

THE TRADITIONAL APPROACH TO THE MANAGEMENT OF DISEASES IN GHANA

Seth Asare-Danso*

Abstract

This paper deals with the traditional approach to the management of diseases in Ghana. It initially explains the concept of disease, which is understood as a disintegration of the spiritual and physical component of the human being. It then traces the history of traditional medical practice in Ghana. The various types of diseases and how they are managed are then analysed. The various types of traditional medical practitioners identified include traditional birth attendants, traditional herbalists, diviners, traditional surgeons and traditional psychiatrists. Finally, the paper examines traditional health care in Ghana and attempts made by the health authorities to integrate traditional health care into the orthodox medical practice in the country. The problems associated with traditional medicine and the new developments that seem to pose a threat to the use of traditional medicine in the country are also analysed.

Introduction

Diseases have existed since the origin of life. They affect the human personality and make people incapable of performing their normal functions in society. This calls for the need to manage diseases with the right medication. Twumasi (1975) has identified three main types of disease management, namely traditional, orthodox (or scientific) and Chinese method (or

acupuncture). This paper examines how the traditional approach is effectively used to manage diseases in Ghana to support the orthodox medical practice. However, in spite of the effective management, the traditional approach is beset with certain challenges. The paper concludes with a message of hope that the traditional medical practice is being integrated into the orthodox medical practice, and this has been

*Seth Asare-Danso is a Lecturer in Religious Studies at the Faculty of Education, University of Cape Coast, Ghana.

part of a national health insurance policy which has been introduced in Ghana since 2004.

The concept of “Disease” and Traditional Medical Practice in Ghana

The word “disease” (“dis-ease”) can be interpreted to mean that the human personality is not at ease. It is a disintegration of the human personality, thereby putting it in a state of imbalance. The Ghanaian concept of disease can be explained in terms of the composition of the human personality and the individual's worldview. Many African societies believe that the human being has both physical and spiritual components. According to Opoku (1978), among the Mende of Sierra Leone, the physical part of the human being is called *nduwai* (*nenei*) and the spiritual part is called *ngafa*. The Yoruba of Nigeria have *ara* (*ojiji*) and *emi* as the physical and the spiritual components respectively, whereas the Akans of Ghana have the *nnpadua* as the physical component and the *sunsum* as the spiritual component (Opoku 1978:92-100). Therefore anything that affects the physical aspect of the human personality may affect the spiritual component as well. Besides, the individual is also a social person.

Traditional medical practice in Ghana is older than that of scientific or orthodox medical practice. The latter was introduced in Ghana in the year 1844. This was the time when the then colonial government in Britain posted medical personnel to the Gold Coast to take care of the health needs of senior administrative officers who were working in the civil service of the colonial government (Twumasi 1975:62). Prior to the introduction of European orthodox medicine in Ghana, the indigenous people practised traditional medicine. Isichei (1995:167) reported that in 1828, when four Basel missionaries arrived in the Gold Coast to evangelise, three of them died of tropical diseases. The only survivor (Andreas Riis) was saved by the ministrations of an African herbalist who was a traditional priest. Traditional religion was then linked with traditional medical practice.

Theories of Causation

All societies have disease theory systems that are used to identify, classify and explain diseases. In other words, there are several theories of disease causation, which have been propounded by medical anthropologists. Foster and Anderson (1978), for example, have identified

three basic theories of causation. These are the personalistic, naturalistic and emotionalistic disease theories. Personalistic disease theories attribute diseases to personalities or personal entities, like witches, sorcerers, ghosts and ancestral spirits. Naturalistic disease theories explain diseases in impersonal, systemic or scientific terms by attributing the cause to micro-organisms, for example, the germ theory. Emotionalistic disease theories assume that intense emotional experience can also cause diseases.

Among the three theories of causation, the personalistic and the emotionalistic theories seem to be more applicable to the Ghanaian situation. However, recent scientific study has revealed that the naturalistic cause cannot be completely ignored. In support of the personalistic theory, Parrinder (1962) indicated that the commonest causes of sickness in Africa include troubled soul, anger, remorse and worry. The following researchers can confirm the emotionalistic theory. Twumasi (1975) identified mental stress as one of the causes of sickness in traditional setting. Evans-Pritchard (1951) wrote about how witchcraft affects the health of the people of Azande. Similarly, Sackey (2002:7) writes

about stories of infertility, which were attributed to witchcraft. In her presentation, she indicated how witchcraft affects the reproductive capabilities of women. Appiah-Kubi (1979:78) also indicated that the belief in evil forces as a cause of misfortune and disease is part of the African worldview. A study conducted by Tsey (1997) also revealed that some traditional medical practitioners use biomedical approach to manage diseases. This is in support of the naturalistic theory.

A society's disease causation theory is important in determining the type of treatment to be administered. For example, when a disease has a personalistic cause, magico-religious rites may be performed to deal with the spiritual part of the problem (the disease), whereas certain herbs may be used to deal with the physical as well. This may be due to the anti-social behaviour of the victim (Rattray 1927). For this reason, traditional healing in Ghanaian societies is holistic.

Types of Diseases

The theories of causation have a linkage with the type of diseases that affect people. Among the Ashantis, diseases that have personalistic causes may include spiritual sicknesses (or "*sunsum mu yadee*")

and a curse (or “*duabɔ*”). Spiritual sicknesses or “*sunsum mu yadeɛ*” are believed to be caused by witches, gods, ancestors, etc. Curses or “*duabɔ*” normally occur when people offend their neighbours. The offenders would then consult a deity to bring a curse upon the offender. Sometimes the victims may offend the gods or the ancestors and the curses are invoked on them.

Diseases that have naturalistic causes include diseases of the body or “*honam mu yadeɛ*”. They are the type of diseases that are believed to be caused by the malfunctioning of the internal organs of the body. Sickness of the blood or “*mmogya mu yadeɛ*” usually is said to occur when one develops boils on the body. When this happens, the Ashantis would say that the victim's blood has been contaminated (“*ne mmogya aseɛ*”).

Diseases that have emotionalistic causes include “home sickness” or “*efie yadeɛ*”. This may happen when one travels and leaves his or her family behind, and has a strong desire to see them, thereby making him or her feel uneasy. “*Kra yadeɛ*” or what Parrinder (1962) referred to as “troubled soul” is another type of disease that has emotionalistic cause. This may happen when the individual goes

through a stressful situation that puts him or her in a psychological state. With the exception of the last type of disease or “troubled soul”, Agyapong (2000) also identified all the five types of diseases discussed above in his study of traditional healers in southern Ghana.

Disease Management

According to Twumasi (1975), the holistic nature of traditional healing in Africa calls for a proper diagnosis of diseases, taking into consideration the social, psychological and physical aspects of the individual who is suffering from the disease.

On disease management, a two-pronged approach to healing is used. These are preventive and curative. As part of the preventive measures, certain taboos may be observed. Among the Ashanti for example, one should not eat his or her totemic animal. This taboo has been put in place to prevent people from falling sick.

Diseases are also managed through the curative approach. Because of the holistic nature of traditional healing, specialised health care professionals are trained to manage these diseases. All Ghanaian cultures have health care professionals of one type or the other. According to Foster and Anderson

(1978), the practitioners become specialised through a culturally appropriate process of selection (for example, through inheritance, vision, etc.) and training (for example, through apprenticeship). Eventually, the curer is certified by established practitioners before he or she acquires a professional image. Christensen (1962) also pointed out that one could become a traditional medical practitioner through possession by a deity. As part of their training, the traditional medical practitioners are made to undergo certain prohibitions during the training period. They are made to abstain from sexual intercourse. This is due to the sacredness of the office.

According to Opoku (1978), the prevention and cure of diseases and illness in Africa include the taking of herbs and roots as well as ritual cleansing and the offering of sacrifices. Opoku (1978) further considers the practice of traditional medicine as a gift of the creator (God) and it is dispensed through the agency of the divinities. All traditional herbalists acknowledge God as the healer. This is reflected in the saying among the Akan of Ghana that “*se Onyame ma wo yareε a, kyere wo aduro*”, which means, when God gives you sickness, He also provides the cure. Sometimes, it is believed

that the deities reveal new cures for the diseases that are particularly baffling to the herbalists.

The ancestors are also believed to be involved in the practice of medicine. They are believed to send special cures to their living relatives. Idowu (1973) was quoted as saying that in Ile Ife, Elesije, the first doctor and ancestral genius of medicine is always invoked through incantations to make the medicine more efficacious. According to Radcliffe Brown (1948), people think in terms of the spirit world when they are faced with bizarre or calamities.

Apart from the ancestors, the dwarfs are also believed to impart some medicinal knowledge to herbalists. The spirits of nature are another group of supernatural agents whose assistance is sought in the practice of medicine. A herbalist usually performs a ritual before he or she plucks a leaf or scrapes the bark of trees for medicinal purposes.

Some knowledge about plants and roots are also acquired through close observation of nature and practical experience. Traditional medical practitioners or herbalists discover some medicines after watching how certain animals treat each other with herbs or plants.

Types of Traditional Medical Practitioners

A major characteristic feature of traditional healing is its specialisation, for example some traditional medical practitioners specialise in the treatment of mental diseases, childbirth, potency, etc. This kind of specialisation helps one to identify different types of traditional medical practitioners. Ampofo & Johnson-Romauld (1978) identify the following types:

The first are the traditional birth attendants (or midwives) who assist pregnant women to deliver. The second are the traditional herbalists who use herbs to cure their patients of their diseases. The third are the diviners who use supernatural or magical means to learn about things that happen in the past, present and the future. There are many kinds of divination. These include *palmistry* (reading the palm to predict events), *astrology* (predicting events by studying the positions of the stars, the planets, the moon and the stars), among others. The fourth group of traditional medical practitioners are the traditional surgeons. They perform orthopaedic surgery on people who have simple or compound fracture and dislocations. They are also referred to as bonesetters. The fifth type are the

traditional psychiatrics. They cure people who are suffering from mental sickness.

Diagnosis and Methods of Treatment

Treatment in traditional healing in Ghana is based on what Turner (1969) referred to as “social analysis”. This calls for proper diagnosis of the medical problem to find its causality. Diagnosis of diseases is based on the following methods. The traditional medical practitioners may collect the family history of the patient. They may observe the attitudes, gestures, etc. of the patient. They may check the patient's medical condition by examining his or her urine, vomit, et cetera. Alternatively, the traditional medical practitioners may also perform divination.

The traditional medical practitioners use appropriate formula for the management of diseases. Anne Woodham (1991) identified various forms by which the medication could be used. These include the use of concoctions, which involve the boiling of plants in water for the liquid to be strained, and the patient is made to take it either hot or cold. The use of tinctures is another method, which involves the soaking of herbs in alcohol for the patient's

consumption. In Ghana, this kind of medication is popularly referred to as “bitters”. Infusion is another method of treatment that requires the addition of the herbs to boiling water and leaving it to infuse the patient. A cloth is normally used to cover the patient, so that the vapour from the concoction can go through the veins of (or infuse) the patient. Creams are herbs that are added to melted wax in boiling water, simmered, strained and cooled. The use of ointments is another method treatment. This requires the use of herbs heated with olive oil and beeswax. The mixture is then strained and cooled. The medicinal plant can also be taken raw, for example, by chewing or it is tied to the affected part of the body with other components. The raw form of medication may be used to perform Orthopaedic surgery on people who have compound fracture and dislocations. This is done by a special formula. For instance, at Akim-Akropong in the Eastern Region of Ghana, Opanyin Daadom, a traditional medical practitioner breaks the leg of a fowl and applies the medicine to the broken part of the fowl's leg and to the broken part of the patient's leg. As soon as the fowl begins to stop limping, the patient's broken bone also becomes healed.

To demonstrate the effective

nature of the traditional bonesetter, a relative had a compound fracture as a result of an accident. She was admitted to the Kibi Government Hospital for three months while Plaster of Paris (POP) was put on the affected leg. The family requested for her transfer to her hometown (Akim-Akropong) for the use of traditional medicine and the request was granted. Opanyin Daadom used his traditional formulae, as described above to manage the disease. After two consecutive weeks of the application of the herbs, the broken bone was healed and the patient was able to stand on her feet and walk. Such occurrences demonstrate the efficacious nature of traditional medicine as against orthodox medicine with respect to certain diseases and confirms the assertion given by Ampofo (1994) that traditional medicine in Ghana is usually instigated by the belief that certain diseases can only be cured by traditional methods.

Strengthening Traditional Healthcare in Ghana

In this modern and scientific era, one would have expected that the traditional medical practice would no longer be patronised in Ghana, and that scientific or orthodox medicine would take its place. However, this is

not the case, as more people continue to show interest in, and patronise traditional medicine (Twumasi 1972). For this reason, there is the need for the integration of modern or scientific medicine and traditional medicine in Ghana. The World Health Organisation (WHO) has also recommended this integrated model of health (Bodeker, 2000:39).

In spite of the improvements that scientific medicine has brought into the society, it still has inadequate facilities to cater for the health needs of the vast majority of people in the African continent. Research conducted by Evans-Anfom (1990:13) revealed that two-thirds of the world population live in rural settings and rely mostly on traditional medicine because orthodox medical system functions predominantly in the urban settings. There are limited human and material resources to meet the health needs of the populace. In this regard, there is the need to strengthen the traditional medical practice in Ghana.

In line with the integrated model of health, the Ministry of Health in collaboration with the Ghana Federation of Traditional Medical Practitioners adopted a strategic plan that would promote the use of traditional medicine in Ghana from 2000 to 2004. Among the

measures that have been taken to ensure the implementation of the strategic plan include the development of a comprehensive training programme in traditional medicine. An example is the training in hygiene and the use of modern techniques in the provision of healthcare that was given to traditional birth attendants nationwide. This was to enable the traditional birth attendants to work alongside the midwives in the local communities (Voermans, 2000)

Twumasi (1988) has also suggested the incorporation of traditional medicine in the medical school curriculum to enrich Ghana's health care system. Consequently, the Kwame Nkrumah University of Science and Technology at Kumasi has started training medical doctors who will specialize in the use of traditional medicine to help with disease management.

Another step that has been taken to strengthen traditional medical practice in Ghana is the establishment of the Centre for Scientific Research into Plant Medicine at Mampong-Akwapim in 1975. This centre researches into all herbal medicines that are manufactured in Ghana before they are administered to patients.

In Ghana, the traditional

medical practitioners belong to a professional body known as the Ghana Psychic and Traditional Healers Association. The association seeks to investigate the pharmaceutical values of known herbs and the therapeutic claims of the practitioners (Twumasi 1975: 132). This professional body has a code of ethics, which guides members in the discharge of their duties.

Problems

In spite of efforts being made to strengthen traditional medicine, there are problems associated with traditional medical practice. The first is the opposition to the integration model. Ayitey Smith (1989), for example, sees the integration as something premature or too early to be introduced into the Ghanaian Medical system.

Secondly, the issue of bad environmental management practices is posing a threat to traditional medical practice. Traditional medical practitioners rely on medicinal plants for the treatment of diseases of their patients. However, informal discussions with some traditional medical practitioners revealed that there has been a significant decrease in the availability of many of the important medicinal plants. This has

come about as a result of the frequent loss of the habitat of these medicinal plants through poor environmental management practices like deforestation and bush burning among others.

The third major challenge facing traditional medical practice is the loss of indigenous knowledge regarding traditional medicine. A research conducted by Maja Naur (2001) revealed that the knowledge of traditional medicine is often undervalued by the younger generations of today because it seldom brings high economic returns to the practitioners. In this regard, they are not showing any keen interest in the acquisition of knowledge of traditional medicine.

Prospects

This new development in medical practice seems to pose a threat to the use of traditional medicine. However, there is still hope for its survival. A study conducted by Abel (2005) reveals that in Ghana, approximately 75% of the population depends on traditional medicine for their primary health care. I believe this may be due to the fact that scientific health care is not easily accessible to majority of the Ghanaian populace, and that traditional medicine is easily

accessible and cheaper in terms of cost.

A national health insurance scheme was introduced in the country in 2004, which proposes the integration of traditional medicine into the orthodox medical practice. This provides a positive hope for the survival of traditional medicine in Ghana.

The impact of foreign religions like Christianity and Islam on traditional medical practice also gives hope for its survival in Ghana. Christianity, for example, gives a positive response to traditional medicine. At Moglaa near Tamale in the Savelugu-Nanton district, a pastor of the local Baptist church who is a Dagomba Christian and a herbalist has combined the herbal medical practice with his pastoral work. He collects the medicinal plants from the forest, asks the elders of his church to pray over them, and he uses them to cure his patients. Prophet Harris whose evangelistic work led to the establishment of the first Spiritual Church in Ghana (the Church of the Twelve Apostles by Grace Tani) (Baeta 1962: 8) gave this advice to his converts concerning the use of traditional medicine "...while you gather the leaves, pray to God;

while you prepare the medicine, pray to God; when you take it, pray to God" (Haliburton 1973:54).

Conclusion

In conclusion, it can be said that many Ghanaians see disease as essentially a disintegration of the whole human personality, including his or her physical, spiritual and emotional state. There is therefore the need for proper diagnosis and the application of the appropriate physical and supernatural formula to the disease to effect the cure. Traditional medical practice provides this holistic healing to the victim because it has been built on the principle of treating the person, whereas western medicine has been built on the principle of treating illness (Walls 1996:98). Besides, the traditional medical practitioners give much attention to the patients, whereas orthodox medical practitioners hardly have enough time for their patients. This may be due to the doctor – patient ratio in Ghana. In addition to this, there may be other reasons like the easy accessibility and the low cost of medication, which may account for the increase in patronage of traditional medical practice in Ghana.

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