba healers who adopted and adapted deities such as Kupo,³³⁸ Tigari,³³⁹ Denteh,³⁴⁰ Kunde, Tongo,³⁴¹ Barakune and Kankamea³⁴² used Akan language in their healing discourses with people.³⁴³

³³⁵ T. C. McCaskie, "Anti-Witchcraft Cults in Asante: An Essay in the Social History of an African People," *History in Africa*, Vol. 8 (1981):125-154.

³³⁶ PRAAD (Tamale) NRG8/19/18 Fetishes.

³³⁷ PRAAD (Tamale) NRG8/19/2 Fetishes.

³³⁸ Kupo was a deity believed to have originated from Senyon, a town situated on the Daboya road nine miles from Bole in the Northern Territories. It was probably adopted like Kupo from the Gonja people. See PRAAD (Kumasi) ARG1/1/30/18 *Fetish and Native Customs*; PRAAD (Cape Coast) ADM 23/1/622 *Fetishes*; Field, "Some New Shrines," 138-149.

³³⁹ Tigari was deity believed to have originated from Ipara near Wa in the northern sector of the Gold Coast.

³⁴⁰ Dente was deity of the Krachi people. In the oral history of the people, Dente manifested three days after Jaforja, the eponymous ancestor of the Krachi, started to build the Krachi village with his seven brothers. By the time the seventh brother Otabrebe ascended to the throne, the deity had become famous and spread to other areas. See PRAAD (Accra) ADM 11/1/782 *History of the Kete-Krathe people*; PRAAD (Kumasi) ARG1/30/1/13 *Dente Fetish at Kete Kratchi*; PRAAD (Accra) ADM 11/1/751 *Dente Fetish*. This is highly true as none from Krachi went for the deities that emerged in the Northern Territories. See E. Lewis, a British government agent in Yendi's account. PRAAD (Tamale) NRG8/19/18 *Fetish*.

³⁴¹ Tongo was a deity located at Tong hills near Zuarungu. See H. Debrunner, *Witchcraft in Ghana: A Study of the Belief in Destructive Witches and Its effects on the Akan Tribes* (Accra: Presbyterian Book Depot Ltd, 1961), 107.

³⁴² Barakune and Kankamea deities were the deities of the Dagati. Other deities of in north-western corner included Birifu's Lompo, Nwene, Kodwoku, Wio, and Bamba with distinctive functions. See Debrunner, *Witchcraft in Ghana*, 108.

³⁴³ An interview with Ntepoam Bilifu, 70 year old healer through *Tigari*, by Oliver Kofi Tasin and Eric Bilafin on 5th January, 2017, at Kuwani in the Northern Region of Ghana.

The deities took Akan titles such as *agyinkwa* (saviour, *umorfafor*), oboafɔ (helper, *uteri*) and okatakɔyɛ (warrior, *ujajare*).³⁴⁴ The Konkomba derived some of these deities from the northern neighbours such as the Chakosi, Gonja and Krachi. The priests of the deities that were used in treatment were to adhere to the deities' code of ethics. The priests were not supposed to curse anybody, give anybody to another deity, have any poisonous 'juju', or steal.³⁴⁵ In the first half of the twentieth century, the priests of these deities who were not indigenous to the Konkomba, also became key healers in Konkomba medical culture. Priests used the deities in preventing epilepsy, miscarriages and premature death. Some of the priests assisted in smooth delivery of babies, giving children to barren women, revealing thieves and catching witches.³⁴⁶ Similar functions of the deities were also common in southern Ghana where they were equally used in treating

³⁴⁴ PRAAD (Kumasi) ARG1/1/30/18 *Fetish and Native Customs*; PRAAD (Accra) ADM 11/1/637 *Kume Fetish*.

³⁴⁵ The laws varied from deities; however, there was a general etiquette that a healer and a patient were supposed to adhere to. For further information on the codes, see the twenty commandments of Aberewa deity. See Debrunner, *Witchcraft in Ghana*, 112-113. See also John Parker, "Witchcraft, Anti-Witchcraft and Trans-Regional Ritual Innovation in Early Colonial Ghana: Sakrabundi and Aberewa, 1889-1910," *The Journal of African History*, Vol. 45, No. 3 (2004): 393-420, <http://www.jstor.org/stable/4100752>, accessed March 26, 2017.

³⁴⁶ PRAAD (Kumasi) ARG1/1/30/18 *Fetish and Native*. It must be noted that aggression was directed at the witchcraft rather than the witch. Once confession had been made and accepted by the deity, the witch was received back into the society without more than a fine and perhaps a minor physical punishment. In some cases, the Konkomba also recognised a situation of involuntary witchcraft. This made self-accusation and confession a less shameful experience than might otherwise be the case. Treatment of self-accusing witches was a prolonged affair. A confession may be heard in the course of several visits to a deity. In some cases, the witch had to spend some a period in the residence of the priest healer. For further information, see Tait, "Konkomba 'Osuo', 152-153. For further information on witchcraft practice and confession, see Barbara E. Ward, "Some Observations on Religious Cults in Ashanti," *Africa: Journal of the International African Institute*, Vol. 26, No. 1 (1956): 47-61, <http://www.jstor.org/stable/1156769>, accessed June 13, 2017; Jack Goody, "Anomie in Ashanti?," *Africa: Journal of the International African Institute*, Vol. 27, No. 4 (1957): 356-363, <http://www.jstor.org/stable/1156217>, accessed June 13, 2017; R. W. Wyllie, "Introspective Witchcraft among the Effutu of Southern Ghana," *Man*, Vol. 8 (1973): 75-76, <http://www.jstor.org/stable/2800611>, accessed June 13, 2017; William C. Olsen, "Children for Death: Money, Wealth, and Witchcraft Suspicion in Colonial Asante," *Cahiers d'Études Africaines*, Vol. 42, Cahier 167 (2002): 521-550, <http://www.jstor.org/stable/4393235>, accessed March 26, 2017.

sicknesses. As explained by the British historian, Terence Ranger, "...individual studies of indigenous responses to various epidemics of the colonial period chronicle the rise of cults which deal with these pernicious diseases."³⁴⁷ For example, Baduwa, an indigene of the Gold Coast Colony stated,

*this fetish (deity) is called 'Gyemi' [save me]. It arose during the influenza epidemic of 1918 and is brought into being by a mixture of water and certain native herbs. It is used ... both as a medicine and as a lotion.*³⁴⁸

Some of these deities were accompanied with robes, gong-gongs, spears and talisman which were all used in the process of treatment. They were owned privately by healers and were not ancestral to the Konkomba.³⁴⁹ In this sense, many medical healers of the Konkomba developed from being possessors of clan deity (*n-yajawaa*) and territorial deities (*ntengbanwaa*) to healers who individually acquired deities (*nwajikaam*) from other places through adoption. The Konkomba adopted some of these deities either out of the weakness or inadequacy of some of their healing deities or sought to reconstitute conditions of peace, prosperity and fertility which were concerned primarily with internal cleansing.³⁵⁰ The priests of the clan, territorial and individually-owned deities became medicinal healers in the treatment of sickness among the Konkomba by 1956.

³⁴⁷ Quoted by Julie Sunderland in her work, *Definitions of Disease: Health and Healing in Sub-Saharan Africa*. See Julie Sunderland, "Definitions of Disease: Health and Healing in Sub-Saharan Africa," *Harvard International Review*, Vol. 16, No. 1 (1993): 77.

³⁴⁸ PRAAD (Cape Coast) ADM 23/1/622 Fetishes.

³⁴⁹ An interview with Ntepoam Bilifu, 70 year old healer through *Tigari*, by Oliver Kofi Tasin and Eric Bilafin on 5th January, 2017, at Kuwani in the Northern Region of Ghana.

³⁵⁰ An interview with Ntepoam Bilifu. For more information on anti-witchcraft role of some of these deities in the colonial period, see T. C. McCaskie, "Anti-Witchcraft Cults in Asante: An Essay in the Social History of an African People," *History in Africa*, Vol. 8 (1981): 125-154, <http://www.jstor.org/stable/3171512>, accessed March 26, 2017.

Through Arabo-Islamic influences, the use of amulets (*nkuleem*) became common among the Konkomba healers. The great carriers of Islam into the Northern Territories were Mande-speaking people, who formed the bulk of the population of the medieval empires of the Niger bend, of Ghana, Mali, and of Songhay.³⁵¹ Islam was introduced into the Northern Territories where indigenes utilised skills of control over nature. However, the Konkomba were not largely affected by the policy of Islamisation as compared to their neighbouring Dagomba, Nanumba, Mamprusi and the Gonja. That notwithstanding, a key Islamic medicine that the Konkomba borrowed from the Muslims was amulet. Amulet as medicine was borrowed from the Islamic healers such as mallams and *afa*.³⁵² More specifically, the Konkomba derived Arabo-Islamic medicine from the accommodating *afa* known in Dagomba language as *afa tibrigu* (singular).³⁵³ The accommodating *afa* engaged in divination, while those who opposed divination were referred to as reformists. The Konkomba obtained amulets for protective purposes but were not trained to make amulets. Amulet was commonly

³⁵¹ Jack Goody, "A Note on the Penetration of Islam into the West of the Northern Territories of the Gold Coast," *Transactions of the Gold Coast & Togoland Historical Society*, Vol. 1, No. 2 (1953): 45, <http://www.jstor.org/stable/41406429>, accessed April 4, 2017. For further information on the images of Islam in the colonial period, see Holger Weiss, "European Images of Islam in the Northern Hinterlands of the Gold Coast through the Early Colonial Period," *Sudanic Africa*, Vol. 12 (2001), pp. 83-110, <http://www.jstor.org/stable/25653358>, accessed April 4, 2017.

³⁵² *Afa*, according to Mustapha Hamid in his interview with Abdul Rashid of Yendi, is a corruption of Khalifa. See Mustapha Hamid, "The Afa as a Pivot of Dagbon Participation in the Islamic Tradition" (M.Phil Thesis, Department of Religion and Human Values, University of Cape Coast, 2002), 24.

³⁵³ The plural being *afa tibrisi*. The Mustapha Hamid, "The Afa," 32.

a small figurine representing a deity. It was cut from stones or molded from clay, baked and glazed.³⁵⁴

These figures were nicely shaped so that they could be hung about the neck on a cord. It might then be sewn into a small leather pouch, bracelet or necklace attached to a piece of equipment or doorpost.³⁵⁵ The amulets became protective medicine against various malevolent spirits. Any attack from such malevolent spirits was confronted by likeness and power of the protecting amulet.³⁵⁶ Curt Von Francois, the German colonial officer in his visit to Salaga, a town of many Konkomba inhabitants, in 1889 reported,

*amulets sewn in leather and Koran texts were hung everywhere over doors and miniature jaws were placed on the threshold to serve as protection against sickness and evil spirits.*³⁵⁷

With the introduction of Christianity into the Northern Territories specifically, the Assemblies of God Mission in Saboba in the 1950s, the amulet was equated to the crucifix worn by Christian converts.³⁵⁸ As argued by Samuel Adu-Gyamfi, the crucifix was either an amulet or a symbol depending on the

³⁵⁴ Samuel Adu-Gyamfi, "Spiritual and Indigenous Healing Practices among the Asante People of Ghana: A Testimonial from Twenty-First Century Practitioners and Recipients in Kumase," *Journal of Basic and Applied Research International*, Vol. 12, No. 1 (2016):43. It must be noted that the use of amulet was also common in Southern Ghana, particularly among the Asante in the nineteenth and twentieth centuries. See also David Owusu-Ansah, "Islamic Influence in a Forest Kingdom: The Role of Protective Amulets in Early 19th Century Asante," *Transafrican Journal of History*, Vol. 12 (1983): 100-133, <http://www.jstor.org/stable/24520321>, accessed May 19, 2017.

³⁵⁵ Robert E. Handloff, "Prayers, Amulets, and Charms: Health and Social Control," *African Studies Review*, Vol. 25, No. 2/3 (1982): 185-194, <http://www.jstor.org/stable/524216>, accessed May 19, 2017.

³⁵⁶ Adu-Gyamfi, "Spiritual and Indigenous," 43.

³⁵⁷ Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/35/2. See also Sylvester Gundona, "A Study of Health Conditions and Disease Control in the Northern Territories of the Gold Coast, 1897-1956," (M.Phil Thesis, Department of History, University of Ghana, 1999), 17.

³⁵⁸ PRAAD (*Tamale*) NRG8/13/1/12 *Assemblies of God Mission Clinic Saboba, 1950-1959*.

belief of the bearer.³⁵⁹ As a result, most converts viewed it as a symbol of protection which enhanced their health.

Possessor of bush spirit (*ugolkpaajor* or *upornidan*) was another indigenous medical healer among the Konkomba with great healing knowledge. The possessor could be described as a seer who related with a specific spirit (*bigolkpaab*).³⁶⁰ The *ugolkpaajor* was instrumental in the treatment of diseases, especially, diseases that were inflicted on a patient by the bush spirit. This was in the pre-colonial, colonial and post-colonial periods.³⁶¹ The *ugolkpaajor* specialised in the treatment of sickness which could be attributed to bush spirits with whom they had a close and privileged relationship which permitted them to learn the causes of and cures for specific illnesses. Their medicine contained both herbal and animal ingredients, many of which acted in opposition to the sickness. These medicines were either ingested for the treatment of the illness or made into a charm (*nlem*) which was worn as a protective device. Many of the *bigolkpaajolib* (plural) were women.

Guided by the spirits and through trainee teaching, Konkomba medical healers gradually discovered that some plants were more effective than others while some ailments responded to some specific herbs.

³⁵⁹ Adu-Gyamfi, "Spiritual and Indigenous," 43.

³⁶⁰ An Interview with Nmuangna Takal, 69 year old healer, by Oliver Kofi Tasin and Manee Masund on 4th January, 2017, at Waaman in the Savanes Region of Togo. For further information, see also Philip M. Peek, "The Sounds of Silence: Cross-World Communication and the Auditory Arts in African Societies," *American Ethnologist*, Vol. 21, No. 3 (1994): 475.

³⁶¹ An interview with Nasandin Ujan, 65 year old healer through *bigolkpaab*, by Oliver Kofi Tasin on 24th December, 2016, at Abunyanya in the Volta Region of Ghana.

Forms of Diagnosis

Diagnosis in the Konkomba medical culture took different forms. Observation of the patient was one of the means by which healers diagnosed diseases of patients. This involved watching the patient's attitude and gestures.³⁶² This observation could be extended to include the patient's relatives in order to find out whether the disease observed was a family trait. The healer sometimes listened to the patient's stories, using time to observe the patient, and later enquired into the health of the patient's family. The healer delved into the patients' and their families' past as well as their social setting.³⁶³

Visual examination was another form of diagnosis. This form of diagnosis was common even between mothers and their children. By visual examination, the eyes, skin, urine and faeces of the patient were examined by the healer.³⁶⁴ This was highly so in cases of jaundice or rashes on the skin. Movable parts of the patient's body, palpation and correlation between pulse behaviour were also inspected as part of the healer's diagnosis.

In addition, the medical healers of the Konkomba also used biological examination as a form of diagnosis. The healers used their sensory organs to carry out biological examinations. For example, the urine of a patient, particularly a child, was tasted for the presence of sugar in diabetics (*sikere aweein*), the colour of vomited food was observed in instances of ingested poison and sometimes

³⁶² An interview with Nmuangna Takal.

³⁶³ A. Sofowora, *Medicinal Plants and Traditional Medicine in Africa* (Ibadan: Spectrum Books Limited, 1982), 41- 42.

³⁶⁴ An interview with Maagan Bifirnd, 60 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 4th January, 2017, at Bifirndo in the Centrale Region of Togo.

smelling was also employed as a means of diagnosis.³⁶⁵ Ants (*enyand*) were used as a diagnostic tool as well in the case of diabetes. If a diabetic patient urinated and the site was infested by ants, it was a good indication to the healer that the patient had sugar in their urine.³⁶⁶

The healers of the Konkomba also used divination as another form of diagnosis.³⁶⁷ Consultation of a deity (*lewai*) or soothsayer (*uboa*) constituted another possible route to diagnosis of a particular ailment and also to the appropriate treatment.³⁶⁸ It involved a process of “analysing various perspectives, random happenings, and interpretations thereby transforming the unexplained into the explained; the meaningless into meaning; multiple perspectives into a single, socially-defined perspective; and random events into a [healing event].”³⁶⁹ Some of the soothsayers (*beboab*) used kola and cowries³⁷⁰ to diagnose the diseases of patients. This became more popular among the Konkomba in the twentieth

³⁶⁵ An interview with Maagan Bifirnd.

³⁶⁶ An interview with Maagan Bifirnd.

³⁶⁷ Divination is defined as “a method for connecting a deviant act with a misfortune” and the divination process as “that sequence of events beginning with the perception of affliction, leading to the consultation of a diviner and ultimately leading to a retributive act thought to appease and offended spirit.” It is a socially guided activity which allows the healer to make sense out of unexplained events and tragedies. See Steve Tonah, “Diviners, Malams, God, and the Contest for Paramount Chiefship in Mamprugu (Northern Ghana),” *Anthropos*, Bd. 101, H. 1. (2006): 24, <http://www.jstor.org/stable/40466618>, accessed March 17, 2017. See also Philip M. Peek and Kwesi Yankah, eds., *African Folklore: An Encyclopedia* (London: Routledge Taylor & Francis Group, 2009), 130-131.

³⁶⁸ An interview with Jagri Jeijah, 80 year healer through *grumade and kunde* deities, by Oliver Kofi Tasin on 27th December, 2016, at Abunyanya in the Volta Region of Ghana. See also Barbara Tedlock, “Divination as a Way of Knowing: Embodiment, Visualisation, Narrative, and Interpretation,” *Folklore*, Vol. 112, No. 2 (2001):191.

³⁶⁹ Steve Tonah, “Diviners,” 24.

³⁷⁰ David Tait, “The Role of the Diviner in Konkomba Society,” *Man*, Vol. 52, No. 249 (1952): 167-168. See also James B. Odumbaku, “Importance of Cowrie Shells in Pre-Colonial Yuroba Land South Western Nigeria: Orile- Keesi as a Case Study,” *International Journal of Humanities and Social Science*, Vol. 2, No. 18 (2012): 234-241; Eugene L. Mendonsa, “Etiology and Divination among the Sisala of Northern Ghana,” *Journal of Religion in Africa*, Vol. 9, Fasc. 1 (1978):33-50; J. Abbink, “Reading the Entrails: Analysis of an African Divination Discourse,” *Man*, Vol. 28, No. 4 (1993):705-726.

century, particularly, the use of cowries, after they had adopted deities such as Tigari into their medical culture.³⁷¹

Another form of divination as a means of diagnosis was communication through trance. This form of diagnosis was common with the *ugolkpajoor* who was one of the healers.³⁷² The healer who possessed this ability entered into a trance when healing or diagnosing ancestral ailments.³⁷³ While the healer was in a trance, the words spoken by him or her were affirmed or otherwise by the patient. This ability was used for both diagnosis and prescription of appropriate treatment. In such an instance, the spirit responsible for the sickness was linked up with the healer. Through the healer, the spirit narrated what was wrong, as well as the sacrifices necessary to appease the malevolent spirit or an angry deity and or ancestor responsible for the disease.³⁷⁴

The use of consciousness altering drugs also constituted an aspect of diagnosis by the Konkomba healers. This could be taken orally or administered as an enema or a snuff. After taking the drug, the patient spoke freely and while in such uninhibited state, revealed the story of his life as well as his sickness.³⁷⁵ Some of these drugs were also used to detect sorcerers by making them confess

³⁷¹ PRAAD (Accra) ADM 11/1/1914 *Fetish Notes on Tigare*.

³⁷² An interview with Nasandin Ujan.

³⁷³ An interview with Salmo Bitekpe Konja. See also James Anquandah, "African Ethnomedicine: An Anthropological and Ethno-Archaeological Case Study in Ghana," *Africa*, Anno 52, No. 2 (1997): 289-298, <http://www.jstor.org/stable/40761171>, accessed March 13, 2017.

³⁷⁴ An interview with Nasandin Ujan. See also J.P. Kiernan, "The Truth Revealed or the Truth Assembled: Reconsidering the Role of the African Diviner in Religion and Society," *Journal for the Study of Religion*, Vol. 8, No. 2 (1995):4; Knut Graw, "Beyond Expertise: Reflections on Specialist Agency and the Autonomy of the Divinatory Ritual Process," *Journal of the International African Institute*, Vol. 79, No. 1, (2009): 92-109.

³⁷⁵ An interview with Tiniyunbor Bifirnd, 72 year old healer, by Oliver Kofi Tasin and Bingnul Malibi on 3rd January, 2017, at Bifirndo in the Centrale Region of Togo.

whether they were responsible for a particular ill-health or fatal injury to someone.³⁷⁶ In the process the sorcerers would mention all the people they had killed, either directly by poisoning or through spiritual means. As reported by a colonial agent responsible for customary affairs in Yendi in 1955,

*the healers [among the Konkomba and the Dagomba] so “purified” can obtain a “medicine” in the form of a powder, which, when placed on the body of an “evil-smelling” person (i. e. one who is possessed of evil spirits) will make that person confess his past evil actions and even intensions.*³⁷⁷

The healers of the Konkomba analysed a recurring dream in diagnosing the sickness of a patient and prescribed the treatment needed or the sacrifices that had to be made.³⁷⁸ The healers also used astrological signs to diagnose a patient's ailment. After the diagnosis, the treatment administered to a patient took different forms among the Konkomba. Throughout the process of divination, cowry shells became a substance used by Konkomba healers in their diagnosis and healing.

³⁷⁶ PRAAD (Tamale) NRG8/19/11 *Fetish, Witchcraft Prevention and Native Customs*.

³⁷⁷ PRAAD (Tamale) NRG8/19/18 *Fetish*; John Parker, “Northern Gothic: Witches, Ghosts and Werewolves in the Savanna Hinterland of the Gold Coast, 1900s-1950s,” *Africa: Journal of the International African Institute*, Vol. 76, No. 3 (2006): 352-355. For further information in the use of shrine as a protection against witchcraft in the Gold Coast in the colonial period, see Natasha Gray, “Independent Spirits: The Politics of Policing Anti-Witchcraft Movements in Colonial Ghana, 1908-1927,” *Journal of Religion in Africa*, Vol. 35, Fasc. 2 (2005): 139-158; Natasha Gray, “Witches, Oracles, and Colonial Law: Evolving Anti-Witchcraft Practices in Ghana, 1927-1932,” *The International Journal of African Historical Studies*, Vol. 34, No. 2 (2001): 339-363; Jane Parish, “Antiwitchcraft Shrines among the Akan: Possession and the Gathering of Knowledge,” *African Studies Review*, Vol. 46, No. 3 (2003): 17-34; Jane Parish, “The Dynamics of Witchcraft and Indigenous Shrines among the Akan,” *Africa: Journal of the International African Institute*, Vol. 69, No. 3 (1999):426-447; M. J. Field, “Some New Shrines of the Gold Coast,” 143.

³⁷⁸ For more information on the role of dreams in disease diagnosis among other ethnic groups of Northern Ghana, see A. W. Cardinall, “Note on Dreams Among the Dagomba and Moshi (Northern Territories, Gold Coast),” *Man*, Vol. 27 (1927), 87-88, <http://www.jstor.org/stable/2788174>, accessed April 4, 2017.

Cowrie (*Cypraea*), historically, was a symbol of wealth and used as currency, jewelry and as a religious accessory in almost all parts of the savanna zone in West Africa. It also became associated with the occult science of spiritism. Cowries were believed to be representations of the eyes of the deities by some healers, especially, priests and diviners.³⁷⁹ According to Marion Johnson, the earliest trace of the use of cowries was in the upper and lower Niger regions in the medieval period.³⁸⁰ The shells were in continuous use in the middle Niger from at least the eleventh century Ghana and fourteenth century Mali.³⁸¹ Cowries were introduced to the Konkomba in the savanna through the Trans-Saharan Trade³⁸² routes from the Moroccan Coast.³⁸³ By 1899 cowries were found in the north-eastern part of the Gold Coast. In 1892, George Ekem Ferguson reported that cowries were widely used as a medium of exchange in the Volta basin, though the traders were also willing to deal in ivory, gold, cattle and slaves.³⁸⁴ Until the end of the nineteenth century, there was a large-scale trade in cowries and the import of new shells in the savanna zone. They were found along the

³⁷⁹ An interview with uninkpel Jagri Jeijah.

³⁸⁰ Marion Johnson, "The Cowrie Currencies of West Africa. Part I," *The Journal of African History*, Vol. 11, No. 1 (1970): 32, <http://www.jstor.org/stable/180215>, accessed March 24, 2017.

³⁸¹ Johnson, "The Cowrie Currencies," 33. The first cowries, *Cypraea moneta*, came from the Maldives Island in the Indian Ocean and spread to West Africa in two routes, the first via North Africa to the Middle Niger in the eleventh century and spread southwards to the Guinea forest and the Niger delta. The second source, *Cypraea annulus*, was through Europeans who came to the coast of West Africa from the sixteenth century onwards. See also P. G. Harris, "Cowries," *Man*, Vol. 43 (1943):143-144.

³⁸² Trans-Saharan Trade was the trade that developed in the third or fourth century between the Berbers of North Africa and the Negroes of Western Sudan. Also referred to as the Trans-Saharan Caravan Trade, it linked together North Africa, the Mediterranean and Europe, the Sahara, the savanna and the forest areas of West Africa. The most westerly route was from Fez in Morocco to the Niger bend. See G. T. Stride and Caroline Ifeka, *Peoples and Empires of West Africa: West Africa in History 1000-1800* (Edinburgh: Thomas Nelson and Sons Ltd, 1971), 165-167.

³⁸³ Philip Evans, "The Cowrie Economy and the Maintenance of Social Boundaries in Northern Ghana," *The Cambridge Journal of Anthropology*, Vol. 10, No. 2 (1985): 29-40, <http://www.jstor.org/stable/23816366>, accessed March 16, 2017.

³⁸⁴ K. Arhin, ed., *The Papers of George Ekem Ferguson, A Fanti Official of the Government of the Gold Coast, Vol. 7, 1890-1892* (Leiden: African Studiescentrum, 1974), 69.

routes that led southwards through Dore, Bobo Dioulasso, Walewale, Yendi, and Sansane Mangu and south by way of Salaga, Kete Krachi and Kintampo.³⁸⁵

Cowries became a source of medicine to Konkomba healers in the savanna zone of Gold Coast at the beginning of the twentieth century. Healers collected the shells and some money from patients. The healer then prayed, recited some incantations and dropped the shell. The shells could fall in two ways. When the shells fell down closed, the meaning of such diagnosis was not favourable. When it fell down opened, the diagnosis was favourable.³⁸⁶ Divination as a means of diagnosis was used in determining whether it was safe for an individual to embark on a journey, or a project. This practice was as important in the medical culture of the Konkomba as was common elsewhere in northern Ghana and Africa. For instance, cowry shells had also been used in Nigeria as money, vital substance in spiritism and a source of medicine.³⁸⁷

Forms of Treatment

In the Konkomba medical culture, a patient was seen as a complete whole and treatment was offered to restore their balance altered by the presence of disease. The medicinal preparations were prescribed in several forms. These

³⁸⁵ Johnson, "The Cowrie Currencies," 34. For further information see M. Hiskett, "Materials Relating to the Cowry Currency of the Western Sudan--II: Reflections on the Provenance and Diffusion of the Cowry in the Sahara and the Sudan," *Bulletin of the School of Oriental and African Studies*, University of London, Vol.29, No. 2 (1966): 339-366, <http://www.jstor.org/stable/611182>, accessed March 16, 2017; Marion Johnson, "The Cowrie Currencies of West Africa. Part II," *The Journal of African History*, Vol. 11, No. 3 (1970): 331-353, <http://www.jstor.org/stable/180342>, , accessed March 24, 2017; James L. A. Webb, "Toward the Comparative Study of Money: A Reconsideration of West African Currencies and Neoclassical Monetary Concepts," *The International Journal of African Historical Studies*, Vol. 15, No. 3 (1982): 455-466, <http://www.jstor.org/stable/218147>, accessed March 24, 2017.

³⁸⁶ An interview with uninkpel Jagri Jeijah.

³⁸⁷ For further information, see Odunbaku, "Importance of Cowrie Shells," 234-241.

included prescription in liquid form such as decoctions, infusions, oily mixtures and gargles. Some were in the solid form such as powders, kaolin, termite-heap earth,³⁸⁸ ointments and powdered dried herbs (*limuil*)³⁸⁹ for internal administration with other liquids. Some medicines were also prescribed in gaseous form such as steam preparations and fumigation like *n-nyornyim* (incense-like medicine). Such medicinal preparations were administered either singly or as a multi-component mixture. Some of the components served as preservatives and others as flavouring and colouring agents.³⁹⁰ Enemas were often given to children and babies to relieve indigestion. Adults suffering from indigestion, impotence and sterility were also given enemas.³⁹¹

Incisions were also made on the skin (often to the face, chest or ankle) with sharp objects and a powdered drug was rubbed into the incision. The incisions were usually deep enough to cause bleeding.³⁹² The drug which was rubbed into the incision was made by burning various herbs resulting in an almost charcoal-like (*n-nyorborn*) product. In some cases, the charring could also cause degradation or reduction of any active principles in the herbs. External preparations included oils such as shea oil and, later, palm kernel oil. There were

³⁸⁸ The soil from the heap of termites and roots inside the heap were key ingredients in medicinal preparation for some diseases. Treating ailments such as swollen body involved the use of soil derived from termites. For further information on termites see K. E. Lee and T. G. Wood, *Termites and Soil* (London: Academic Press, 1971), 1-22; P. E. Howse, *Termites: A Study in Social Behaviour* (London: Hutchinson & Co Ltd, 1971), 15.

³⁸⁹ *Limuil* was very relevant among the Konkomba in the treatment of diseases. *Nmui* (plural) were made of medicinal plants that could absorb pus and contract the body. A prepared *limuil* could be stored for some time without being spoilt.

³⁹⁰ See Nina L. Etkin's work on the ethnopharmacology of indigenous medicine. Nina L. Etkin, "Ethnopharmacology: Biobehavioral Approaches in the Anthropological Study of Indigenous Medicines," *Annual Review of Anthropology*, Vol. 17 (1988): 23-42.

³⁹¹ An interview with Ntawan Balar, a 55 year old mother, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

³⁹² An interview with Salmo Bitekpe Konja.

other skin preparations that were dissolved into these oils and other solvents such as water, liquor, honey and cow milk which were rubbed into the skin.

Therapeutic fasting and dieting was another form of medical treatment among the Konkomba. A fast lasting from days to weeks could be prescribed by a healer to a patient as a means of treatment.³⁹³ Such fast could be broken and repeated if need be. In some cases, only solid foods were prohibited and water could be drunk.³⁹⁴ This was for a variety of reasons. Common among the reasons was the Konkomba concept of the causes of disease. For example, a diagnosis through divination might have indicated that a particular type of food was to be used to poison the individual and hence, such type of food would be prohibited for the patient.³⁹⁵

Also, certain types of diets were forbidden after some indigenous surgical operations to ensure rapid healing of the wound. A patient may be told not to eat chicken or goat meat for a specific period if such meat was deemed incompatible with the patient's treatment.³⁹⁶ For example, no okro soup or other slimy food was permissible in many healing sessions, particularly the treatment of wounds.³⁹⁷ In some cases, religious motives were involved in declaring certain plants and food

³⁹³ Austine S. O. Okwu, "Life, Death, Reincarnation, and Traditional Healing in Africa," *A Journal of Opinion*, Vol. 9, No. 3 (1979):19-24.

³⁹⁴ An interview with Salmo Bitekpe Konja.

³⁹⁵ An interview with Salmo Bitekpe Konja.

³⁹⁶ An interview with Nmuangna Takal.

³⁹⁷ An interview with uninkpel Jagri Jeijah.

as forbidden. Beef, mutton, and mangoes were to be avoided in cases of fever, eye disease or gonorrhoea.³⁹⁸

Another form of treatment among the Konkomba was the use of water in healing. Water in the cold or gaseous state was used with or without some herbs for treatment.³⁹⁹ A cold bath was sometimes prescribed as a strengthening agent for a weak patient. Warm baths (*kignamuuk*), with or without the addition of herbs were sometimes prescribed for a patient suffering from fever, rheumatism and headaches.⁴⁰⁰ The patient sweated profusely after the warm bath and this usually brought his or her temperature down.

Sometimes, a piece of cloth was dipped into warm water, the water squeezed out and the warm cloth pressed onto the affected part of the body. This form of treatment was used for sores, sprains, inflammations, rheumatoid complaints and, in particular, for a woman who had just given birth.⁴⁰¹ In the case of a woman who had delivered, it enhanced the return of the uterus to its normal

³⁹⁸ An interview with uninkpel Jagri Jeijah.

³⁹⁹ Water was used in the Konkomba medicinal practice due to its power for absorbing and communicating heat. Its solvent properties and the facility with which its physical state changes from solid to liquid or gaseous form gave it the most adaptable properties to the various forms of applications that were required in hydrotherapy. See Virginia H. Dryden, "Hydrotherapy," *The American Journal of Nursing*, Vol. 25, No. 8 (1925): 653, <http://www.jstor.org/stable/3408682>, accessed March 18, 2017; "Hydrotherapy," *The British Medical Journal*, 1, 2610 (1911): 35-36, <http://www.jstor.org/stable/25285011>, accessed March 16, 2017; A. F. Street et al, "Hydrotherapy," *The British Medical Journal*, Vol. 1, No. 2615 (1911): 336-337, <http://www.jstor.org/stable/25285451>, accessed March 16, 2017.

⁴⁰⁰ Sofowora, *Medicinal Plants and Traditional Medicine*, 42.

⁴⁰¹ An interview with Nmuangna Takal. Treatment by the use of water alternatively referred to as hydrotherapy in western medical model. See "Hydrotherapy and Physiotherapy in the Treatment of Rheumatic Disease," *The British Medical Journal*, 1, 5495 (1966): 1103, <http://www.jstor.org/stable/25407621>, accessed March 18, 2017.

size and improved circulation which helped the woman to recover from the after-effects of child birth.⁴⁰²

In some cases, a woman who had just delivered sat on a warm decoction of some medicinal plants such as *hoslundia* plant (*ligbangbal*) to stop over bleeding.⁴⁰³ It formed part of the postnatal care that began immediately after the birth of a child and extended for about two weeks. A similar warm-cloth treatment with other medicinal herbs was also applied to the navel of a baby which enhanced healing after the remains of the umbilical cord had dropped off.⁴⁰⁴

Another form of medical treatment through the use of water was the inhalation of steam, often generated by water containing medicinal herbs. In this respect, the patient covered his head and the pot containing the boiling water with a big cloth or blankets and inhaled steam mixed with the volatile vapour from the drugs. Alternatively, the warm water was removed from the heat source and the steam, together with the herbal vapour, inhaled under a blanket. The patient inhaled the steam through his nose and exhaled through the mouth.⁴⁰⁵ This form of treatment was particularly used for catarrh, fever, bronchial congestion and headache.⁴⁰⁶ Warm water or steam was also used for therapeutic purposes in the form of sauna or cleansing sauna. A bath in the same warm solution may or may not follow the sauna. This type of treatment was used for skin ailments, painful bruises and cold.

⁴⁰²An interview with Ntesunbon Tasin, 77 year old birth attendant, by Oliver Kofi Tasin on 25th December, 2016, at Abunyanya in the Volta Region of Ghana.

⁴⁰³ An interview with Ntesunbon Tasin.

⁴⁰⁴ An interview with Ntesunbon Tasin.

⁴⁰⁵ An interview with Ntesunbon Tasin.

⁴⁰⁶ Sofowora, *Medicinal Plants and Traditional Medicine*, 27.

The use of heat generated from fire also constituted a vital form of therapy among the Konkomba. Radiant heat from coal fire in a container was used in treating certain ailments among the Konkomba.⁴⁰⁷ The heat source often had powdered herbs (*n-nyornum*) put into the fire for smoke to be generated. The patient undergoing heat therapy either lay down close to the fire or sat up and faced the fire with the affected parts of the body such as the back or knee facing it.⁴⁰⁸ In some methods of treatment, the patient covered himself or herself and the source of the heat with a cloth, especially when the patient was required to inhale the aromatic smoke produced by the *n-nyornum* that was added to fire.

This form of therapy was administered when one became unconscious. This method was believed to improve circulation and induce sweating. It was particularly prescribed for the aged or febrile patient.⁴⁰⁹ It was also a treatment in certain chronic diseases or patients who were slowly responding to drug therapy. The continued significance of the numerous forms of Konkomba treatment was reported by observers as efficacious in cases of rheumatism, wounds and other related diseases.”⁴¹⁰

Massaging was also carried out in the Konkomba medical culture with the tip of the fingers and the palm. Gentle but firm pressure was applied to various aching muscles of the body which had been treated with some medicinal and oily dressing.⁴¹¹ It was used for muscle strains (mainly after tedious farming activity)

⁴⁰⁷ An interview with Salmo Bitekpe Konja.

⁴⁰⁸ An interview with Salmo Bitekpe Konja.

⁴⁰⁹ An Interview with Nmuangna Takal.

⁴¹⁰ PRAAD (Accra) ADM56/1/81 Medical Report Northern Territories for 1908.

⁴¹¹ An interview with uninkpel Jagri Jeijah.

and to improve the general circulation as well as the functioning of the nerves. Massaging and administration of herbs were also used in aiding delivery by indigenous birth attendants. An example of this type of herbal treatment included the chewing of the root of the male pawpaw tree (*Carica papaya* L, *gbandor* in Konkomba) accompanied by massage enhanced fast delivery during labour of a woman.⁴¹²

Ethnic marks cut into the skin constituted another preventative medicine. These marks were made on the cheeks, chest, back, stomach or limbs. This was performed on children at tender ages.⁴¹³ In cases where the child was sickly, the operation was delayed until the child became healthy. This was done in the morning after the child was given a cold bath.⁴¹⁴ The healer took out his knife (or any sharp object used by the practitioners) dipped it into a medicinally prepared cold water, rubbed the cold water on the cheek of the child to constrict the blood vessels, and then made a sharp but thin cut on the left cheek of the child.⁴¹⁵ Medicinal preparation was first splashed on the cut area, then after two days shea butter was applied with the aid of a feather. The incision was later cleaned and herbal preparation was applied till it was completely healed. The ethnic mark served as immunisation against epilepsy and other convulsive sicknesses. In the twentieth century, this health practice among the Konkomba was described as

⁴¹² An interview with Ntesunbon Tasin.

⁴¹³ An interview with Chamula Bipornbimaa, 77 year old healer and ethnic marker, by Oliver Kofi Tasin and Bingnul Malibi on 24th December, 2016, at Azua in the Volta Region of Ghana.

⁴¹⁴ An interview with Chamula Bipornbimaa.

⁴¹⁵ An interview with Chamula Bipornbimaa.

‘bad’ practice by colonial agents who did not grasp the ethnomedical universe of the Konkomba.⁴¹⁶

Conclusion

By 1956, the healing practice of the Konkomba had gone through changes in terms of healers, substances used in healing and the forms of healing. The next chapter examines specific medicinal preparations used in treating ailments such as stomach pains, (*eporinwee*), headache (*eyiwee*), measles (*unagbangbare*) tetanus (*nato*), leprosy (*kikorn*), boils (*linal*), snake bite and hookworm (*ukpeeku*) infestation. It will also highlight some of the colonial health policies and how they impacted on the medical culture of the Konkomba from the colonial period till 1956.

⁴¹⁶ PRAAD (Tamale) NRG8/2/7 Tribal Marks in Northern Territories; PRAAD (Tamale) NRG8/2/216 Nudity, Tribal Making and other Ceremonial Practices in the Northern Region. See also PRAAD (Accra) ADM 11/1/64 Obnoxious customs 1909.

CHAPTER FIVE

DISEASES, TREATMENTS AND COLONIAL INFLUENCE TILL 1956

Introduction

This chapter provides added insights into the Konkomba use of medical plants to treat diseases up to 1956, the year before 1957 when British colonialism in Konkomba land and by extension the Gold Coast ended. It argues that diseases that pre-dated British occupation of Konkomba areas were easily treated by the Konkomba through the use of ethnomedicine. Ethnomedicine, in this work, means treatments that comprised the beliefs and practices relating to indigenous diseases that were the products of indigenous cultural development and were not explicitly derived from allopathic medicine that had been largely developed by the researchers and clinicians living in the ‘West,’ particularly, Europe.⁴¹⁷ The Konkomba found it difficult in healing diseases, especially venereal diseases that were by-products of European contact. That notwithstanding, the Konkomba treated these diseases over time through experimentation with roots, herbs and animal parts.

⁴¹⁷James Anquandah, “African Ethnomedicine,” 299. Allopathic medicine as explained in the chapter two creates the state in which diseases cannot thrive, particularly the taking of anti-biotic. See Walter D. Glanze et al, *The Mosby Medical Encyclopedia*, Revised Edition (St. Louis: Signet Book, 1996), 26. It may also be noted that this kind of medicine was derived from other medicines (Egyptian, Greek, Arab and Eastern). See “Report of the International Bioethics Committee on Traditional medicine Systems and their Ethical Implications” (Paris: 8th February, 2013), <http://unesdoc.unesco.org/images/0021/002174/217457e.pdf>, accessed March 10, 2017. As explained by P. A. Twumasi, the difference between the European therapy and the indigenous therapy of Africa was the founding of hospitals, clinics and dispensaries by the former. See P. A. Twumasi, *Medical Systems in Ghana: A Study in Medical Sociology* (Accra: Ghana Publishing Corporation, 1975), 10.

Diseases and the Method of Treatment

The Konkomba medical culture, as in the case of some African societies, was devoid of any awareness of small, invisible germs or viruses as the transporter of diseases.⁴¹⁸ Konkomba medicine also did not consider that the lack of the nutrients such as vitamins, proteins and relevant minerals in humans, which allopathic medicine has identified and named, caused certain diseases. Diseases were attributed to the Supreme Being, or witches (*besunb*). The Konkomba explained that disease was also a natural consequence for individuals who broke any prescribed code of cleanliness (*tinyankand*) or accepted way of social behaviour (*enanpal aakal*) of the community.⁴¹⁹

The violation of the code of cleanliness which was responsible for the cause of disease included outside filth (*tigeond*) which was attributed to the patients' environment and the type of food eaten. This was common in the diagnosis of healers with statements such as “*aa jin ba*” (what have you eaten?).⁴²⁰ Violation of societal behaviour included a violation of the harmonious relationship between the patient and the spirit world (*mfutam aatink*) which brought ill-health to the patient as has been captured and explained in different parts of chapters three and four. In the case of such societal violation, the patient made a confession to the healer such as priest of the territorial deity, priest of the clan deity, soothsayer, possessor of *n-yin* or priest of personal deities such as

⁴¹⁸ Botchway, “A Note on the Ethnomedical Universe of Asante,” 69.

⁴¹⁹ An Interview with Kechee Kornab, 70 year old healer, by Oliver Kofi Tasin and Manee Masund on 3rd January, 2017, at Nbuendo in the Savanes Region of Togo.

⁴²⁰ An Interview with Kechee Kornab . For further information see J. O. M. Pobee, *The Journey from the Womb to the Tomb, the Second, Third and Fourth Quarters* (Accra: Ghana Universities Press, 1989), 36.

Tigari.⁴²¹ The confession by the patient led to the performance of sacrifices to pacify the spirit world and the patient's consumption of ancestral medicine such as *n-yin* or *jabun*. In some cases, the initial healer could prescribe other ritual acts (*mbawol*) to be supervised by another healer. The carrying-out of all the ritual prescriptions by the initial healer brought harmony between the patient and the spirit world and hence led to good health.⁴²²

Konkomba understanding of the natural cause of diseases made them develop the use of plants and other medicinal materials to provide treatment (*ntem*).⁴²³ In this sense, cold (*nsusuom*) and heat (*ntetum*) were part of the causes of illness. Natural causes of diseases were treated by healers with elements which pre-dated British occupation of the Northern Territories. For instance, in the search for food, the roots, seeds and other parts of various plants were consumed. In the case of some of these plants, definite effects were observed after consumption. These observations constituted the knowledge base of using these plants to heal.⁴²⁴ Such therapy continued in the colonial period despite various attempts by the colonial government that sought to suppress indigenous medicine in Northern Territories.⁴²⁵ The treatments that were discovered or invented in most cases were those that could cure diseases common to the Konkomba in particular and the people of the savanna zone in general.

⁴²¹ An Interview with Kechee Kornab.

⁴²² An Interview with Kechee Kornab.

⁴²³ See also Kofi Busia, *Fundamentals of Herbal Medicine: History, Phytopharmacology, Phytotherapeutics*, Vol. 1 (Xlibris: Xlibris Publishing Ltd, 2016), 7.

⁴²⁴ An Interview with Kechee Kornab.

⁴²⁵ Keto E. Mshiegeni et al., *Proceedings of an International Conference of Experts from Developing Countries on Traditional Medicinal Plants* (Dar es Salaam: Dar es Salaam University Press, 1991), 209.

Ethnomedical concepts in Konkomba medical culture were transmitted orally through time.⁴²⁶ They were not written down in medical treatises. It seems that this was so among many of the ethnic groups in the Gold Coast because they were primarily groups that transmitted different types of knowledge mainly through oral traditions. For example, this was true in the case of the Asante, whose medical culture, according to De-Valera N. Y. M. Botchway, “was not characterised by a corpus of ancient literary text and preserved manuscripts which contained written systems and theories that covered knowledge of life, health and disease of humans which were used by institutionally trained healers.”⁴²⁷

Knowledge about the treatment of diseases was, as a result, acquired through daily observation and teaching or through special training that was organised and executed by a practised healer. This is how herbalism, an important part of Konkomba indigenous knowledge, developed and was sustained.

The Konkomba and their neighbours in the savanna ecological zone, according to colonial historical records, treated many diseases using herbal and plant based remedies. E. Lewis, the government agent in Yendi in 1955 indicated that, “the plants regarded as curative among the Konkomba and the Dagomba included *Ocimum Americanum*, *acacia*, *rehmennica* and other unidentified plants.”⁴²⁸ Herbal concoctions and decoctions were added for use in treating fever, stomach pains, and gonorrhoea, eye disorders, toothache, anaemia,

⁴²⁶ Botchway, “A Note on the Ethnomedical Universe of the Asante,” 170.

⁴²⁷ Botchway, “A Note on the Ethnomedical Universe of the Asante,” 170.

⁴²⁸ PRAAD (*Tamale*) NRG8/19/18 *Fetish in the Northern Region*.

convulsions, waist pains, boil, worm infections, snake bites, fractures and even combating maladies caused by the bad medicine of sorcerers.

Earlier medical reports such as the annual report by the medical department at Gambaga for 1904 chiefly included diseases such as guinea worm, fever, injuries, constipation, gonorrhoea, syphilis and rheumatism as diseases in the savanna zone and the use of herbs to treat such diseases in the Northern Territories.⁴²⁹ The same medical problems were captured in the medical report for the Northern Territories for the year 1908 which buttresses indigenous medical knowledge in the Northern Territories. In that instance, British officials were reported to have been attacked by sixty-six (66) types of diseases including diarrhoea, dysentery, jaundice and fever.⁴³⁰ The local people, therefore, treated themselves by using indigenous therapy then referred to as “native” medicine while the British officials were treated in the few outstations in Gambaga and Tamale.⁴³¹

One of the diseases that bedeviled the Konkomba in the twentieth century was fever, particularly yellow fever.⁴³² Theophilus Opoku, a Basel missionary contracted severe bouts of fever, during his three week stay in Salaga in 1877.⁴³³ As in the late nineteenth century (1878), Buss, a German visitor to Salaga

⁴²⁹ PRAAD (Accra) ADM 56/1/419 Annual Report on Medical Department, Gambaga, Northern Territories for 1904.

⁴³⁰ PRAAD (Accra) ADM 56/1/81 Medical Report Northern Territories for 1908.

⁴³¹ PRAAD (Tamale) NRG8/19/18 Fetish in the Northern Region.

⁴³² Yellow fever is an acute infectious disease caused by a filterable virus transmitted by mosquitoes. Severe cases exhibit slow pulse, vomiting, jaundice and varying degrees of liver, kidney or vascular failure. See David Scott, *Epidemic Disease in Ghana, 1901-1960* (London: Oxford University Press, 1965), 26.

⁴³³ ‘Annual Report of the Northern Territories (ARNT), 1899’ in Sylvester Gundona, “A Study of Health Conditions and Disease Control in the Northern Territories of the Gold Coast, 1897-1956” (M.Phil Thesis, University of Ghana, 1999), 6.

suffered fever for a very long time and was cared for by his landlord and other Muslims.⁴³⁴ Cases of yellow fever were reported in the colony in the first decade of the twentieth century. The first report of yellow fever in the Northern Territories, particularly among the Konkomba in the twentieth century, was in 1913.⁴³⁵ Until this period, reported cases were confined to coastal towns. This does not suggest a non-occurrence of the disease till 1913 but emphasises the poor nature of British medical facilities and reports in the savanna zone at the time. In the 1930s and 1940s, there were many reports of yellow fever in different parts of the Gold Coast.⁴³⁶ Local people relied on the drugs from the colonial clinics and local therapies. The Konkomba mainly responded to the disease with indigenous therapy.

In the treatment of fever, different plants were used. Some of these remedies are still alive in the Konkomba society. These included the bark of the mango tree (*Magnifera indica L*, *mongo* in Konkomba),⁴³⁷ the leaves of pawpaw tree (*Carica papaya L*, *gbandor K*) and the leaves of the neem tree (*Azadirachta indica L*, *nyimse K*).⁴³⁸ About one pint of water was poured over the bark and

⁴³⁴ Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/9/2 (Legon: Institute of African Studies, University of Ghana).

⁴³⁵ *Gold Coast Annual Report (GCAR), 1913*, 25.

http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1913/5530214, accessed March 10, 2017; *Gold Coast Annual Report, 1926-1927*, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1926_1927/5, accessed March 10, 2017.

⁴³⁶ "Prevalence of Disease: Foreign Reports (1896-1970)," *Health Reports*, Vol. 59, No. 43, (1944):1422. <http://www.jstor.org/stable/4585075>, accessed April 4, 2017; "Health in Ghana," *The British Medical Journal*, Vol. 1, No. 5295 (1962): 1818-1819. <http://www.jstor.org/stable/20373882>, accessed April 4, 2017.

⁴³⁷ Hereafter, names of plants in the Konkomba language will be represented by 'K')

⁴³⁸ Fever, particularly yellow fever, is a viral hemorrhagic fever with high mortality that is transmitted by mosquitoes. The disease occurred in the Konkomba-inhabited savanna ecological zone. Mosquitoes capable of transmitting fever existed in the region which facilitated the spread of

leaves of these medicinal plants and the plants were boiled for about thirty minutes to an hour. The liquid was strained and allowed to cool. A patient drank portions of the decoction intermittently for the fever to be expelled through urination.⁴³⁹

Alternatively, the Konkomba also used the leaves of the lemon tree (*Citrus limon* L, *linyinol aasub* K) and neem tree (*nyimse*) for the same purpose. In this case, the patient was covered up with a cloth or blankets and a pot containing the boiled water of either lemon or neem leaves placed next to him or her to inhale the steam (*kiduduk*) of the boiled water.⁴⁴⁰ Indigenous treatment had served as the answer to cases of fever in the pre-colonial period.

Apart from herbal therapy, medicine was also obtained from the animal kingdom to augment the herbal methods. For example, in the case of stomach pains, a patient could also be given a decoction of a cow's bile (*nnakam*) in water.⁴⁴¹ As a result, the rearing of cattle among the Konkomba was not just for economic purposes but the bile also served as an important medicine in their medical culture.⁴⁴² Treatment for gastro-intestinal disorders included the administration of plant medicine which induced purgation, emesis and other tangible signs of disease egress. Regarding wounds, one of the proximate effects

the disease. See Elizabeth D. Barnett, "Yellow Fever: Epidemiology and Prevention," *Clinical Infectious Diseases*, Vol. 44, No. 6 (2007): 850.

⁴³⁹ An Interview with Kechee Kornab.

⁴⁴⁰ Tasin, "A History of Herbal Medicine," 28. For further information on the treatment of fever and other diseases, particularly in children see J. P. Stanfield, "Medicine in the Tropics: Fever in Children in The Tropics," *The British Medical Journal*, Vol. 1, No. 5646 (1969): 761-765. <http://www.jstor.org/stable/20396381>, accessed March 12, 2017.

⁴⁴¹ An interview with Nlakpind Mabee, 97 year old healer, by Oliver Kofi Tasin and Manee Masund on 4th January, 2017 at Nbuendo in the Savanes Region of Togo; Tasin, "A History of Herbal Medicine," 28.

⁴⁴² An interview with Nlakpind Mabee.

that healers expected in the process of treating infected wounds was the expulsion of ‘dirt’ (in the general sense of something unclean causing illness).⁴⁴³ In the initial stages of wound treatment, certain herbs that could irritate wounds were deliberately chosen and applied to the wound to induce bleeding and discharge of pus.⁴⁴⁴

To treat marasmus and kwashiorkor (*gbamgbam*), some specific leaves and roots (including red pepper and ginger) were cooked in water. The infusion was given to the child to drink. The child could also be made to use it as medicinal water for bathing (*kignamuuk*), or for enema. A preserved medicine referred to as *limuil* could be dissolved into medicinal liquid and applied to incisions made on the affected part of the body.⁴⁴⁵ Recovery from marasmus was manifested by ability to feed normally and the gradual disappearance of wrinkled skin. In some cases the healer tied *gbalk* (ancestral medicine) in a cord loosely around the child’s waist and wrist and the extent to which the child grew to fill the cord was a criterion for discharge from the healer. In the course of treatment, certain foods such as ground nuts, okro, shea butter and oily foods were forbidden. The recovery period varied from one healer to another depending upon the medicine of the healer and the level of the child’s adherence to prohibited food. A few days after discharge, the child was later sent back to the healer for a checkup. In the case of anaemia, the patient took pounded leaves of other medicinal plants such as baobab (*Andasonia digitata L, litul K*) as tonic. The

⁴⁴³ Sjaak Van der Geest et al., *The Context of Medicine in Developing Countries Studies in Pharmaceutical Anthropology* (Amsterdam: Het Spinhuis Publishers, 1991), 307.

⁴⁴⁴ An interview with Neyir Beniyam, 60 year old healer, by Oliver Kofi Tasin and Malibi Bingnuel on 27th December, 2017 at Abunyanya in the Volta Region of Ghana .

⁴⁴⁵ Anang, “Treatment of Protein Energy Malnutrition,” 12-14.

individual was also treated with a bark decoction of the African peach tree (*Nauclea latifolia*).

Treatment for disorders of the eyes by the healer among the Konkomba included an infusion of the leaves of plants that served as eyes drop.⁴⁴⁶ Such usage of the leaves of medicinal plants in the treatment of the eyes was similar to the one given in situations of earache. In the situation of earache, *limuil*⁴⁴⁷ was diluted with water and a few drops of the extract dropped into the ear.⁴⁴⁸ Toothache was treated by rubbing the paste of Guinea grain (*Aframomum melegueta* L, *ghanpue* K) paste into the cheek; if the toothache was due to a decay and cavity in the tooth, the tooth was plugged with a pounded mixture of the root of the lime tree and Guinea grain.

Although epilepsy (*dare*) could not be cured totally, patients with the disease were treated by using *Emilia sonchifolia* plant (*Emilia, ufadak* K), roots of cotton and other herbs.⁴⁴⁹ The prescribed parts of the plants were used in preparing *n-nyorborn*.⁴⁵⁰ The patient bathed with the medicinal water (*kignamuuk*). Incisions were also made on the body of the patient and the medicine applied on them to reduce the occurrence of seizures.⁴⁵¹ A person

⁴⁴⁶ An interview with Timulji Nina, 75 year old healer, by Oliver Kofi Tasin and Eric Timulji on 5th January, 2017, at Salaga in the Northern Region of Ghana.

⁴⁴⁷ As preserved medicine, *limuil* was made from different herbs. As a result, its use for treatment depended on the type of herbs used in preparing it.

⁴⁴⁸ An interview with Timulji Nina.

⁴⁴⁹ An interview with Ubonkpok Kuwane, 70 year old healer, by Oliver Kofi Tasin and Eric Timulji on 5th January, 2017, at Salaga in the Northern Region of Ghana; Tasin, "A History of Herbal Medicine," 29.

⁴⁵⁰ *N-nyorborn* was prepared from herbs that had been fried resulting in an almost charcoal-like product. This was used in treating a specific ailment based on the herbal efficacy of the herbs used in its preparation.

⁴⁵¹ An interview with Ubonkpok Kuwane.

suffering from epilepsy was prohibited from certain types of food or diet, particularly, those that contain fat. It was believed that such foods had the potential to worsen the patient's health.⁴⁵²

Waist, back and chest pains and joint strains commonly derived from the farming activities of the Konkomba were treated with medicinal plants.⁴⁵³ Waist or back pain was a disorder that involved the muscles and bones of the back caused by joint or strain.⁴⁵⁴ For example, medicine for waist pain was obtained from the bark of mahogany (*Swietenia, likpaln K*), *kikachan* plant, and *gbema* plant.⁴⁵⁵ All the prescribed medicinal plants were neatly cleaned and cut into pieces. This was pounded into a small ball-like form (*limuil*). Incisions were made around the waist of the patient and the *limuil*, dissolved in a small amount of water, was applied to the waist of the patient.⁴⁵⁶ A decoction of the medicine prepared from the plants was also used in massaging the body of the patient. It must be said that prayers, and at times the sacrifice of animals, especially fowls, were offered to solicit the spiritual assistance of the Supreme Being, the deities and ancestors in the healing of patients even as they used plant medicine.

Boils, (*nnal*) characterised by a painful swollen area on the skin caused by an accumulation of pus and dead tissues, was also one ailment that plant medicine

⁴⁵² An interview with Ubonkpok Kuwane.

⁴⁵³ An interview with Nmuangna Takal, 69 year old healer, by Oliver Kofi Tasin and Manee Masund on 4th January, 2017, at Waaman in the Savanes Region of Togo.

⁴⁵⁴ An interview with Nmuangna Takal, 69 year old healer, by Oliver Kofi Tasin and Manee Masund on 4th January, 2017, at Waaman in the Savanes Region of Togo.

⁴⁵⁵ An interview with Nmuangna Takal.

⁴⁵⁶ An interview with Nmuangna Takal.

was used against.⁴⁵⁷ In severe infections, a patient experienced fever, swollen lymph and fatigue. A colonial report in the twentieth century shows how British officials also suffered from boils in the Eastern Dagomba District of the Northern Territories. For example, in 1931, the Acting District Commissioner of the Eastern Dagomba, in a letter to the Commissioner of Southern Province of the Northern Territories in touring Konkomba communities reported that, “I regret to inform you that I am spending an enforced few days in Yendi, owing to a bad boil on my face, which kept me on the sick list for the early part of this week.”⁴⁵⁸

As in the case of other diseases, a poultice of combretum leaf (*Combretum quadrangulare*, *gbalsor K*) was applied to the boil that brought it to a head.⁴⁵⁹ In some cases, a poultice of the piperaceae plant mixed with lime juice was drunk by the patient who had boil. The leaves of the plant were ground and the moistened ground leaves applied to the surface area of the boil.⁴⁶⁰

Guinea worm, (*unaa*), hookworm (*ukpeeku*) and ringworm infections were other common diseases among the Konkomba. In 1888 when Curt Von Francois, the German colonial official visited Salaga, a Konkomba-dominated town, he noted that the most prevalent diseases were skin diseases and worms.⁴⁶¹ Similarly, when George Ekem Ferguson visited Northern Territories in the late 1890s to sign treaties with local rulers, he reported the existence of dysentery,

⁴⁵⁷ N. L. Hoerr, *Blackiston's New Gouled Medical Dictionary* (New York: McGraw-Hill Book Company, 1956), 354. See also M. Murray, *Encyclopaedia of Natural Medicine* (New York: Macdonald and Co Publishers Ltd, 1990), 172.

⁴⁵⁸ PRAAD NRG8/2/33 *Konkomba Language, Customs and Constitution (inquiry into, 1931)*.

⁴⁵⁹ An interview with Bawa Ewando, 63 year old healer, by Oliver Kofi Tasin and Eric Timulji on 5th January, 2017, at Salaga in the Northern Region of Ghana.

⁴⁶⁰ An interview with Bawa Ewando; Tasin, “A History of Herbal Medicine,” 31.

⁴⁶¹ Marion Johnson, *Salaga Papers*, Vol. 1, No. SAL/18/3.

diarrhoea, colic, rheumatism and guinea worm infection.⁴⁶² The treatment of guinea worm included the use of the leaves of water yam (*Dioscorea alata* L, *lininbual* K) and combretum leaves mixed with onion (*Allium cepa* L, *Jande* K).⁴⁶³ The leaves of these medicinal plants mixed with onions were ground and applied to the guinea worm-infested part of the patient's body to extract the worm from the infected sore.⁴⁶⁴ In some cases, the leaves were pounded and mixed with lime juice and applied as a paste to the exposed worm and around the ulcer.⁴⁶⁵ This application was followed in three days by the death of the worm which was then extracted, thereby freeing the patient from the guinea worm disease.

As a predominantly farming community snake bite was common. For snake bite, a common item from the vegetable world that health practitioners used was heart seed (*Cardiospermum grandifolia*, *lignal* K).⁴⁶⁶ The victim chewed the leaves of the herb and onion together. Some of the leaves were infused in water and the coloured water and the leaves used to wash the bitten spot.⁴⁶⁷ If snake teeth were lodged in the skin of the victim, they would be retrieved by the health practitioner. The leaves of *Cardiospermum grandifolia* was then ground and

⁴⁶² Arhin, *The Papers of George Ekem Ferguson*, 1974), 80.

⁴⁶³ Tasin, "A History of Herbal Medicine," 31. See also F. R. Irvine, *Woody Plants of Ghana* (London: Oxford University Press, 1961), 112-125.

⁴⁶⁴ An interview with Bawa Ewando.

⁴⁶⁵ An interview with Bawa Ewando.

⁴⁶⁶ An interview with Belin Bekue, 61 year old healer, by Oliver Kofi Tasin and Eric Timulji on 5th January, 2017, at Salaga in the Northern Region of Ghana. See also Kassahum Checole, "Man Cures, God Heals (...)," *presence Africaine*, Nouvelle serie, No. 129 (1984):124.

⁴⁶⁷ An interview with Belin Bekue.

applied to the affected part. This was repeated consecutively till the patient who was isolated from the public and family by the healer was healed.⁴⁶⁸

Konkomba society also had bone setters who healed broken bones, sprains, dislocations and fractures. The healer used his hands to feel and assess the type and extent of damage to a broken bone.⁴⁶⁹ In the case of a broken leg, the patient lay or sat with the fractured leg stretched out straight. Medicinal dressings were placed on the fractured leg with planks or wood tied round the leg with strings or climbing plant to hold the leg in place.⁴⁷⁰ The patient was required to keep the fractured leg as stationary as possible throughout the treatment. By the next day, the leg would have been swollen, bulging out in the regions where there were no splints. These swellings were treated with warm fomentations of parts of plants like *bridelia* (*Bridelia L, lisalasil K*), shea butter tree (*Butyrospermum parkii L, bikpasornb K*) and *liwanporbil* plant.⁴⁷¹ The splints were replaced around the fracture with a new dose of the medicinal dressing as before and the treatment repeated until the fracture was healed.⁴⁷²

A broken bone was also treated with palm oil (*nkpaman*), cotton wool (*Gossypium L, tekukond K*) and raffia mat (*chacha*). The affected part was tied up with cotton wool soaked in palm oil and supported with a small raffia mat for the

⁴⁶⁸ An interview with Jagri Jeijah, 80 year healer through *grumade and kunde* deities, by Oliver Kofi Tasin on 27th December, 2017 at Abunyanya in the Volta Region of Ghana. See also Pinak Tarafdar, "Right to Health: The Tribal Situation," *Indian Anthropologist*, Vol. 38, No. 1 (2008):81, <http://www.jstor.org/stable/41920058>, accessed February 20, 2017.

⁴⁶⁹A. Agarwal and R. Agarwal, "The Practice and Tradition of Bone Setting," *Education for Health*, Vol. 23, No. 1 (2010): 225-233.

⁴⁷⁰ An interview with Nmuangna Takal; Tasin, "A History of Herbal Medicine," 33.

⁴⁷¹ An interview with Nmuangna Takal.

⁴⁷²An interview with Nmuangna Takal. See also Checole, "Man Cures, God Heals (...)," 133.

first three days to push out the small particles of the broken bones in the body.⁴⁷³ This was changed consistently, at least, after every three days, until the bones were completely healed. At times some of the bone problems were attributed to supernatural forces and hence spiritual remedies were used to complement the physical plant based remedies. According to Janedo Ugan:

Many of the bone-injuries were as a result of offences committed against the deities and other spirits so the deities had to be pacified through certain rituals in order to treat the patient. In some cases, the bone setters sought permission of some spirits in order to carry out healing especially when it came to the herbs to be used. Some of the herbs, barks and roots had to be collected in the evening so that no human being saw them. If this was not done, the healers could find the herbs in the day time but the herbs may become ineffective. While in some injuries, animals had to be used.⁴⁷⁴

In some cases the healing of fractures was done through what I refer to as healing by proxy.⁴⁷⁵ The fowl had to be of the same gender as the patient. When the fowl was able to walk again, then the patient's fracture would have been healed sufficiently for him to try walking on the fractured leg.⁴⁷⁶ Before collecting the herbs for treatment, the health practitioner was to stay away from having an affair with any woman and no menstruating woman should touch the medicinal herbs. It must be noted that cotton was a key ingredient in treatment among the

⁴⁷³ An interview with Nmuangna Takal.

⁴⁷⁴ An interview with Janedo Ugan, 80 year old healer, by Oliver Kofi Tasin and Eric Timulji on 5th January, 2017, at Salaga in the Northern Region of Ghana.

⁴⁷⁴ R. Adamtey et al, "The Importance of Traditional Healers in the Planning of Rural Healthcare Delivery in Ghana: The Case of Bone-Setting Services in Loagri and Wungu," *Journal of Science and Technology*, Vol. 34, No. 3 (2014): 62.

⁴⁷⁵ An interview with Janedo Ugan.

⁴⁷⁶ An interview with Janedo Ugan.

Konkomba. Its economic importance was at par with its health relevance.⁴⁷⁷ The wool and the roots of the cotton plant were used in Konkomba medical therapy.

In situations such as gout or rheumatism that demanded bloodletting, the ‘impure’ blood was sucked out of the affected area with the aid of a horn opened at both ends.⁴⁷⁸ A piece of cloth already soaked in hot water and squeezed as in fomentation, was used to facilitate the oozing of blood. A clear example was the treatment of boil. In some cases, the healer made an incision on the affected part of the patient. In the collection of herbs, the health practitioner walked on a footpath in the bush with the eyes closed.⁴⁷⁹ The practitioner stretched the hand to collect any leaf or leaves. The belief is that they would be guided by benevolent spiritual forces to collect the right leaf or leaves to use as medicine. Such leaves were ground and used in rubbing the patient’s body. This was done till the swollen part of the body either returned to its normal size or discharged pus.⁴⁸⁰

Yaws (*enagbangbare*) also known as framboesia was another disease that afflicted the Konkomba, particularly, in the twentieth century. This skin disease could attack people of all ages, but was most prevalent in children. A patient of yaws suffered from malaise, and the joints, especially the elbows and knees became swollen and painful. In the case of yaws, medical officers were reported to have worked zealously to reduce its devastating effects in the Northern

⁴⁷⁷ In the colonial period, cotton became one of the key export commodities in the Northern Territories. See *PRAAD (Accra) ADM 56/1/78 Cotton Growing in the Northern Territories; ADM 56/1/250 Cotton Growing; ADM 56/1/404 Cotton Growing Scheme, 1925*. See also Marion Johnson, “Cotton Imperialism in West Africa,” *African Affairs*, Vol. 73, No. 291 (1974): 178-187, <http://www.jstor.org/stable/720736>, accessed March 16, 2017.

⁴⁷⁸ An interview with Janedo Ugan.

⁴⁷⁹ An interview with Janedo Ugan.

⁴⁸⁰ Checole, “Man Cures, God Heals (...),” 137.

Territories. For instance, Dr. Helen Hendrie, British Medical Officer who worked in the Konkomba area around Yendi in the early 1920s, was reported to have worked zealously in the treatment of patients with yaws.⁴⁸¹ Yaws was common in the rural areas in the north of the Gold Coast. In 1929, it was said to be the chief disease in the north, for it constituted 42% of all diseases treated.⁴⁸² The situation of yaws was rife, particularly among the Konkomba.⁴⁸³

Yaws was treated with a mixture of iron chips and refuse from a blacksmith's anvil and lime juice that has been boiled in an earthenware pot to boiling point.⁴⁸⁴ The paste obtained from the preparation was applied to the affected areas of the skin. In addition, the whole body was rubbed daily with a paste composed of ashes from fire (*mfatam*), and the lime juice of *Citrus aurantiifolia*.⁴⁸⁵ Alternatively, the healer ground the leaves of water yam (*lininbual*) together with ironstone dust and a little lime juice was added to the mixture. The mixture was boiled and when cool, it was applied to the affected area.⁴⁸⁶ In the colonial period, there were many reports of the outbreak of yaws

⁴⁸¹ "Gold Coast Government Report of Medical and Sanitary Department, 1923," in Stephen Addae, *The Evolution of Modern Medicine in a Developing Country: Ghana, 1880-1960* (Durham: Durham Academic Press, 1996) 364; *Gold Coast Annual Report, 1934-1935*, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1934_1935/55, accessed March 10, 2017.

⁴⁸² "Gold Coast Government Report of Medical and Sanitary Department, 1929-1930," in Stephen Addae, *The Evolution of Modern Medicine in a Developing Country: Ghana, 1880-1960* (Durham: Durham Academic Press, 1996), 364. See also *Colonial Annual Report, 1929-1930*, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1929_1930/55, accessed March 10, 2017.

⁴⁸³ Addae, *The Evolution of Modern Medicine*, 367. See also David K. Patterson, *Health in Colonial Ghana: Disease, Medicine and Socio-Economic Change, 1900-1955* (Massachusetts: Crossroads Press, 1981), 77.

⁴⁸⁴ An interview with Bawa Ewando.

⁴⁸⁵ An interview with Bawa Ewando.

⁴⁸⁶ J. Graham Forbes, "Native Methods of Treatment in West Africa: With Notes on the Tropical Diseases Most Prevalent among the Inhabitants of the Gold Coast Colony," *Journal of the Royal*

in the Northern Territories of the Gold Coast. In 1954, the Colonial Medical Officer for Yendi District, in a letter to the Principal Medical Officer in Tamale stated,

*I think it is true to say that the Yendi District has the highest incidence of yaws in the Gold Coast, and this disease is certainly a major public health problem in the area. Rough figures for the number of cases treated annually at various stations in recent years included 4, 500 in Yendi, 1, 700 in Bimbilla, 2, 000 in Zabzugu and 1, 000 in Chereponi*⁴⁸⁷

As a result the Colonial Government carried out a yaws control campaign in a quest to eradicate yaws infections. By 1956 the prevalence of infectious yaws in the Northern Territories gradually decreased.⁴⁸⁸ In all cases, the efforts of the colonial government were complemented by indigenous means of treatment.

The Konkomba treated smallpox (*tenanbind*), an infection which is spread by secretions and discharge from skin lesions, in a similar pattern as in the case of other diseases. Smallpox infection caused by a virus could be transmitted through infected clothing, paper and dust.⁴⁸⁹ In 1888 when Von Francois visited Salaga, he noted that:

Among the infectious diseases, smallpox must be mentioned especially, which predominates for long

African Society, Vol. 3, No. 12 (1904):361-380, <http://www.jstor.org/stable/715219>, accessed February 29, 2017.

⁴⁸⁷ PRAAD (Tamale) NRG8/13/27 Yaws Treatment.

⁴⁸⁸ V. K. Agadzi et al., "Yaws in Ghana," *Reviews of Infectious Diseases*, Vol. 7, Supplement 2. (1985):233, <http://www.jstor.org/stable/4453645>, accessed April 12, 2017.

⁴⁸⁹ Addae, *The Evolution of Modern Medicine*, 323. See also William H. Schneider, "Smallpox in Africa during Colonial Rule," Vol. 53 (2009): 193-227, <https://pdfs.semanticscholar.org/c473/86846d7a37aa7b18e80d6833a1c9a8cf54f2.pdf>, accessed March 13, 2017.

*periods. Several of the inhabitants have the reputations of being able to cure the sickness successfully.*⁴⁹⁰

The major outbreak in the Northern Territories in the twentieth century was in 1908. This was followed by consistent cases of smallpox till the late 1950s.⁴⁹¹ In the treatment of smallpox, the indigenous method used by the Konkomba could not heal the sickness completely. In Curt Von Francois' 1888 report, smallpox was indigenously treated with the use of shrubs. He recounts,

*a brew of the leaves of a shrub is placed on the scabs. This reduces the suppuration. If they remain, the pocks are treated with an extract of the cooked root of the Gimon tree. Then the pocks dry up and are rubbed with shea butter. Healing follows after six weeks.*⁴⁹²

The infection was again partly treated with dust from a kind of metamorphic rock known as *lafakumaln*. Ground dust from the rock was used to smear the body of the patient to temporarily alleviate pain. In the colonial period, these treatments were referred to as 'native' treatment and the practitioners 'native' doctors. The activities of these healers in carrying out their healing duties were outlawed by the Colonial Government in the Vaccination Ordinance of 1920.⁴⁹³ By this ordinance, indigenous healers and mallams were prevented from using indigenous methods to heal. Vaccination and other Western allopathic treatment were to be the only legal means in treating all cases of smallpox. By the

⁴⁹⁰ Johnson, *Salaga Papers*, Vol. 1, No. SAL/18/3.

⁴⁹¹ Gold Coast Government Report of Medical and Sanitation Department, 1925," in Addae, *The Evolution of Modern Medicine*, 332; Gold Coast Annual Report, 1927-1928, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1927_1928/5, accessed March 10, 2017; G. A. Ashitey, *Disease Control in Ghana: An Epidemiology of Disease Control in Ghana 1901-1990* (Accra: Ghana Universities Press, 1994), 6.

⁴⁹² Johnson, *Salaga Papers*, Vol. 1, No. SAL/18/3.

⁴⁹³ "Gold Coast Government Report of Medical and Sanitary Department, 1924-1925," in Addae, *The Evolution of Modern Medicine*, 331.

1940s and 1950s, cases of smallpox had been virtually wiped out in Konkomba-dominated areas, in particular, and Northern Ghana in general.⁴⁹⁴

Constipation (*gbenii*) was treated with the leaves of medicinal herbs that were pounded and mixed with water or the local beer called *pito*.⁴⁹⁵ The mixture was heated by dropping a red-hot stone (*lifakumanl*) into it. The warmed liquid was then drunk.⁴⁹⁶ In some cases, *limuil* or *n-nyorborn* of a prepared medicine was added to the water and taken to soften the stool of a person and engineer movement.

Venereal diseases such as gonorrhoea (*kpapereko*) and syphilis, and other urinary and urethral troubles were other common health challenges of the Konkomba. Colonial reports however indicated the north as being largely free from venereal diseases particularly, syphilis, until the late 1920s.⁴⁹⁷ The rise in these diseases was possibly through labour returnees who had emigrated in search of work. Some towns such as Zuarungu referred to gonorrhoea as “Kumasi

⁴⁹⁴ Addae, *The Evolution of Modern Medicine*, 331; *Gold Coast Annual Report, 1929-1930*, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1929_1930/55, accessed March 10, 2017.

⁴⁹⁵ *Pito* is a beer made from fermented millet. It is popular among many people in the northern part of Ghana. The millet is threshed and the grain is soaked in a large pot. After four days it begins to germinate and it sets out to dry. Next, the grain is ground into a flour and brewed twice over two consecutive days. The liquid is poured into a pot that has yeast sediment. A thick cloth is then placed in the pot to expedite fermentation. The resulting fermented beer is *pito*. See Benjamin A. Talton, “‘Food to Eat and Pito to Drink.’ Education, Local Politics and Self-help Initiatives in Northern Ghana, 1945-1972,” *Transactions of the Historical Society of Ghana*, New Series, No. 7 (2003): 209.

⁴⁹⁶ An interview with Ntepoam Bilifu, 70 year old healer through *Tigari*, by Oliver Kofi Tasin and Eric Bilafin on 5th January, 2017, at Kuwani in the Northern Region of Ghana.

⁴⁹⁷ “Gold Coast Government Report of Medical and Sanitary Department, 1938,” in Addae, *The Evolution of Modern Medicine*, 358. See also *Gold Coast Annual Report, 1938*, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1938-39, accessed March 10, 2017. See also S. K. Owusu, *Questions and Answers on Tropical Medicine and Infectious Diseases* (Accra: Ghana Universities Press, 1997), 67.

disease,” which suggested its alien origin.⁴⁹⁸ In 1926, about forty-eight (48) cases of gonorrhoea were reported to have been treated at Kete Krachi and twelve (12) in Eastern Dagomba in the north.⁴⁹⁹

The treatment of venereal diseases such as gonorrhoea (*kpapereko*) and syphilis featured the use of plant medicine which included the roots and barks of dawadawa tree (*Parkia clappertoniana* L, *bidub* K), *lipul* plant, amaranthaceae plant (*Amaranthus* L, *badurekor* K) and natal indigo plant (*Indigofera tinctoria* L, *lisinchil* K).⁵⁰⁰ The roots and barks of these plants were neatly cleaned and cut into pieces. The cut pieces were toasted in a pan to be burnt into a charcoal-like form (*n-nyorborn*).⁵⁰¹ The gonorrhoea patient then prepared a solution of the *n-nyorborn* and drank it successively, at least, twice in a day till the patient was totally cured of it. Some amount of *n-nyorborn* could also be added to the soup of a patient while some parts of the plants were also used as bathing water (*kignamuuk*) by such a patient.⁵⁰² The healing process was expected to be completed between one and three weeks. As indicated by Stephen Addae, the increasing introduction and use of the sulphanilamide group of drugs from the late

⁴⁹⁸ “Gold Coast Medical and Sanitary Department Report, 1928-1929,” in Gundona, “A Study of Health Conditions,” 5.

⁴⁹⁹ ‘Togoland Report, 1923 and 1933’ in Gundona, “A Study of Health Conditions,” 5.

⁵⁰⁰ An interview with Muanyorgma Nsando, 70 year old healer through, by Oliver Kofi Tasin and Eric Bilafin on 5th January, 2017, at Kuwani in the Northern Region of Ghana. See also O. B. Dokosi, *Herbs of Ghana* (Accra: Ghana Universities Press, 1998), 67; Daniel Abbiw, *Useful Plants of Ghana* (London: Intermediate Technology Publication, 1990), 199-200.

⁵⁰¹ An interview with Muanyorgma Nsando.

⁵⁰² An interview with Muanyorgma Nsando.

1930s complemented indigenous treatment.⁵⁰³ This was further enhanced by the increasing availability of penicillin in the Gold Coast from the late 1940s.⁵⁰⁴

Colonial Impact on Konkomba Medical Treatment (1900-1956)

The effectiveness of Western medical activity which was carried on the wings of the colonial regime certainly varied from place to place and over time. Thus evaluation of its overall impact is broadly divergent depending upon the health needs of colonial officials. In this vein, the colonial impact on the medical culture of the Konkomba in the Northern Territories varied and, developed, over time distinct from the colony and Asante. In the first decade of the twentieth century, the British extension into the Konkomba-dominated areas in the Northern Territories was not related to any health challenges in the area but due to the effects of the Yaa Asantewaa War of 1900-1901. The British, in this period, principally focused on the containment and stabilisation of Asante. This was appropriately captured by Governor Matthew Nathan as he interpreted his role as the stabiliser and not the stimulator of health or economic development.⁵⁰⁵ There was also the absence of ‘miracle’⁵⁰⁶ healing in the Northern Territories as compared to the case of the colony and Asante in the southern sector of the Gold Coast.⁵⁰⁷ Dr. Garland, a senior medical officer on duty in the north in the 1900s,

⁵⁰³ “Gold Coast Government Report of Medical and Sanitary Department, 1945,” in Addae, *The Evolution of Modern Medicine*, 359.

⁵⁰⁴ PRAAD (Tamale) NRG8/13/23 *Quinine and Mecapacrine Distribution in the Northern Region*.

⁵⁰⁵ Anthony P. Haydon, “The Good Public Servant of the State — Sir Matthew Nathan as Governor of the Gold Coast 1900-1904,” *Transactions of the Historical Society of Ghana*, Vol. 11 (1970): 105-121, <http://www.jstor.org/stable/41406359>, accessed October 22, 2016.

⁵⁰⁶ A kind of healing by the Christians through prophetic prayer.

⁵⁰⁷ Adam Mohr, “Missionary Medicine and Akan Therapeutics: Illness, Health and Healing in Southern Ghana’s Basel Mission, 1828-1918,” *Journal of Religion in Africa*, Vol. 39, Fasc. 4 (2009): 429-461, <http://www.jstor.org/stable/20696831>, accessed February 13, 2017.

described service there as ‘tedious, exhausting and dangerous.’⁵⁰⁸ Indigenous therapy, therefore, served as an indispensable means of treatment to the Konkomba in the early colonial phase of the Northern Territories.

The initial policy of the colonial government from 1910s was to concentrate the available medical resources on the European population. As indicated from the many colonial dispatches to the Governor, there was the fear for European lives in many of the towns who did not have a medical officer, and all efforts were made to provide medical help wherever the size of the European population merited it.⁵⁰⁹ By 1905 there was a hospital in Salaga and by 1910, the Northern Territories had one dispensary which was increased to nine in 1914.⁵¹⁰

Apart from the European population dictating the building of health facilities, the opening of health facilities was also linked to the commercial importance of towns. The establishment of hospitals slowly followed in outstations. The first town to have a health facility in the Northern Territories was Gambaga, the first capital of the Northern Territories.⁵¹¹ An outstation fenced enclosure consisted of one ward of ten beds and two large verandas. As a result of frequent epidemic outbreaks, especially of smallpox, cerebrospinal meningitis and trypanosomiasis in the Northern Territories in the 1900s, Gambaga acquired a

⁵⁰⁸ “Gold Coast Government Report of Medical and Sanitary Department, 1902; Gold Coast Government Report of Medical and Sanitary Department, 1904,” in Stephen Addae, *The Evolution of Modern Medicine*, 99. See also *Gold Coast Annual Report, 1902*, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1902/5530214, accessed June 4, 2017.

⁵⁰⁹ *Gold Coast Annual Report, 1902*.

⁵¹⁰ N. J. K. Brukum. “Sir Gordon Guggisberg and Socio-Economic Development of Northern Ghana, 1919-1927,” *Transactions of the Historical Society of Ghana*, New Series, No. 9 (2005): 14.

⁵¹¹ PRAAD (Accra) ADM 56/1/419 *Annual Report of the Medical Department, Gambaga*.

small isolation hospital.⁵¹² In 1912, there was little usage of these medical facilities by the indigenous population in the Northern Territories.

The plans of the British Governor, Hugh Charles Clifford, to gradually extend the operations of the Medical Department beyond the colony to the indigenes of the Northern Territories proved futile. This was principally due to the fact that European medical staff was small. He, therefore, proposed dispensary schemes in 1917 which was cheap and efficient. As a result, the health achievements of Clifford, before his departure as the Governor of the Gold Coast, were concentrated in the Colony (the Gold Coast Colony and Asante). For example, in 1919, there were, at least, 28 dispensers and 64 nurses in the major hospitals of the colony while no estimate was given of the Northern Territories.⁵¹³ However, there were only eight medical officers in the entire Northern Territories, three of whom were stationed at Tamale, Gambaga and Wa. The remaining five served the rest of the territories.⁵¹⁴

In the 1920s when Sir Gordon Guggisberg was the Governor of the Gold Coast, few outstations came to possess health facilities. The outstations dealt with out-patients only. The outstations were unfinished and temporary health facilities which made them liable to closure, to be replaced or not, by a proper and permanent health facility.⁵¹⁵ Nonetheless, apart from the Tamale and Salaga hospitals, which were permanent structures, all the others were temporary ‘bush’

⁵¹² S. Addae, *History of Western Medicine in Ghana, 1880-1960* (Edinburgh: Durham Academic Press, 1996), 51.

⁵¹³ Addae, *History of Western Medicine*, 27.

⁵¹⁴ Addae, *History of Western Medicine*, 51.

⁵¹⁵ Addae, *History of Western Medicine*, 27; P. A. Twumasi, *Social Foundations of the Interplay between Traditional and Modern Medical Systems* (Accra: Ghana Universities Press, 1988), 17.

hospitals as they were known.⁵¹⁶ These hospitals were built of ‘swish’ or sun-baked bricks and thatched-roofed, because of the policy of spending minimal funds in the area of medicine and medical facilities.⁵¹⁷ These medical facilities were primarily for the use of the British officials and non-officials, African government officials, troops, police and the Hausa constabulary.⁵¹⁸

Comparatively, the Gold Coast Colony encompassing coastal towns and Asante Protectorate possessed good health facilities by 1926. As early as the late nineteenth century and the first decade of the twentieth century, health facilities had been built in the coastal areas.⁵¹⁹ The drilling of bore-holes and the use of pipe-borne water helped to reduce the incidence of many water-borne diseases such as guinea worm, typhoid fever, and dysentery in the coastal areas. The British focus on public health in the Gold Coast was further quickened after the publication of the Simpson Report.⁵²⁰

Policies of mass disease eradication campaigns were implemented by the Colonial Government in the 1920s. Prominent among the campaigns was the

⁵¹⁶ N.J.K. Brukum, “Sir Gordon Guggisberg and Socio-Economic Development of Northern Ghana, 1919-1927,” *Transactions of the Historical Society of Ghana*, New Series, No. 9 (2005): 12.

⁵¹⁷ PRAAD (Accra) ADM 56/1/419 *Annual Report of the Medical Department, Gambaga*.

⁵¹⁸ Addae, *History of Western Medicine*, 26.

⁵¹⁹ Samuel Agyei-Mensah and Ama de-Graft Aikin, “Epidemiological Transition and the Double Burden of Disease in Accra, Ghana,” *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, Vol. 87, No. 5 (2010): 879-897.

⁵²⁰ An independent inquiry led by W. J. R. Simpson which investigated the conditions that had given rise to an outbreak of the bubonic plague in the Gold Coast in 1908. The inquiry also reported on the general sanitary condition in the Gold Coast. The measures taken after its publication led to the first serious efforts to improve health conditions for all inhabitants. See W.J.R. Simpson, *Report on plague in the gold coast, 1908* (London: J & A Churchill; 1909). It must be noted that health facilities in Asante were also far advanced than those in the Northern Territories. See S. K. Addae, *History of Western Medicine in Ghana* (Edinburgh: Durham Academic Press, 1996), 61.

yaws eradication campaign which started in the mid-1920s.⁵²¹ By 1927, although Zuarungu had a hospital with rooms for six beds for treating yaws and other diseases, there were no beds in the wards.⁵²² The roofed hospital buildings in Salaga were infested with bats.⁵²³ Other district stations either had no hospital facilities at all or had them for brief periods. Governor Gordon Guggisberg's administration did not achieve much in the provision of health facilities in the Northern Territories due to the fact that the northern sector of the Gold Coast was not his priority.⁵²⁴ The building of hospitals during this period depended largely on the availability of staff, density of the population and the building cost.⁵²⁵ As a result, most of the earlier hospitals could not operate effectively due to inadequate staff.

It must be noted that the north, generally, did not appeal to medical officers. Health officials were, as a result, given some special financial compensation for service in the area.⁵²⁶ From the fourth decade of the twentieth century, the Colonial Government implemented some sanitation and vaccination policies on other causes of disease in the Northern Territories.⁵²⁷ For example, an

⁵²¹ Addae, *History of Western Medicine*, 29.

⁵²² PRAAD (Accra) ADM 56/1/405 Acting Director of Medical Services (ADMS) to Director of Medical and Sanitary Service (DMSS).

⁵²³ PRAAD (Accra) ADM 56/1/405 Acting Director of Medical Services (ADMS) to Director of Medical and Sanitary Service (DMSS).

⁵²⁴ N. J. K. Brukum. "Sir Gordon Guggisberg and Socio-Economic Development of Northern Ghana, 1919-1927," *Transactions of the Historical Society of Ghana*, New Series, No. 9 (2005): 14.

⁵²⁵ PRAAD (Tamale) NRG8/13/8 *Hospitals-General*. See also E.K. Ackon, *The Management of Health Services in Developing Country* (Accra: Bel-Team Publications Ltd, 1994), 3.

⁵²⁶ The medical officers were given a special allowance was known as 'bush allowance.' As a rule, medical officers were not kept long in the north. PRAAD (Accra) ADM 1/2/113 Slater to Long.

⁵²⁷ PRAAD (Tamale) NRG8/13/4 *Sanitation, Northern Territories Policy*; PRAAD (Tamale) NRG8/13/5 *Vaccination Campaign in the Northern Territories*. The vaccination policy by this period had been extended from the colony which had earlier received vaccinations against small-

anti-trypanosomiasis campaign commenced in the mid-1930s along with the anti-yaws campaign and led to the reduction of such health threats in the Konkomba community. Such policies included a yaws campaign which was carried out in the Konkomba areas, principally in the Yendi district in the 1940s under Governor Alan Burns.⁵²⁸ The campaign teams were merged in 1948 and subsequently became the Medical Field Units (MFU) in the 1950s.⁵²⁹ Other medicines such as quinine and mepacrine were distributed against malaria and other infectious diseases.⁵³⁰ In an attempt to extend medical facilities to all areas in the north, travelling dispensaries were brought into service. This method, which commenced in the late 1920s, though useful in the early 1930s, was delayed until 1935 due to shortage of medical staff.⁵³¹ This compelled Dr. Seth Smith to organise a travelling dispensary from the Gold Coast Colony to Northern Territories to treat diseases.⁵³² The colonial government also implemented Disease Control Acts

pox and other infectious diseases. See *PRAAD (Cape Coast) ADM 23/1/176 Small-pox Infectious Diseases*. For further information on early sanitary reforms in the Gold Coast, see Thomas S. Gale, "The Struggle against Disease in the Gold Coast: Early attempts at Urban Sanitary Reform," *Transactions of the Historical Society of Ghana*, Vol. 16, No. 2 (1995): 185-203, <http://www.jstor.org/stable/41406617>, accessed March 10, 2017.

⁵²⁸ Addae, *History of Western Medicine*, 29.

⁵²⁹ Addae, *History of Western Medicine*, 30; "The Campaign against Malaria and the Expansion of Scientific Medical and Sanitary Services in British West Africa, 1898-1910," <http://www.jstor.org/stable/216391>, accessed March 11, 2017.

⁵³⁰ *PRAAD (Tamale) NRG8/13/23 Quinine and Mepacrine Distribution in the Northern Region; PRAAD (Tamale) NRG8/13/32 Infectious Diseases outbreak; Gold Coast Annual Report, 1934-1935*, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1934_1935/55, accessed March 10, 2017. See also Felix Ankomah Asante et al., *The Economic Impact of the Burden of Malaria in Ghana* (Accra: Institute of Statistical, Social and Economic Research (ISSER), 2005), 15; Edward Ayitey-Smith, *Drugs and the Fate of Humanity* (Accra: Ghana Universities Press, 1988), 7.

⁵³¹ Addae, *History of Western Medicine*, 57.

⁵³² *Gold Coast Annual Report, 1930-1931*, http://libsysdigi.library.illinois.edu/ilharvest/africana/books2011-05/5530214/5530214_1930_1931/5530214_1930_1931_opt.pdf, accessed March 10, 2017. See also Samuel Ofosu-Amaah, *Health and Disease in Ghana: The Origins of Disease and the Future of Our Health* (Accra: Pagelinks, 2005), 191.

earlier passed in the colony. Through some of these acts such as the Infectious Diseases Act of 1908,⁵³³ “colonies”⁵³⁴ were created for patients with infectious diseases.⁵³⁵ These included diseases such as leprosy, yaws, and smallpox.⁵³⁶ In the case of Konkomba medical culture, a patient of such diseases resided in the house of a healer in the community and was frequently attended to by the family members.

When the first African government of the Gold Coast took power in 1951, it inherited a relatively young colonial government controlled medical service which had formally been in existence for about four decades. A few hospitals were scattered all over the Northern Territories with a total of 139 beds and with the population-bed ratio being 1/4300.⁵³⁷ Despite the fact that these colonial policies, undoubtedly, influenced the health conditions in the Northern Territories, indigenous treatment remained vital till 1956 and beyond.

Conclusion

By the end of the second half of the twentieth century, the medical practice of the Konkomba became pluralistic. This was due to the use of both

⁵³³ The section eleven (11) of the act provided, “A medical officer may order a person living in the same house or compound as, or otherwise brought into contact with, a person suffering or suspected to be suffering from an infectious disease, whether in an infected area or not, to be isolated in a place that the Government may provide, until that person is safely discharged.” See *Infectious Diseases Act, 1908 (section 11)*, http://www.vertic.org/media/National%20Legislation/Ghana/GH_Infectious_Disease_Act_1908.pdf, accessed March 12, 2017.

⁵³⁴ An isolated place reserved for patients of infectious diseases.

⁵³⁵ *Infectious Diseases Act, 1908. This act was enforced throughout the period that Gold Coast experienced epidemics. See K. David Patterson, “The Influenza Epidemic of 1918-19 in the Gold Coast,” *The Journal of African History*, Vol. 24, No. 4 (1983): 485-502, <http://www.jstor.org/stable/181255>, accessed February 24, 2017.*

⁵³⁶ *PRAAD (Accra) ADM 56/1/405 Tour of Inspection-Assistant Director of Medical Services.*

⁵³⁷ Addae, *History of Western Medicine*, 66.

Western allopathic medicine and indigenous ethnomedical treatment of diseases. The British colonial regime was also aware of the effectiveness of some of the herbs which the African society had used to cure some of the diseases that affected it. As explained by Abena Dove Osseo-Asare from a continental perspective (Africa), the British adapted some of the indigenous herbs into allopathic medicine.⁵³⁸ Most of the allopathic drugs such as quinine, quinidine and quercetin were derived from plants used by African communities.⁵³⁹

It must be noted that the principal aim of the colonial government in setting up health posts and making drugs from local flora was not about assisting the indigenes of the Northern Territories; it was primarily concerned with taking care of or protecting European lives, first and foremost. However, the British extended such health facilities to the indigenes in latter period to safeguard labour supplies.⁵⁴⁰ In this perspective, the economic value of health in the territories was increasingly recognised and the health policy of the colonial government began to focus on improving the health of the inhabitants.⁵⁴¹ In all of these colonial experiences, the Konkomba accepted or rejected Western health services as they deemed them fit, and as a complement to their indigenous medical practice. By 1956, the Konkomba alternated between indigenous and Western allopathic

⁵³⁸ For further information see Abena Dove Osseo-Asare, *Bitter Roots: The Search for Healing Plants in Africa* (Chicago: University of Chicago Press, 2014), 2.

⁵³⁹ Abbiw, *Useful Plants*, 118. See also Kofi Busia, *Fundamentals of Herbal Medicine: History, Phytopharmacology, Phytotherapeutics*, Vol. 1 (Xlibris: Xlibris Publishing Ltd, 2016).

⁵⁴⁰ N.J.K. Brukum, "Studied Neglect or Lack of Resources? The Socio-Economic Underdevelopment of Northern Ghana under British Colonial Rule," *Transactions of the Historical Society of Ghana*, New Series, No. 2 (1998): 118- 131.

⁵⁴¹ Addae, *History of Western Medicine*, 28.

treatment with much reliance on the type of medicine considered more efficacious to particular ailments.

CHAPTER SIX

THE IMPORTANCE OF KONKOMBA MEDICAL CULTURE

Introduction

On the wings of colonialism Western allopathic medicine was increasingly able to insert itself as a dominant system in Africa, despite the existence of African indigenous ethnomedicine.⁵⁴² Despite the fact that allopathic medicine has been functional, it is also true that indigenous medicine is equally relevant. Indigenous medicine over the centuries has played key roles in the development and sustainment of many societies in Africa and globally.⁵⁴³ Similarly, indigenous medicine was a key form of treatment among the Konkomba throughout their history. People were cured by indigenous method (till today, many healers have preserved a reputation for healing different ailment including fractures by splint and herbs) and where allopathic methods have completely failed to cure, traditional methods have been used with success.⁵⁴⁴ Even the introduction of allopathic medicine has not completely led to the eradication of indigenous medical treatment among Konkomba. This was mainly due to the economic and social importance of indigenous medicine.

⁵⁴² David Landy, "Role Adaptation: Traditional Curers under the Impact of Western Medicine," *American Ethnologist*, Vol. 1, No. 1 (1974): 103-127, <http://www.jstor.org/stable/643805>, accessed 12 May 2017. See also Charles Anyinam, "Traditional Medical Practice in Contemporary Ghana: A Dying or Growing "Profession"?", *Canadian Journal of African Studies*, Vol. 21, No. 3 (1987): 326-329, <http://www.jstor.org/stable/485649>, accessed May 18, 2017.

⁵⁴³ Nancy Romero-Daza, "Traditional Medicine in Africa," *The Annals of the American Academy of Political and Social Science*, Vol. 583, (2002): 173-176, <http://www.jstor.org/stable/1049695>, accessed March 20, 2017.

⁵⁴⁴ Addae, *History of Western Medicine*, 13.

Economic Importance

Economically, the indigenous medicine of the Konkomba was cheaper as compared to Western allopathic medicine.⁵⁴⁵ Medicinal plants could be obtained from natural environment without monetary attachment. Technological advancement in health care delivery that has increased the cost of Western allopathic form of treatment has not impacted Konkomba traditional medical practice.⁵⁴⁶ On the basis of the above, many Konkomba still prefer indigenous medicine to Western allopathic form of treatment.⁵⁴⁷ Receiving medical treatment from the latter was deemed expensive and potentially dangerous, particularly, if a person was misdiagnosed due to pressure or any other problems of the health personnel. As explained by Sylvester Gundona, in the case of indigenous medicine in the Northern Territories, payment was not a hindrance to obtaining therapy.⁵⁴⁸ In the case of the Konkomba healers, plants were believed not to be potent in, and of, themselves. Their curative power was derived from external sources.⁵⁴⁹ These external sources included the ancestors, and healers only gave prescriptions regarding the use of the medicine.⁵⁵⁰ A healer's use of medicines meant a moral relationship with the ancestors for efficacy. As a result of this moral relationship, medicine and healing were not to be excessively

⁵⁴⁵ A. Sofowora, *Medicinal Plants*, 140.

⁵⁴⁶ An interview with Tafan Banalin , 73 year old healer, by Oliver Kofi Tasin on 23rd December, 2016, at Abunyanya in the Volta Region of Ghana.

⁵⁴⁷ An interview with Lakorbor Ugan, 96 year old healer through *n-yin*, by Oliver Kofi Tasin and Bingnul Malibi on 24th December, 2016 at Azua in the Volta Region of Ghana.

⁵⁴⁸ Gundona, "A Study of Health Conditions and Disease Control," 18.

⁵⁴⁹ An interview with Ugaja Baliija, 69 year old healer, by Oliver Kofi Tasin and Manee Masund on 3rd January, 2017, at Nbuendo in the Savanes Region of Togo.

⁵⁵⁰ An interview with Ugaja Baliija.

commoditised but primarily tailored towards the maintenance of the health of a patient.⁵⁵¹

While it was obvious that some services attracted payment, such payment was always affordable. This was chiefly achieved by the Konkomba through the conservation of medicinal plants in order to enhance the sustainability of natural resources and avoid complete depletion.⁵⁵² This enabled the healers to use herbs of their environment to heal without excessive cost. The means of achieving the sustainability of medicinal plants were transmitted through taboos (*nkobil*), folklore (*etiin*) and proverbs (*n-yatagnal*) that constituted the basis of indigenous conservational knowledge.⁵⁵³ This means that indigenous conservation formed what Mary A. S. Owusu and Kwame Osei Kwarteng termed ecocentrism⁵⁵⁴ of a people.⁵⁵⁵ Most of the areas where herbs and medicinal plants were obtained for

⁵⁵¹ For more information on the role of money in indigenous healing among other ethnic groups in Northern Ghana, see Bernhard Bierlich, "Sacrifice, Plants, and Western Pharmaceuticals: Money and Health Care in Northern Ghana," *Medical Anthropology Quarterly*, Vol. 13, No. 3 (1999): 316-337, <http://www.jstor.org/stable/649610>, accessed March 17, 2017.

⁵⁵² An interview with Nlarpind Mabee, 97 year old healer, by Oliver Kofi Tasin and Manee Maasund on 4th January, 2017, at Nbuendo in the Savanes Region of Togo.

⁵⁵³ An interview with Nlarpind Mabee. See also Mark D. Hanna, "Environmentally Responsible Managerial Behavior: Is Ecocentrism a Prerequisite?," *The Academy of Management Review*, Vol. 20, No. 4 (1995): 796-799, <http://www.jstor.org/stable/258956>, accessed March 15, 2017; Pamela C. Johnson, "Development of an Ecological Conscience: Is Ecocentrism a Prerequisite?," *The Academy of Management Review*, Vol. 21, No. 3 (1996): 607-611, <http://www.jstor.org/stable/258992>, accessed March 15, 2017.

⁵⁵⁴ Ecocentrism can be explained as the practices of a people towards the conservation of their natural environment. For further information, See Manussos Marangudakis, "Harmony and Tension in Early Human Ecology: From Prosopocentrism to Early Theocentrism," *Human Ecology Review*, Vol. 11, No. 2 (2004): 133-152, <http://www.jstor.org/stable/24707674>, accessed March 15, 2017; Ronald E. Purser and Alfonso Montuori, "Ecocentrism is in the Eye of the Beholder," *The Academy of Management Review*, Vol. 21, No. 3 (1996): 611-613, <http://www.jstor.org/stable/258993>, accessed March 15, 2017.

⁵⁵⁵ The work of Mary A. S. Owusu and Kwame Osei Kwarteng examines the use of indigenous knowledge in conserving medicinal, agricultural and economic resources of the forest zone by the Akan of southern Ghana. For further information, see Mary A. S. Owusu and Kwame Osei Kwarteng, "The Desparcidos: A study of Local Knowledge and the Forest Culture in the Development Agenda of Ghana" in D. D. Kuupole and De-Valera N. Y. M. Botchway, eds., *Polishing the Pearls of Ancient Wisdom: Exploring the Relevance of Endogenous African*

treatment were referred to as *kinanchank*, that is, prohibited to the general public. Some of these prohibited areas developed into sacred groves believed to be homes of clan deities and ancestors.⁵⁵⁶ This prevented people from depleting medicinal plants in the sacred groves. In furtherance of the conservation of animals, there were clan taboos against some specific animals.⁵⁵⁷

Other herbs were obtained around homes, forests accessible to the public and special herbariums. There were also seasonal bans on early harvest of tree products such as shea nut and *dadawa* fruits for economic purposes. Owing to their uses for health reasons, there existed indigenous taboos against cutting down shea trees.⁵⁵⁸ Such bans promoted cultural cohesion as well as ecological safeguards for maintaining health.⁵⁵⁹ It must be noted that bans on inappropriate destruction of tree products were typical of indigenous conservation measures reported in the savanna zone of West Africa.⁵⁶⁰ This cultural mechanism

Knowledge Systems for Sustainable Development in Postcolonial Africa. A Reader (Cape Coast, University of Cape Coast Printing Press, 2010), 85-96.

⁵⁵⁶ An interview with Kechee Kornab.

⁵⁵⁷ An interview with Kechee Kornab.

⁵⁵⁸ P. N. Lovett and N. Haq, "Evidence for Anthropocentric Selection of the Sheanut Tree (*Vitellaria paradoxa*)," *Agroforestry Systems*, Vol. 48 (2000): 273-288.

⁵⁵⁹ An interview with Nlakupind Mabee. For further information see Steven Maranz et al., "Nutritional Values and Indigenous Preferences for Shea Fruits (*Vitellaria paradoxa* C.F.Gaertn. F.) in African Agroforestry Parklands," *Economic Botany*, Vol. 58, No. 4 (2004): 588-600, <http://www.jstor.org/stable/4256873>, accessed March 13, 2017.

⁵⁶⁰ Marlène Elias and Judith Carney, "African Shea Butter: A Feminized Subsidy from Nature," *Africa: Journal of the International African Institute*, Vol. 77, No. 1, Nature as Local Heritage in Africa (2007): 37-62, <http://www.jstor.org/stable/40026697>, accessed March 13, 2017. For further information see S. Maranz and Z. Wiesman, "Evidence for Indigenous Selection and Distribution of the Shea Tree, *Vitellaria paradoxa*, and Its Potential Significance to Prevailing Parkland Savanna Tree Patterns in Sub-Saharan Africa North of the Equator," *Journal of Biogeography*, Vol. 30, No. 10 (2003): 1505-1516, <http://www.jstor.org/stable/3554465>, accessed March 13, 2017; Albert Ahenkan and Emmanuel Boon, "Improving Nutrition and Health through Non-timber Forest Products in Ghana," *Journal of Health, Population and Nutrition*, Vol. 29, No. 2 (2011): 141-148, <http://www.jstor.org/stable/23500088>, accessed March 14, 2017.

promoted the preservation and regeneration of valued species for both food and health needs.

Accessibility to treatment was another reason for the popularity of indigenous medicine among the Konkomba. The use of indigenous medicine among the Konkomba, like other northern ethnic groups, was due to the ready availability of medicinal plants and healers within their environment.⁵⁶¹ As a result of the above, the use of indigenous medicine became imperative if the people were to service their health and wellness needs.

Despite the fact that indigenous treatment was not commoditised, the medical culture of the Konkomba served as a means of professional endeavour which in a way served as employment within the economy of the Konkomba. Healers such as *beboab* (soothsayers), *begolkpajoob* (possessors of bush spirit) and priest of various deities among the Konkomba derived sustenance from their healing abilities. The indigenous medical healers were always seen by patients as the embodiment of the souls of the Konkomba community.⁵⁶² In this sense, they were rewarded for the services they rendered to the community. This was not done in a cash and carry system but could be reciprocated in various forms including rewarding the healers with animals, farm produce, and at times, even wives.⁵⁶³

⁵⁶¹ Gundona, "A Study of Health Conditions," 18.

⁵⁶² An interview with Lakorbor Ugan.

⁵⁶³ An interview with Ntepoam Bilifu, 70 year old healer through *Tigari*, by Oliver Kofi Tasin and Eric Bilafin on 5th January, 2017, at Kuwani in the Northern Region of Ghana.

Social Importance

Socially, indigenous medicine among the Konkomba enjoyed wider acceptability in the community. This was due to the fact that indigenous medicine blended readily into the socio-cultural life of the Konkomba in whose culture it was deeply rooted.⁵⁶⁴ Disease and ailment were viewed as personal matters. The Konkomba were often reluctant to share their details with a ‘stranger’ who was bereft of Konkomba cosmology and disease causation.⁵⁶⁵ Since the healers shared history and culture with their patients, they provided care that complemented their patients’ belief systems and fitted within their world view of causes of illness.⁵⁶⁶

Also, indigenous medicine became indispensable in the medical practice of the Konkomba due to their belief that certain types of diseases, especially psychological or mental ones and diseases inflicted through witches (*besunb*) could only be treated through their medical therapy.⁵⁶⁷ In this sense, indigenous medical healers were more reliable than exogenous medical practitioners.

Konkomba society perceived its indigenous medicine as organic, natural and safe. All the medicinal plants and substances that were used in treatment were derived from natural products.⁵⁶⁸ The medicinal value of many of the herbs had been experimented and used as compared to exogenous medicine, particularly

⁵⁶⁴ An interview with Jagri Jeijah, 80 year healer through *grumade and kunde* deities, by Oliver Kofi Tasin on 27th December, 2016, at Abunyanya in the Volta Region of Ghana.

⁵⁶⁵ An interview with Jagri Jeijah.

⁵⁶⁶ Elizabeth Hill, “‘I don’t Know Anything about their Culture’: The Disconnect between Allopathic and Traditional Maternity Care Providers in Rural Northern Ghana,” *African Journal of Reproductive Health*, Vol. 18, No. 2 (2014): 37.

⁵⁶⁷ Tasin, “A History of Herbal Medicine,” 38.

⁵⁶⁸ An interview with Ntepoam Bilifu.

those manufactured in the laboratory and devoid of the social environment of the Konkomba.⁵⁶⁹

Other social merits of the Konkomba medical culture were deeply rooted in the cultural practices that maintained the communal health of the society. All other cultural practices and belief systems of the Konkomba constituted the means by which they maintained their health. For example, widow inheritance enhanced social cohesion between a widow and the community.⁵⁷⁰ It gave the widow a sense of security, shelter and continuity of a sense of belongingness. The social significance of such inheritance was solidarity, which created a society in which everyone related and contributed to the well-being of the other.⁵⁷¹ This was social health by which the person in society obtained his or her individual health. The Konkomba sense of inheritance was one important factor behind the comparatively low rate of “social diseases” such as waywardness, theft and moral decay.⁵⁷²

⁵⁶⁹ An interview with Ntepoam Bilifu.

⁵⁷⁰ An interview with Jagri Jeijah.

⁵⁷¹ An interview with Jagri Jeijah.

⁵⁷² An interview with Jagri Jeijah.

CHAPTER SEVEN

CONCLUSION

The research was carried out with the basic objective of producing a history of Konkomba medical culture to explore the Konkomba reliance on traditional knowledge and medical practice. It examined their ecological zone, health-related practices, medicine and healing and diseases and their treatments. Specifically, the research was aimed at achieving the following objectives: to find out the Konkomba definition of health (*ngbanpuan*), medicine (*n-nyork*) and treatment (*n-tem*) of diseases and the means by which they healed people of various illnesses.

Until this study was undertaken, much of the work on the history of the Konkomba of Northern Ghana was focused on the ‘acephalous’ status of the people with some descriptions of some of their practices. Relying on primary and secondary sources, the thesis has produced a history that provides a window into the Konkomba society’s understanding about disease (*tebunbund*), medicine (*n-nyork*), treatment (*n-tem*) and health (*ngbanpuan*). Konkomba medical culture resonates with multiple characteristics. First, in order for a natural plant or any other material to be recognised as medicinal, it must be inherited from the ancestors.⁵⁷³ Secondly, that knowledge must be transmitted to the descendants. Thirdly, such medicinal plants must be handled in a sustainable way by a clan that

⁵⁷³ The scientific basis of Konkomba medicine was based on what has worked for past generations and continue to work for the present generation. As a result, plants that were regarded as medicinal had gone through series of test before healers used them in treatment. An interview with Jagri Jeijah.

identifies itself with that medicine.⁵⁷⁴ The consciousness of such medical culture of the Konkomba expresses itself at multiple levels of the society. That is, from the level of an individual, family, lineage, clan and the community at large.

Diverse plants and animals were utilised and protected as part of the health heritage of the Konkomba.⁵⁷⁵ All levels of biodiversity were concerned from the home level of animal species and plant varieties to the landscape and ecosystem level.⁵⁷⁶ Culture and health also consisted of practices and knowledge, indigenous and acquired, related to all aspects of the human health.⁵⁷⁷ Of course, these practices were not unchanging. Certain practices could lose the healing status over time while others might acquire healing properties with time.⁵⁷⁸ The practice of indigenous medicine was thus susceptible to alterations in the context of religious and environmental transformations or diffusion of ideas, products and people in the long term. The healing processes of the Konkomba have formed part of their medical heritage throughout all historical transformations they have gone through.⁵⁷⁹

⁵⁷⁴ An interview with Toborchand Tinanla, 81 year old soothsayer (*uboa*), by Oliver Kofi Tasin and Manee Masund on 3rd January, 2017, at Nbuendo in the Savanes Region of Togo.

⁵⁷⁵ An interview with Lakorbor Ugan.

⁵⁷⁶ An interview with Salmo Bitekpe Konja, 81 year old healer through *n-yin* and *bigolkpaab*, by Oliver Kofi Tasin and Bingnul Malibi on 26th December, 2016, at Sibi in the Volta Region of Ghana. For further information on biodiversity and its role in a particular geography, see C. Barry Cox et al., *Biogeography: An Ecological and Evolutionary Approach* (Oxford: Blackwell Scientific Publications, 1973), 11-25; Linda R. Berg, *Introductory Botany: Plants, People and the Environment* (New York: Saunders College Publishing, 1997), 3.

⁵⁷⁷ An interview with Salmo Bitekpe Konja.

⁵⁷⁸ An interview with Salmo Bitekpe Konja.

⁵⁷⁹ An interview with Salmo Bitekpe Konja. For further information, see Marie-Christine Cormier-Salem and Thomas J. Bassett, "Introduction: Nature as Local Heritage in Africa: Longstanding Concerns, New Challenges," *Africa: Journal of the International African Institute*, Vol. 77, No. 1 (2007): 4, <http://www.jstor.org/stable/40026695>, accessed March 13, 2017.

The medical culture of the Konkomba combined scientific, naturalist and spiritual practices which produced an all-embracing healing balm to patients. The veritable institutionally trained healers possessed an assortment of resources in their curative practices.⁵⁸⁰ These included the power of words and oath (*nkam*), the efficacy of ancestral medicine, the use of medicinal plants, and the trust placed in all healing materials.⁵⁸¹ The priest of the territorial deity (*utingbanjoor*), priest of the clan deity (*leyajawaldan*), soothsayer (*uboa*), possessor of the *n-yin* (*uyindan*) or priest of personal deities such as *Tigari* (*uwadan*) and herbalists specialised in the treatment and curing of diseases under the ultimate patronage of the Supreme Being (*Uwumbor*).⁵⁸² The fundamental cause of ailment in human beings was due to one's failure to adhere to the laws of hygiene and those of the spirit world. One's inability to recognise the role of territorial deities (*ntengbanwaa*), clan deities (*nyajawaa*) and ancestors (*yajatiib*) that established balance between the patient and their physical and transcendental environment led to ailment.⁵⁸³ The refusal of the deities and ancestors to respond to mitigate any attack led to worsening of ailments. Disease (*tebubund*) was seen as a continuous struggle between health "giving-forces and ill-health seeking ones."⁵⁸⁴ As a result, diseases and their treatment were seen as a collective process that included cosmic, social and physical functioning of a patient.⁵⁸⁵

⁵⁸⁰ An interview with Salmo Bitekpe Konja.

⁵⁸¹ An interview with Salmo Bitekpe Konja.

⁵⁸² An interview with Salmo Bitekpe Konja.

⁵⁸³ An interview with Salmo Bitekpe Konja.

⁵⁸⁴ An interview with Lakorbor Ugan.

⁵⁸⁵ An interview with Toborchand Tinanla.

The gradual decline of the Konkomba medical culture was due in part to the introduction of Eurocentric Christianity, which sought to purge the Konkomba of a belief system that served as an embodiment of health among the Konkomba.⁵⁸⁶ This religion led to the abandoning of ancestral veneration and turned sacred groves into profane places. Indigenous measures that were previously the implicit and explicit means of conservation lost their meaning and value and were no longer preserved.⁵⁸⁷ Some missionaries constantly denigrated and castigated Konkomba cultural and religious beliefs as “pagan,” “demonic” and “evil.”⁵⁸⁸

Politically, there were ineffective policies to preserve medicinal plants in the colonial period. The function of plants within the savanna ecological zone as a source of food and medicine gave way to other economic uses of plants. Natural plants were harvested and replaced with the monoculture of teak and cotton for economic purposes. In the early twentieth century, the Germans began teak plantations in the Northern Territories with the largest one at Yendi.⁵⁸⁹

The same policy was also used in the production of cotton. The domestic health value of cotton became peripheral to the economic value for the metropolitan state.⁵⁹⁰ The ability of farmers to pay their taxes was closely linked to the sale of just a few commodities, principally, cotton and shea trees. Shea trees

⁵⁸⁶ An interview with Toborchand Tinanla.

⁵⁸⁷ An interview with Toborchand Tinanla.

⁵⁸⁸ An interview with Jagri Jeijah.

⁵⁸⁹ PRAAD (Tamale) NRG8/11/35 *Dagomba District Forest Reserve*; NRG8/11/48 *Kulukpene Forest Reserve*.

⁵⁹⁰ PRAAD (Accra) ADM 56/1/78 *Cotton Growing in the Northern Territories*; ADM 56/1/250 *Cotton Growing*.

which served both medicinal and economic purposes became principally important for economic purposes.⁵⁹¹ The shea oil valued in the Konkomba pharmacopoeia as an ointment for healing wounds, burns, alleviating wrinkles and other treatments became an exportable item.

The British colonial policy was aimed at augmenting the availability of shea nuts in the Northern Territories. English food manufacturers and chocolatiers also placed demand on the British West African Colonies of the Gold Coast and Nigeria for supplies to the industries abroad.⁵⁹² This necessitated considerable research on the biogeographical range and environmental factors affecting shea trees.⁵⁹³ In the 1920s, the Northern Territories became the pivot in the study of shea trees' growth, yield patterns and fruit setting and harvest. In 1924, the superintendent of Agriculture and Forestry of the Northern Territories in the Gold Coast directed all women and girls over the age of six, to gather every possible nut from every tree, working every day for the ninety-day shea fruiting season.⁵⁹⁴ Colonial officials thought that the nut's commercial prospects would attract men to its collection and trade.⁵⁹⁵ However, both female and male household members resisted attempts to reconfigure their labour to the export objectives of the colonial state.

⁵⁹¹ N. C. Mcleod, *Report by the Conservator of Forests*, 1-10; *PRAAD (Tamale) NRG8/11/19 Shea Butter Industry and Industrial Products*; *PRAAD (Tamale) NRG8/11/15 Shea Butter (1946-1953)*.

⁵⁹² Camey and Marlène, "Revealing Gendered Landscapes," 244.

⁵⁹³ Brenda Chalfin, "*Shea Butter Republic* (New York: Routledge, 2004), 134" in Camey and Elias, "Revealing Gendered Landscape," 242.

⁵⁹⁴ Chalfin, "*Shea Butter*, 117" in Camey and Elias, "Revealing Gendered Landscape," 244.

⁵⁹⁵ Camey and Elias, "Revealing Gendered Landscape," 244.

Shea butter's importance among the colonies of both the British and French in the savanna zone of West Africa increased after 1924. This was in response to metropolitan demand for tropical vegetable oils in the manufacture of industrial lubricants, soap, candles and food.⁵⁹⁶ Different means were adopted by both the French and the British to promote the shea trade in the colonial period. While most of the colonial trade focused on nuts, butter exports steadily increased between 1932 and 1947.⁵⁹⁷ In the case of the teak trees, the soil nutrient was destroyed which prevented other plants from growing. Due to the nature of the colonial policies with an over-emphasis on export, the natural resources utilised by the indigenes for treatment in the savanna zone were endangered. The situation was further aggravated by recurrent bush fires.⁵⁹⁸ This resulted in the scarcity of medicinal plants which became the main constraint in indigenous treatment of ailments.

Some educated indigenes tend to dismiss some of the practices of the Konkomba that enhanced their social health because they are often deemed such practices as “unscientific” and found the justification by calling them “outmoded practices.” However, all social practices of the Konkomba maintained their social

⁵⁹⁶ A. G. Hopkins, “*An Economic History of West Africa* (New York: Columbia University Press, 1973)” in Camey and Elias, “Revealing Gendered Landscape,” 243.

⁵⁹⁷ Elias and Carney, “African Shea Butter,” 48.

⁵⁹⁸ R. Rose Innes, *A Manual of Ghana Grasses* (Surbiton: Ministry of Overseas Development, 1977), 13. See also G. W. Lawson, *Plant life in West Africa* (Accra: Ghana Universities Press, 1985), 36-37.

health.⁵⁹⁹ This contributed to the general improvement in the quality of life and promoted sustainable well-being.

⁵⁹⁹ The research has been explored from the emic perspective. The emic (local) perspective is a culture-specific one that is consistent with the ideology of the society under study and that presents health-related (and other) phenomena through reference to indigenous understanding of the universe and the intended outcomes of plant use and related practices. The opposite is etic (outside) which uses concepts and theories that are grounded in some ideology in order to create a framework on which to project and interpret medical beliefs and behaviours. See Sjaak Van der Geest and Susan Reynolds Whyte, eds., *The Context of Medicine in Developing Countries, Studies in Pharmaceutical Anthropology* (Amsterdam: Het Spinhuis Publishers, 1991), 300-3017; Dennis M. Warren, "The Role of Emic Analyses in Medical Anthropology: The Case of the Bono of Ghana," *Anthropological Linguistics*, Vol. 17, No. 3 (1975):117, <http://www.jstor.org/stable/30027282>, accessed May 18, 2017.

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GLOSSARY

<i>Bekpokpam</i>	the ethnic name of the Konkomba.
<i>Bepornip</i>	bush spirit.
<i>Enibornyork</i>	African medicine.
<i>Ekalnyork</i>	European medicine.
<i>Ekpakpanyork</i>	Konkomba medicine.
<i>Farr</i>	blood.
<i>Gbalk</i>	a type of spiritual medicine used by the Konkomba.
<i>Ketakuu</i>	the period after the end of the rains.
<i>Kesie</i>	rainy season.
<i>Jabun</i>	a type of medicine.
<i>Kinan</i>	soul.
<i>Lepel</i>	the dry season.
<i>Lepakpaln</i>	the language of the Konkomba.
<i>Limuil</i>	powdered herbs rolled into a small ball-like form and used for treatment of certain

	diseases.
<i>Lepel</i>	dry season.
<i>Mfutam</i>	spirit.
<i>Ngbanpuan</i>	health.
<i>N-nyorborn</i>	herbs burnt into charcoal-like form that is used for treatment.
<i>Lewal</i>	deity.
<i>Nwa</i>	deities.
<i>Nwin</i>	personal deity.
<i>Pito</i>	indigenous beer brewed in Northern Ghana.
<i>Tebubund</i>	disease.
<i>Tiwonand</i>	body
<i>Uboa</i>	soothsayer.
<i>Uniborn</i>	human being.
<i>Uwumbor</i>	the Supreme Being.
<i>Wonyordan</i>	healer.