An offprint from

Medicine, Healing and Performance

ISBN 978-178297-158-0

edited by

Effie Gemi-Iordanou
Stephen Gordon
Robert Matthew
Ellen McInnes
Rhiannon Pettitt

Oxford & Philadelphia

www.oxbowbooks.com

Published in the United Kingdom in 2014 by
OXBOW BOOKS
10 Hythe Bridge Street, Oxford OX1 2EW

and in the United States by
OXBOW BOOKS
908 Darby Road, Havertown, PA 19083

Paperback Edition: ISBN 978-178297-158-0

A CIP record for this book is available from the British Library

Library of Congress Cataloging-in-Publication Data
Medicine, healing and performance / edited by Effie Gemi-Iordanou, Stephen Gordon, Robert Matthew, Ellen McInnes, Rhiannon Pettitt.
pages cm
Includes bibliographical references.
ISBN 978-1-78297-158-0
1. Traditional medicine. 2. Medical archaeology. 3. Mental healing. 4. Spiritual healing. 5. Shamanism. I. Gemi-Iordanou, Effie, editor of compilation.
GN477.M28 2014
610--dc23

2013050575

Printed in the United Kingdom by Berforts Information Press Ltd,
Eynsham, Oxfordshire

For a complete list of Oxbow titles, please contact:

UNITED KINGDOM
Oxbow Books
Telephone (01865) 241249, Fax (01865) 794449
Email: oxbow@oxbowbooks.com
www.oxbowbooks.com

UNITED STATES OF AMERICA
Oxbow Books
Telephone (800) 791-9354, Fax (610) 853-9146
Email: queries@casemateacademic.com
www.casemateacademic.com/oxbow

Oxbow Books is part of the Casemate group

Front cover: *Pestle and Mortar* (© Rhiannon Pettitt 2012)
Back cover: The tools of a Ghanaian medicine man (© Bryn Trevelyan James 2010)

Contents

10. A Note on the Ethnomedical Universe of the Asante, an Indigenous People in Ghana

De-Valera N. Y. M. Botchway

Introduction

Ailments, as universal problems, are frequent experiences in every human society. In the presence of this natural reality, societies and cultures develop answers to crucial health care issues and questions, and for them not to do so is, in fact, inconceivable. This need precipitates intellectual interpretations of health and infirmities, as well as philosophical and pragmatic techniques for dealing with the risk and uncertainties of ill-health. Naturally, such rationalisations and methods emanate from the specific cultural setting, prevailing endogenous conditions, and historical experiences of each society. The sickness, 'dis-ease', and malady that a person suffers, and the kind of health care that they would resort to, depend upon socio-cultural, psychological, and biological factors. Epidemiology, from a holistic viewpoint, should transcend the realm of the biological and allopathic.

The allopathic system, which is based on Western-engendered scientific methodology, suggests that natural events must be rationally explained in terms of specific empirical cause and effect categories; causation must be viewed as natural/biological in contrast to supernatural and metaphysical suppositions. In such a 'scientific' approach, substantiations in the system of belief must be reached through the observation of empirical data. Through the sketching and organisation of phenomena, analytical classificatory systems can be established and through the process of deduction, hypotheses are framed. Within these deductive processes, predictions are made about relationships between events. Such forecasts and ideas are proved or dismissed through further processes of inquiry and experimentation. However, this methodology, which is the backbone of the so-called 'scientific' or allopathic medicine, accepts that the outcomes of new experimentation can change the basic models and values. Therefore, if on the basis of specific empirical evidence, therapeutic measures are subject to modification and rectification in the face of the new facts to meet the health demands of people, then the trajectories of therapy within the context of 'scientific' medicine cannot be absolute. Conversely, the epidemiology of many indigenous societies promotes paradigms which utilise socio-cultural orientations, including the spiritual and metaphysical concepts, of the people it serves.

From historical and ethnographic viewpoints, this study explores the nature and philosophical keystones of the indigenous worldview of the cosmo-biological-cum-metaphysical oriented ethnomedical and health seeking behaviour of the Asante. The Asante are one of the African aboriginal groups that constitute Ghana in West Africa and the name can be contextualised to mean the people, their territory, and/or their language. Other orthographical constructs of Asante are *Asuantsi* and *Asiante*. The Anglicised forms are Ashanti and Ashantee (Christaller 1933, 427).

This paper is a small contribution to the wider studies of the history of medicine and medical anthropology, especially those of West Africa and Africa as a whole. By reviewing the Asante ethnomedical folkway and its historical and contemporary confluence with Western allopathic medical ways, this study, which fits into wider investigations of pluralistic medical systems in sub-Saharan Africa, provides a vista of understanding about the nature, and 'continuity' and 'change' dynamics, of that indigenous group's ethnomedicine.

While it is acknowledged that oral information obtained from fieldwork could have enhanced the research this paper focuses on information drawn from existing data including primary written sources. Consequently, this study serves as an overview that lays a foundation for later developments of review and fieldwork into the ethnomedicine of the Asante. In particular this paper seeks to bring together the broad spectrum of ongoing studies and extant literature about ethnomedicine within the contexts of history of medicine, cultural history, medical anthropology and sociology, and cultural studies (See, for example, Twumasi 1975; Janzen 1978; Warren 1978; Ademuwagun, *et al*. 1979; Evans-Anfom 1986; Twumasi and Warren 1986; Twumasi 1988; Vaughan 1991; Abdalla 1992; Feierman and Janzen 1992; Bierlich 1994; Sindiga, Nyaigotti-Chacha and Peter Kanunah 1995; Bierlich 1995; Addae 1996; Bierlich 1999; Konadu, 2007).

Consult the Spirits in the Morning, Drink Sarsaparilla in the Afternoon, and take Quinine in the Night: Gold Coast Ethnomedicine meets Western Allopathic Medicine

In the fifteenth century, the wealth of the territory that later became Ghana attracted the economic avarice and economic and political activities of certain European states, in part motivated by imperial ambition. At the beginning of the second half of the nineteenth century the area, which Europe knew as the Gold Coast, became a formal colony of England. This remained the case until outbreaks of local resistance and nationalism from the multi-ethnic indigenous sovereign polities defeated colonial powers in the territory in 1957. The new independent nation state that evolved called itself Ghana to recollect the fame of a Soninke empire, which existed *c*. AD 500–1200 (Boahen 1980, 3), in the *Bilad al Sudan* in West Africa. This zone refers to the savannah belt that spans the mouths of the Senegal and the Gambia rivers to the west of Lake Chad and the Nile to the east, and from the Sahara to the north and the forest belt to the south.

It is apparent that the indigenes of the Gold Coast, according to colonial historical records, had faced epidemiological challenges. For example, Pieter de Marees, *c*. 1602, reported that:

> The diseases and plagues from which they suffer are: pox, the clap, gonorrhoea, worms, headache and hot fevers . . . Even though they catch some of these diseases, which are not without peril, they do not pay much heed to their injuries or illnesses and go around as if they are not suffering from any infirmities.
>
> (de Marees 1987 [1602], 173)

The indigenous people contrived physiological innovations and cultural adaptations, including the quasi-reliance on primordial European strategies (de Marees 1987; Bosman 1967 [1704]), in their natural quest to combat diseases and subsist and prosper in their settled environment. Adapting to new medical needs and epidemiological challenges, some coastal indigenes relied, precariously, on European barbers, who were pseudo-surgeons based within European trading posts, for treatment of worm infection and exotic diseases which entered West Africa via the Atlantic trade (Crosby 1972, 122–23). The barbers often used sarsaparilla ointment, obtained from Dutch ships and traders, against the pox and gonorrhoea. The ointment was boiled in fresh water and the concoction drank as a panacea for the pox and similar diseases, and leg-attacking worms (de Marees 1987 [1602]).

Moreover, Willem Bosman, a Dutchman, who had spent about fourteen years on the Gold Coast, revealed in correspondences composed between early 1701 and mid 1702, that the barbers were charlatans who used bad medicine to endanger the lives of their clients (Bosman 1967 [1704], 106). However, Bosman, in these missives, which he published in Utrecht in 1704 as *Naauwkeurige Beschryving van de Guinese – Goud – Tand en Slavekust*, respected endogenous therapies. He emphasised the curative effect of some endogenic herbs and remedies: 'the chief Medicaments here in use are … Limon [*sic*] or Lime juice, Malaget [*Afromomum melegueta*] … Cardamom, the Roots, Branches and *Gumms* [*sic*] of Trees, about thirty several sorts of green Herbs ...' Disclosing that the remedies were used frequently and successfully, he testified: 'I have seen several of our country men cured by them when our own physicians were at a loss what to do' (Bosman 1967 [1704], 224–25). He reported that locals who were shot, cut or wounded in wars used green plants for treatment. They boiled the herbs in water and soaked their wounds with the decoction, which proved efficacious in some cases, because of the 'wonderful sanative virtue [*sic*]' of the plants. However, some local therapies, Bosman claimed, were ineffective against venereal diseases, serious bleeding and internal haemorrhaging. Moreover, venereal distemper was difficult to cure, and sufferers who were near 'our Fort fall in our Barber's hands; who for a good large sum [*sic*] of money cure them' (Bosman 1967 [1704], 110).

The Asante world of disease and health care also attracted the attention of European colonial chroniclers. For example, Henry Tedlie, who was a surgeon and part of a British diplomatic mission to *Asanteman* (Asante State) in 1817, recorded certain common diseases like syphilis, yaws, itch, ulcers, scald-heads, venereal diseases and strong pains in the stomach (Bowdich 1966 [1819]). There were domestic herbal preparations utilised as purgatives, to treat bone fractures, to cause abortions, to treat sprained ligaments, to relieve stomach pain, dysentery and diarrhoea, to neutralise symptoms of dyspepsia among pregnant women, and to treat boils, swellings, earache, coughs, eye pains, yaws and other ailments including venereal disease (Bowdich 1966 [1819],

371–77). For example, the cooked concoction of the bark of the 'Tandoorue' (*Tannuro*) tree and pepper was good for stomach pains and constipation; 'Bissey' (Kola) was chewed by the Asante to 'prevent hunger and strengthen the stomach and bowels …' (Bowdich 1966 [1819], 371); the crushed leaves of 'Anafranakoo,' when applied to boils, inflammatory swellings and fractures, was a good remedy; the decoction of the leaf of the 'Kattacaiben' (*Kotodweben*) was good for pregnant women with uneasiness in the abdomen; the bark of the 'Ocisseeree' (*Sisire/Kokonisuo*) could stop purging in dysentery and diarrhoea and the 'Tointinney' (*Toantini*) herb, chewed with pepper, was a remedy for cough (Bowdich 1966 [1819], 371–77).

Nevertheless, European cultural intrusion, missionary activities, and colonial rule challenged and altered the praxis of indigenous therapy in the Gold Coast. By the beginning of the second half of the nineteenth century, there had been a significant development, and broadening of the frontiers, of European biomedical knowledge. This was beneficial to European powers, since it catered for tropical diseases and offered medical protection to Europeans in the tropics. The breakthroughs of Louis Pasteur, Robert Koch and Dmitri Ivanovsky in microbiology, bacteriology and virology respectively, in the last quarter of the nineteenth century, further validated the germ theory. The theory reformed Western medical knowledge and permitted the mechanistic conception of the body to dominate medical philosophy. This new approach that stimulated allopathic medical practices was endorsed and steadily popularised in the Gold Coast, including Asante, by European missionaries, imperial agents, and the British colonial administration in particular.

The British established infirmaries, but these were mainly restricted to government residential areas in the urban centres (Agbodeka 1972), and some plantations and mining centres in the colony, including Asante. Most locals, including countless in Asante, therefore, survived on ethnomedical services. Some Asante further relied on the Arabo-Islamic (Koranic) medical and health care traditions, which were part of the Islamic culture that penetrated Asante. Doses of Islamic culture had earlier reached the northern states of the Gold Coast because of their mercantile and cultural connection to the ancient Trans-Saharan Trade network which connected West Africa to the Arabo-Islamic world (Anquandah 1982, 80–84). By the mid-eighteenth century, Islamic culture had permeated the Asante society (Anquandah 1982, 111) because of the diplomatic, commercial and political relations between *Asanteman* and the northern states of the Gold Coast.

Determined to expand medical infrastructure to promote allopathic medical techniques among the colonised population, the colonial administration, under the governorship of Sir Gordon Guggisberg, built the Korle-Bu Hospital in 1923 in the colonial capital of Accra (Agbodeka 1972). Other hospitals for the locals were subsequently built, but still predominantly in the urban centres (Agbodeka 1972). This colonial period marked the formal beginning and steady use of the services of doctors (physicians and surgeons), nurses, pharmacists and other allopathic health care specialists, in health care establishments like hospitals and clinics. The period ushered in a sustained use of diagnostic methods like clinical examination and x-rays, and disease preventive and curative methods such as vaccinations, factory manufactured drugs and surgical operations.

Since 1957, when British colonial rule ended in the Gold Coast, the pattern of the colonial formal allopathic health services delivery has been reproduced and expanded by successive governments whose official policy has been the extension of medical facilities, through the collaborative efforts and initiatives of the public and private sectors of entrepreneurship, to meet the growing needs of the people. The establishment of more health centres and training of health personnel have persisted.

It must be noted that missionaries and agents of the colonial regime had declared African healers, their concepts and practices as illegitimate, non-scientific, unchristian, and backward. Consequently, Western biomedicine was given a hegemonic position in the Gold Coast. Interestingly, the same denigrated indigenous knowledge (I. K.) therapy was employed by an African herbalist in the 1830s to save the life of the Basel missionary Andreas Riis in his struggle with malaria. Malaria had killed his colleagues, Peter Jager and Friedrich Heinze, the latter of whom was a medical doctor from Saxony (Schweizer 2000, 20). Was the practice that Riis benefitted from scientific and progressive? According to Barnard and Spencer, I. K. systems are analogous to scientific understanding within local cultures. This implies that I. K. is indeed systematic in a similar way to 'modern' (Western) scientific methods (Barnard and Spencer 2005, 609).

The above assertion should not be taken as an attempt of this essay to embark on a misguided quest of identifying specific African beliefs and finding their equivalent in Western thought. This study avoids such a comparison as it investigates the Asante of *Asanteman* specifically. However, it is noteworthy that in recent years, a strong case has been made for sustainable development projects, socio-economic growth, and health care delivery of local communities to be compatible with, and also informed by, epistemic, axiological and technological constructs and concepts derived from I. K. systems like those of the Asante.

Asanteman: the Genesis of a People and a Nation

Asante is an ancillary *Oman* of the Akan. *Oman* is the Akan equivalent of indigenous state/community. The plural is *aman*. When shortened, *oman* becomes 'man,' hence *Asanteman*. The Akan originally occupied one of Ghana's varied major vegetation zones, which geographically demarcate the ethnic groups. The Akan, the largest ethnie, predominantly occupies the tropical rainforest, although a few Akan sub-ethnic groups, including the Fante, occupy the southern coastal shrub.

The Asante are mainly of forest origin. The forest, which has traditionally had a multi-purpose value to the Akan, is known as *kwae* in Asante. The forest Akan utilised I. K. to domesticate the forest and made it the backbone of their pharmacopoeia, food, clothing, and shelter (Owusu and Kwarteng 2010, 87). I. K., according to Kuupole and Botchway (2010, 1–15), is local knowledge unique to a particular society which is rooted, integral, natural and/or innate to that society. The Asante evolved in the early years of the second part of the seventeenth century as an organised confederacy comprising a small constellation of related minor matrilineal chief-ruled *aman*.

Mary Owusu, in *Prempeh II and the Making of Modern Asante*, posits that it is difficult to trace the genesis of the Asante because their indigenous ancient history is unwritten

but steeped in oral tradition and myth (2009, 1). She stated that the common answer that is likely to come from an Asante when the question about origins is posed is: 'We [Asante] came out of a hole in the ground at Asumegya Asantemanso (a place in Ghana) *the Eden of the Asante* many years ago' (Owusu 2009, 1, my emphasis). She, however, suggests that the allegorical legend can be understood from the perspectives of the individual *aman* that constituted *Asanteman*. The Asante *Amantuo Nson* (seven premier states) namely: Kumase, Mampon, Bekwai, Dwaben, Kokofu, Nsuta and Kumawu, which pioneered the formation of the confederacy, with Kumase as its capital, may have created the myth in their quest to necessarily forget, and make future generations forget, their individual past statuses and histories for the greater unity of the Asante nation (Owusu 2009). The myth, symbolically, marked a rebirth of the states under a new leadership, and signified their '… new birth and a new emergence … from … the bowels of Mother Earth herself who gave life to humanity' (Owusu 2009, 2).

The *raison d'être* for the early union among the states was the shared desire to overcome the imperial hegemony of Denkyera – a powerful chiefdom in pre-colonial Ghana. Thus an etymology of the name Asante, a designation which evolved from the agglutination of the Akan Twi radixes *Asa*/*Esa* (war) and *Nti* (reason or because), suggests that the states, which were vassals of Denkyera, became integrated 'because of a war' to liberate themselves. Together, they vanquished Denkyera. The confederacy, which assimilated other communities, grew in size to become *Asanteman* and flouted the conventional understanding that alliances collapse when their common enemy is overpowered. The Asante realm used diplomacy, intimidation, coercion and straightforward conquest to dominate its neighbours during the first century of the Union (Owusu 2009). Asante, guided by its leaders, engineered a national and cultural ideology, identity and image, and a complex way of life, which emanated intricate socio-political aspects and useful features. By the end of the eighteenth century, it had become a supreme chiefdom in West Africa (Boahen 1980, 70).

By the late nineteenth century, the indigenous world of Asante had developed a sophisticated bureaucratic government, tiered in structure, and in the imperial mould. At the apex of the confederacy was the *Asantehene* (Paramount Chief of the Union). He was the custodian and occupant of the revered *Sikadwa Kofi* (the legendary Golden Stool Kofi of the Asante). Legend has it that the Stool was generated by the *Abosom* (deities) and *Nananom* (spiritual ancestors, singular *ana* or *nana*) of Asante, and magically conjured from the sky by Okomfo Anokye, the first *Okomfopanyin* (high priest) of Asante, to be the emblem of political authority and to be evidence of the unique and sacred ordination of the *Asantehene* (Shokpeka 2005; Agyeman 2009). Supporting the *Asantehene* to govern and to direct the socio-political affairs of Asante was the *Asanteman Hyiamu* (Asante Council). The council was constituted of the *Amanhene* (paramount chiefs) of the member states of the confederacy, and the Asantehene was their *primus inter pares*. The *Amanhene* also, with the help of councils made up of the correct representatives (chiefs) of districts within the constituent states, governed their domains (Busia 1951; Casely-Hayford 1905).

The *Asantehene*, *Amanhene*, town chiefs, village chiefs, and citizens in the states within the Asante polity owed allegiance to the nonphysical political power within the Golden Stool. An Asante can therefore be defined as 'any person who owes allegiance

to the Golden Stool [and its occupant]' (Agyeman 2009, 152). The power in the Golden Stool is drawn from its position as coming from deities and ancestors, where ancestors have a specific meaning. The Asante believe in life after death, and ancestors are the 'special' dead; men and women who have physically died and have moved on to live in the spiritual world where they continue to be active members of the lives of their living relatives. The emphasis on 'special' is to show that not all dead people become ancestors. Instead the 'special' dead are those who led exemplary lives when they were alive. The living continue to venerate and pray to them for their spiritual blessings. The Asante believe that these ancestors can reincarnate; they are born, as children, into their societies to help with the development of society and the perpetuation of life.

The imperial ambitions of *Asanteman* threatened smaller African polities, including the coastal Fante and Ga states, and European powers, especially the British. The British, determined to politically and culturally dominate *Asanteman*, succeeded, after several failures, in capturing Kumase, the Asante capital, in 1898. The British crushed a subsequent rebellion – the Yaa Asantewaa War – and, in 1901, declared *Asanteman* as a colony of Great Britain (Boahen 2003). Interestingly, the proverbial anti-colonialism stance and cultural pride of *Asanteman* have led the Asante to traditionally affirm that 'the British did not conquer us.' Nevertheless, the military defeat and colonisation of Asante marked the genesis of a full exercise of British political authority over that ethnie and a greater intrusion of Western and English cultural concepts and motifs, including medical and health care practices, into the socio-cultural fabric of the Asante.

The Human Being is, Therefore Diseases are: the Conception of the Human Being within Asante Worldview

Asante society contained and developed a complex epidemiological worldview. This worldview contained practices and beliefs, intricate philosophical dimensions, and valuable pragmatic operations. As indicated, the indigenous people of the Gold Coast were familiar with a variety of maladies and treatments. Their worldview generally identified the human being as a composite of body, soul (conscience), and spiritual element (Opoku 1978; Sarpong 1974, 37–38) and their understanding of ill-health and remedies covered these dimensions. In their worldview, the external and internal world of a human being shared the same principles, and good health required equilibrium of the two. Therefore, the concept of perfect health, which the Akan referred to as *apomuden*, was a harmonised combination of bio-physiological principles, body channels, digestive and excretory processes, mental faculties, senses and the (spiritual) self. Consequently, the actual attitude of the Asante to human health and conception of illness were, and are, grounded in the aboriginal philosophy that the human being (*onipa*) is an intimate conjunction of biological/material/physical and immaterial/spiritual elements/forces (Danquah 1968; Wiredu 1997, 48–51).

Onipa is classified according to four types of indivisible constitution (Busia 1954; Agyeman 1994, 17–18). The four are: *okra* (soul), *sunsum* (spirit), *mogya* (blood), and *ntoro* (father's deity). *Mogya*, which is tangible and represents the biological figure/body (*onipa dua/honam*) is also the female essence in *onipa* because it is obtained from the

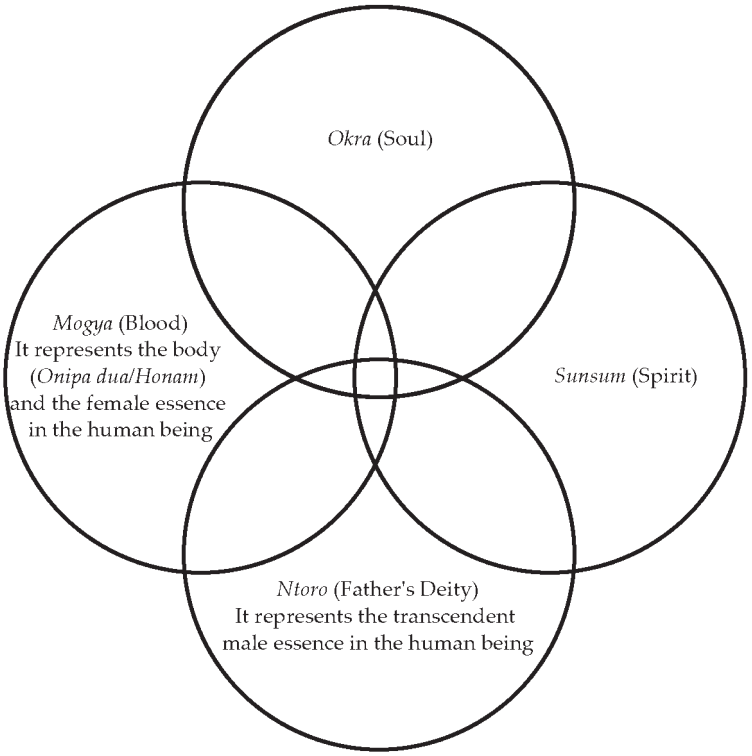

Figure 10.1. A diagram showing the Akan and Asante conception of the various interlinked physical and spiritual parts that constitute the onipa *(human being).*

mother – the female part of a person's parentage. *Mogya*, therefore, relates a person to the mother. On the other hand, *Ntoro* comes from the male part of a person's parentage and is the transcendent male essence in *onipa* (Gyekye 1995, 85–102). *Onipa* has *apomuden* if these constituents are well balanced. To prevent or treat illnesses or restore good health, harmony between these facets must be guaranteed and/or re-established (see Fig. 10.1)

The physical and perishable *honam/onipa dua* includes anatomical parts like organs and tissues, which have their functions and instincts (Opoku 1978, 100–23). The immaterial and immortal part comprises *okra*, *sunsum* and *ntoro*. *Okra* is given by *Onyame*, the Ultimate Reality who created the heavens and earth (Wiredu 1997, 41–45). Every visible and invisible thing owes its existence to *Onyame* (Wiredu 1998, 30–32). *Okra* is god-like and cannot be corrupted by sin or evil committed by the person. As the guardian spirit, protector, conscience and advisor of *onipa*, *okra* can be *kra pa* (favourable soul) or *kra biri* (unlucky soul). *Onipa* cannot survive on earth without it. The *onipa dua* expires when the *okra* departs to *Onyame* (Meyerowitz 1951, 24–31; Agyeman 1994, 56–60).

Sunsum is a vital personality spirit which originates from the father and links a person to him. It formulates a person's character, disposition, mental fortitude and intelligence (Agyeman 1994). Perceived as a specific astral double, which expresses the intimate essences of the ego in the individual being, it manifests in dreams. It can be attacked by malevolent spirits, witchcraft, and sorcery, and when it is defeated it becomes frail. Consequently, the *onipa dua* becomes fragile and can suffer from different illnesses. A

strong *sunsum* protects an *onipa* from spiritual attacks and the maladies that manifest physically in the *onipa dua*. When the *onipa dua* perishes the *sunsum* goes to the spiritual world and, depending on the kind of life it led on earth when it occupied a body, becomes an ancestor or an *osaman* (a roaming spirit or ghost). A *sunsum* which led a virtuous and morally upright life finds solace in the world of the ancestors and can choose to reincarnate. One which led an evil and sinful life and/or did not die a natural death or die in the service of humanity becomes an *osaman* and can also reincarnate to fulfil an unfulfilled destiny.

The *ntoro* element demonstrates a father's link with a child through the father's sperm. It is associated with a presiding and protector male totemic spirit which is connected to either a river, lake and sea deity. People of the same *ntoro* group consider themselves as siblings (Opoku 1978). When the *onipa dua* dies the *ntoro* spirit joins its deity. It reincarnates again through any male of the same *ntoro* lineage.

Onipa is born into a family (*abusua*) and society (*kro*); therefore, he/she is a social person, as well as/not just an individual being. Membership of *onipa* within society is more emphasised than his/her individuality. The human 'being-ness' of *onipa* is because he/she belongs to a social network of other fellow human beings and the spiritual powers – deities, ancestors and *Onyame* – in the physical and spiritual worlds respectively (Opoku 1978; Wiredu 1997, 48–51; Gyekye 1995; Busia 1954). *Onipa* is, therefore, required to obey the rules of the community and spiritual powers for peace and harmony to prevail in him/her and society. Therefore, the entire world of *onipa*, which affects his/her health, was and is conceived as a complex of terrestrial/earthbound (physical/psychic) life and super-terrestrial (spiritual/immaterial) or past and future life zones.

Indigenous Medical Lifeways of Asante: a Case of Continuity and Change

The indigenous ethnies of the Gold Coast generally utilised a wide array of endogenous flora, fauna and minerals as resources, in their *Materia Medica*, for therapy within their ethnomedical pursuits. The I. K. about the natural resources was not based on the application of Western/non-African categories and approaches such as chemistry and pharmacology. It was based on intricate endogenous systems and sciences of biological and spiritual properties of natural materials, which provided knowledge about aspects such as classification, parts used, procedures of refinement and modification, contraindications, effects of physiological, psychological and spiritual systems, impact on the tissue and organs, and therapeutic qualities of drugs. Although functional links can be contrived between that indigenous system and Western biomedical science, the task of establishing a strong connection between the two is complex because of the lack of a well-accepted methodology to support thorough cross-cultural studies.

Various scientific and technological traditions have developed different categories for studying the same phenomena and diseases. For example, if the nutritional properties of food substances were to be described in the context of contemporary Western biochemistry, the description would be done in terms of proteins, carbohydrates, minerals and fats. Plants with medicinal properties would be described in terms of

active ingredients. Additionally, scientific enquiry and verification would be limited to the use of the five senses namely: smell, taste, hearing, touch and sight.

However, within the Asante worldview, where perceptions about life and the human being, and viewpoints and practices about medicine and health issues were originally encapsulated and passed on in traditions shrouded in superstitions, rituals, taboos and folklore, different categories were used and the analytical methods were not limited to the five senses. As a tradition that incorporated knowledge about definite medical procedures and the concept of some religious/spiritual power involving forces beyond human comprehension which affected human health, complete awareness was sought at a level of perception by which the observer both reached out and perceived within. In other words the observer both grasped a health problem in a person – the observed – from the physical level through the use of the bodily senses and empathy, and the metaphysical level through spiritual discernment (clairvoyance) and responsiveness. This established a subjective flow between the observer and the observed. Consequently, the senses were complemented with the mind and spirit, preferably free of the prejudices of anger, greed, jealousy, lust, intoxication, and delusion. Thus, within the Asante ethnomedical context, the five senses were essential to decipher the physical and tangible world and naturally understand good and bad health. The mind and spirit enabled an exploratory perception that oscillated the material and immaterial realms of consciousness and provided an understanding of the physical, psychological and spiritual dimensions of medicine and good and bad health.

Vestiges of the philosophical concepts and pragmatic practices, conjoined within this ancient understanding of the causes and curing of diseases, persist among the Asante even though many have become medically pluralistic. This is because, when the need arises, they employ both Western allopathic medicine and indigenous ethnomedical concepts and methods in their health seeking behaviour. Adherents of the endogenous path and those of the exogenous way continue to co-exist, contemporaneously, in a mutually independent context with little prospect of one displacing the other.

The ethnomedicine of the Asante has been historically enduring and intellectually stimulating. What then are the nature and philosophical underpinnings of that tradition that was established by progenitors of that ethnie to provide health care for themselves and posterity? The assimilation of the exogenous tradition, which conceptualised that bodily illnesses are caused by parasitic organisms such as bacteria and viruses, was produced from the Asante interaction with European explorers and experience with British colonialism. The Asante ethnomedical theory is devoid of any indigenous awareness of a minute, imperceptible organism or germ or virus as an ailment transporter. Furthermore, deficiencies in nutrients like protein and vitamins, and other determined causes of disease that allopathic medicine reveals, are not present. Nonetheless, that health care system, infused with anthropological, bio-physiological, spiritual, and psychological dimensions, seeks the promotion of holistic healing. The presence of these dimensions – a product of the endogenous conviction that mind and body, life and death, individual and society, spirit and matter are all interconnected – makes methods and therapies for dealing with ill-health encompass natural, spiritual and metaphysical, and psychosomatic aspects.

Accordingly, the Asante rationalises that illness is a natural repercussion to persons

who violate any law of hygiene or accepted way of social conduct. This view also recognises two major principles for the causation of ill-health namely: (*i*) external dirt/accumulated waste (*efi*) in the human body attributable to indigestion or eating of certain kinds of food, and (*ii*) breach and disharmony in the relationship between a person and the spirit world, and therefore society, which brings pain, anxiety and worry to a person. In the case of the latter: confessions to wrong doing in society; performance of acts of penance such as offerings to pacify the spirit world and the self; consumption of holy herbal and mineral medicine; execution of ritual purification rites like the taking of holy ablutions, prepared from water and local herbs like *edwono*, *adwera* and *nyenya*; and enactment of other *nyankomadie* (ritual acts) prescribed and supervised by specialist health experts, would be some of the practices which the patient would implement to create balance between him/her and the spirit world. The patient also performs such practices to overcome the psycho-somatic aspects of his/her ill-health conditions, and to receive a healing whose psycho-therapeutic value is undeniable.

The comprehension of the natural cause of diseases (*nyarewa*) made the Asante develop the use of herbs and other physical medical procedures to provide remedies (*aduro*) and medicine (*dufa*). These were prepared as herbal concoctions (*odudo*), pastes, and compositions formed into balls (*dufuaw*) to work as stimulants, emetics, laxatives, antibiotics, and contraceptives. Others were therapeutic formulas produced from various natural sources like animal parts, water, and minerals. One example is *boto*, a medicinal powder, often kept in a gourd. *Boto* is rubbed into incisions made on the skin so that its medicinal properties would enter the blood stream and cure or prevent a malady or maladies. Mechanical techniques such as sweat baths, massaging of sore body parts with herbs, and isolation of patients during epidemics were also employed.

Characteristically, Asante ethnomedicine did not operate at the 'classical' but rather at the 'folk' system level. In other words, it was not characterised by a corpus of ancient literary texts and preserved manuscripts, containing codified systems and theories that encompassed knowledge of life, health, disease of humans, animals and plants, which were used by institutionally trained practitioners. Asante was an oral society and so its ethnomedical concepts, which were anchored on beliefs and operated praxis at the folk system level, were transmitted orally through time.

The folk tradition that has persisted is richly diverse. It operates on two domains namely: formal and popular. The theoretical and practical knowledge in the former is less diffused. Acquired through specialised training the knowledge is controlled and implemented by adept specialists. Some are general physician/doctor-priest/priestesses (*akomfo*), who are custodians and spokespersons of the community, personal deities and ancestors. Such experts employ supernatural means to heal. Others are general herbalist-pharmacist physicians (*adunsifo*) who are capable of dealing with different health problems. Other *adunsifo* are specialised in definite domains and work with specific diseases, bone setting, poisoning treatment or birth attendance.

The practitioners in the formal domain bequeath their knowledge to younger successors who they choose or are called by the deities through spirit possession or dreams. The successors are selected on ethical criteria, which include qualities such as patience, strong faith in *Onyame*, respect for the deities and ancestors, courage and love of humankind. Some may argue that this ethical screening is too esoteric. But how

could this explain the fact that at the beginning of the twenty-first century, the Asante continue to have a large number of carriers of the oral health traditions throughout Ghana? It is because that indigenous knowledge is still alive, accessible, and useful and so many people continue to sincerely search for it, possess it, and use it to help themselves and their society at large.

The folk tradition also includes knowledge and beliefs regarding the relationship between food and health, hygiene and health, and physical acts and spiritual rites of a preventive and curative nature as well as the use of home remedies obtained from the vegetable, animal and mineral worlds for common ailments. The application of such domestic natural remedies, within this system, is usually accompanied with benedictions, certain rituals and sacred symbols, to invoke the benevolent assistance of the spiritual forces in nature and the spirit essence in the plant, animal, or mineral providing the medicinal substance needed to prevent and/or cure an illness, and guarantee and/or restore good health. This tradition falls in the popular domain, whose aspect of health care reflects the amateur and non-specialist treatment activities that are customarily started at the inception of a disease. The knowledge therein is popularised, and patients and advisors often share similar epidemiological assumptions and definitions.

The major setting of this system is the family where most diseases are detected and treated. The general information which elders have about the anatomic functions of the *onipa dua*, medicinal herbs and their spiritual therapeutic properties, and the causes of different diseases and their treatment, animates the system in the popular domain. For example there is the popular knowledge that accumulated waste in the body, produced by natural disorders like indigestion or personal blunders like the eating of certain foods, especially taboo foods (*akyiwadie*), can cause headaches, waist pains, piles etc. The general cleansing remedy for such a disorder, which would be recommended to patients by health advisors who, normally, are knowledgeable and experienced adult members of families or society, would be herbal laxatives, emetics and enemas, with a common herb like *anumanum/nunum*, and sweat baths. Health mentors may also include a person with long experience of certain diseases and their treatments, or a woman who has raised many children and so is conversant with issues related to pregnancy and labour. Such people can rely on their knowledge and counsel others who need health care information.

The health care universe of Asante combined scientific, naturalist, magical and religious practices to produce holistic healing contexts and therapeutic outcomes. The veritable institutionally trained experts who may also be adepts in magic art (*suman ade*), exorcism, and healing (*ayaresa*) possessed an assortment of resources in their medical practices. These included the power of words and prayerful speech (*apaye*), the efficacy of ancient arcane ritual motions, medicinal herbs, and the trust invested in *asumane* (magical amulets and talismanic pendants) of all sorts. Priests and priestesses, in hallowed sanctuaries of deities, and herbalists, who venerated the spiritual essences and medicinal properties in plants and the spiritual guidance of ancestors and deities, all specialised in the administration of therapeutic cures under the ultimate patronage of *Onyame*.

The philosophical underpinnings of the two significant principles responsible for ill-health in *onipa* were: (*i*) failure of *onipa*, a composite of organic, spiritual and divine

energies, to harmonise with the laws of hygiene and the spirit world, (*ii*) failure to recognise the initial act responsible for the disturbance of established balance between a person his/her physical and transcendental environment, and (*iii*) inability and lateness of this initial force to respond to any act of reparation, and delay in making appropriate diagnosis leading to the illness taking an irreversible turn. Illness was therefore a material reflection of a perpetual, collective struggle between health giving forces and contaminated ones. Consequently, within the domains of the popular and formal systems of the folk tradition diagnosing and treatment, illness and cure were perceived as an interplay of cosmic, social and biological relationships within a collective schema in which the entire culture, morality, religion and spirituality of the society were categorised, and where a spectrum of ritual practices of metaphysical and spiritual values and natural remedies were employed to serve *onipa* who was simultaneously human and divine/sacred. That was why the endogenous conceptions about health, ailment prevention, and the art of curing and healing represented a total cosmic science. The practitioners of this science, believing firmly in the existence of sacred dimensions and zones beyond the real, deployed in their art of holistic health care an array of objects, practices and strategies to aid that effort of transcendence. These included: drugs, water, oils, leaves, roots, herbs, ritual and sacred ceremonies, the development of mental power, magic, ancestral myths, religion, and natural sciences, all of which contributed to the practice of the curative and preventive aspects of Asante ethnomedicine.

Physical vestiges of this accumulation of ethnomedical knowledge are still prevalent among the Asante. The indigenous understanding about precise anatomical information, therapies derived from florae, faunae and minerals, invocations of 'magical' and psychic energies, utilisation of incantatory therapies based on the envisaged therapeutic sonic influences of the spoken word, which is of divine origin, and professional specialization in the treatment of illnesses, are prevailing at the start of the twenty-first century. Nevertheless, the general corpus of indigenous ethnomedical traditions of Ghana has been eroding gradually since the colonial era. This deterioration has had a chiefly adverse impact on access to local health care, which is of national relevance. The erosion has been quite apparent, yet the causes are not clear. It would be too simplistic to posit that endogenous traditions are fading because they have proven ineffectual in satisfying past and present epidemiological needs. The reasons for the erosion should be examined from the historical, political, economic and social circumstances rather than medical. For example, the natural resources utilised by endogenous medicine are endangered due to the extensive damage to ecological complexes, and in particular cases, because of over harvesting for commercial purposes (Owusu and Kwarteng 2010, 94–96).

Wild and domestic plants and animals, and minerals in Ghana are still endowed with healing properties and the local knowledge of such elements and spiritual healing practices is still profound. Concurrently, there is a quick resurgence of interest in natural medicine and ethnomedicine throughout the world because it is apparent that they have potential. This paper opines that Ghana's policy makers in government can take some pragmatic steps to promote and effectively sustain ethnomedicine. This essay suggests that support must be forthcoming for sustainable research into those traditions undertaken by academics, perhaps to codify some of the techniques, and popularise and disseminate their potentials through the formal and informal civic educational

systems. Secondly, practical measures, such as committing a considerable percentage of the annual health budgets to protect and conserve the endangered genetic resources and habitats, and codification of endogenous systems of medicine, should be taken by the national policy formulators and executors to safeguard Ghana's essential corpus of ethnomedicine.

Conclusion

In this paper, the nature of Asante ethnomedicine and the significant philosophical underpinnings of that medical lifeway, which are inspired by the group's indigenous belief system and world vision, have been presented. This has also been accompanied by a discussion about the nature of the so-called scientific medicine and ethnomedicine derived from I. K. and the differences between the two. It has come out of the discussion that each of the two has distinctive scientific knowledge and foundations.

Furthermore, historical accounts about interesting aspects of the situation of ethnomedicine in pre-colonial and colonial Gold Coast, the evolution of *Asanteman*, the introduction of Western allopathic medicine into the Gold Coast, and the development of continuity and change within Asante ethnomedicine have been presented. It has been indicated that the Asante conception of diseases and how maladies are cured derive from that group's aboriginal conception of the human being as both a physical and spiritual entity. It has also been shown that the concept of perfect health, known to the Asante as *apomuden*, is thus a harmonised combination of bio-physiological principles, body channels, digestive and excretory processes, mental faculties, senses and the (spiritual) self. Therefore, within an Asante model of indigenous metaphysical and physical scientific knowledge, all diseases are perceived and approached from both the physical and spiritual dimensions.

This investigation has shown that the concept of microorganisms as causative agents of diseases is lacking in Asante ethnomedical knowledge. Nevertheless, among other beliefs that suggest that diseases can be caused by physical factors, the idea of the lack of hygiene as a cause of disease to the human body is present in Asante ethnomedicine. Consequently, the Asante has a *Materia Medica* which employs a wide array of physical properties obtained from the animal, plant and mineral worlds to prepare medicine for the healing of diseases. The application of these natural medicines is mostly accompanied by certain prayers and supplicatory acts to invoke the spiritual power and healing assistance of spiritual entities such as *Onyame*, to make the therapy effective and holistic. The study has revealed that Asante society contained and developed a complex epidemiological worldview which had practices and beliefs that had intricate philosophical dimensions and contained pragmatic procedures.

Asante ethnomedicine is concurrently natural/biomedical, ritualistic, and spiritual/metaphysical because it serves the multidimensional *onipa* within his/her total personal, family, mental, social, cultural, historical, astral, and cosmic environments. The group's epidemiological worldview is not another 'backward' cultural manifestation of an indigenous people, because it is rooted in I. K. which is analogous to scientific knowledge. The bulk of that ancient wisdom is, significantly, an immense treasure

house of science and know-how, encapsulating ethos rooted in the 'Black' African cosmo-biological-cum-spiritual *Weltanschauung*, which has manifested in the African continent and diaspora of the recent and remote past. The study of medicine and its history will benefit greatly from increased investigation and propagation of this African and human heritage and knowledge.

Bibliography

Abdalla, I. H. (1992) Diffusion of Islamic medicine into Hausaland. In S. Feierman and J. M. Janzen (eds) *The Social Basis of Health and Healing in Africa*. 177–79. Berkeley, University of California Press.

Addae, S. (1996) *The Evolution of Modern Medicine in a Developing Country, Ghana 1880–1960*. Cambridge, Durham Academic Press.

Ademuwagun, Z. A., Ayoade, J. A. A., Harrison, I. E. and Warren, D. M (eds) (1979) *African Therapeutic Systems*. Waltham, Mass., Crossroads Press.

Agbodeka, F. (1972) Sir Gordon Guggisberg's contribution to the development of the Gold Coast, 1919–27. *Transactions of the Historical Society of Ghana* 13(1), 51–64.

Agyeman, Yaw Sarkodie (1994) The influence of some aspects of Akan religious thought on the lives of the Akan – a case study of the Sekyere. Unpublished MPhil thesis, University of Ghana.

Agyeman, Yaw Sarkodie (2009) Okomfo Anokye and nation-building in Ghana. A Reflection on Ancestors, Myth and Nation-Building. *Drumspeak: International Journal of Research in the Humanities* new series 2(3), 150–76.

Anquandah, J. (1982) *Rediscovering Ghana's Past*. London/Accra, Longman/Sedco.

Barnard, A. and Spencer, J. (2005) *Encyclopaedia of Social and Cultural Anthropology*. London, Routledge Taylor and Francis Group.

Bierlich, B. M. (1995) Notions and treatment of Guinea Worm in northern Ghana. *Social Science and Medicine* 41(4), 501–09.

Bierlich, B. M. (1994) The power of medicines: notions and practices of health and illness among the Dagomba of Northern Ghana. Unpublished PhD thesis, Department of Social Anthropology, University of Cambridge.

Bierlich, B. M. (1999) Sacrifice, plants and Western pharmaceuticals: money and health care in northern Ghana: a commentary on Sjaak van der Geest's 'Is paying for health care culturally acceptable in sub-Saharan Africa? Money and tradition'. *Medical Anthropology Quarterly* 13(3), 316–37.

Boahen, Adu. (1980) *Topics in West African History*. London, Longman.

Boahen, Adu. (2003) *Yaa Asantewaa and the British-Asante War of 1900–1901*. Accra, Sub-Saharan Publishers.

Bosman, W. (1967) *A New and Accurate Description of the Coast of Guinea: Divided into Gold, the Slave, and the Ivory Coast* (4th edn) London, Frank Cass.

Bowdich, T. E. (1966) *Mission from Cape Coast Castle to Ashantee* (1819). London, Frank Cass.

Busia, K. A. (1951) *The Position of the Chief in the Modern Political System of Ashanti*. London, Oxford University Press.

Busia, K. A. (1954) The Ashanti of the Gold Coast. In D. Forde (ed.) *African Worlds: Studies in the Cosmological Ideas and Social Values of African Peoples*, 190–200. Oxford, Oxford University Press.

Casely-Hayford, J. E. (1905) *Gold Coast Native Institutions*. London, Frank Cass.

Christaller, J. G. (1933) *Dictionary of the Asante/Fante Language called Twi*. (2nd edn). Basel, Basel Evangelical Missionary Society.

Crosby, Alfred W. (1972) *The Columbian Exchange: Biological and Cultural Consequences of 1492*. Westport, CT, Greenwood Press.
Danquah, J. B. (1968) *The Akan Doctrine of God*. London, Frank Cass.
de Marees, P. (1987) *Description and Historical Account of the Gold Kingdom of Guinea (1602)*, trans. and ed. A. van Danzig and A. Jones. Oxford, Oxford University Press.
Evans-Anfom, E. (1986) *Traditional Medicine in Ghana: Practice, Problems and Prospects*, (J. B. Danquah Memorial Lectures, 1984). Accra, Academy of Arts and Sciences.
Feierman, S. and Janzen J. M. (eds) (1992) *The Social Basis of Health and Healing in Africa*. Berkeley, University of California Press.
Gyekye, K. (1995) *An Essay on African Philosophical Thought: the Akan Conceptual Scheme*. Philadelphia, Temple University Press.
Janzen, J. M. (1978) *The Quest for Therapy: Medical Pluralism in Lower Zaire*. Berkeley, University of California Press.
Konadu, K. (2007) *Indigenous Medicine and Knowledge in African Society*. New York, Routledge.
Kuupole, D. D. and Botchway, De-Valera N. Y. M. (eds) (2010) *Polishing the Pearls of Ancient Wisdom: Exploring the Relevance of Endogenous African Knowledge Systems for Sustainable Development in Postcolonial Africa*. Cape Coast, Ghana, Faculty of Arts, University of Cape Coast, and Centre for Indigenous Knowledge and Organizational Development.
Meyerowitz, E. L. R. (1951) Concepts of soul among the Akan of the Gold Coast. *Africa: Journal of the International African Institute* 21, 24–31.
Opoku, K. A. (1978) *West African Religion*. Accra, F. E. P. International Private.
Owusu, M. A. S. (2009) *Prempeh and the Making of Modern Asante*. Accra, Woeli Publishing.
Owusu, M. A. S. and Kwarteng, K. O. (2010) The Desparacidos: a study of local knowledge and forest culture in the development agenda of Ghana. In D. D. Kuupole and N. Y. M. De-Valera Botchway (eds) *Polishing the Pearls of Ancient Wisdom: Exploring the Relevance of Endogenous African Knowledge Systems for Sustainable Development in Postcolonial Africa*, 85–98. Cape Coast, Ghana, Faculty of Arts, University of Cape Coast, and Centre for Indigenous Knowledge and Organizational Development.
Sarpong, K. (1974) *Ghana in Retrospect*. Accra-Tema, Ghana Publishing Company.
Schweizer, P. A. (2000) *Survivors of the Gold Coast: The Basel Missionaries in Colonial Ghana*. Accra, Smartline.
Shokpeka, S. A. (2005) Myth in the context of African traditional histories: can it be called 'Applied History'? *History in Africa* 32, 485–91.
Sindiga, I., Nyaigotti-Chacha, C. and Peter Kanunah, M. (eds) (1995) *Traditional Medicine in Africa*. Nairobi, East African Educational Publishers.
Twumasi, P. (1975) *Medical Systems in Ghana: a Study of Medical Sociology*. Tema, Ghana Publishing Corporation.
Twumasi, P. (1988) *Social Foundations of the Interplay between Traditional and Modern Medical Systems.* Accra, Ghana Universities Press.
Twumasi, P. and Warren D. (1986) The professionalisation of indigenous medicine: a comparative study of Ghana and Zambia. In M. Last and G. L. Chavunduka (eds), *The Professionalisation of African Medicine*. 117–35. Manchester, Manchester University Press.
Vaughan, M. (1991) *Curing their Ills: Colonial Power and African Illness*. Cambridge, Polity Press.
Warren, D. M. (1978) The interpretation of change in a Ghanaian ethnomedical study. *Human Organization* 37, 73–77.
Wiredu, K. (1997) African philosophical tradition: a case study of the Akan. In J. P. Pittman (ed.) *African-American Perspectives and Philosophical Traditions* 35–62. New York, Routledge.
Wiredu, K. (1998) Toward decolonizing African philosophy and religion. *African Studies Quarterly* 1(4), 17–46.