
Contemporary History of the Increasing Use of Traditional Medicine among the Asante of Ghana: A Focus on Afigya Kwabre South District

Samuel Adu-Gyamfi

Department of History and Political Studies
Kwame Nkrumah University of Science and Technology (KNUST), Kumasi-Ghana
Email: mcyamfi@yahoo.com

Sophia Obour Asante

Department of History and Political Studies, Kwame Nkrumah University of Science and Technology (KNUST), Kumasi-Ghana

Abstract

Using a qualitative method of research, the study investigated the increasing use of traditional medicine in Ghana, focusing on Afigya Kwabre South District. Traditional medicine has gone through various stages since time immemorial, especially with regard to how its patronage has evolved over time. The period ranges from the pre-colonial era, when it was the only source of remedy for the entire continent of Africa including Ghana, to the colonial period which marked another phase when European influence diverted the attention of Africans from the use of traditional medicine to orthodox. This suggests that traditional medicine is unorthodox (not normal) medicine, and thus the post-colonial era has witnessed emphases on medical pluralisation (concurrent use of traditional medicine and orthodox medicine). In the 21st century, traditional medicine practices have undergone several changes. The use of traditional medicine seems to be gaining traction in health care delivery in Ghana. This article addresses varied reasons that have accentuated these changes over time. Salient factors include demographics, economic status, patient-doctor interaction and other relevant causes.

Keywords: medicine, traditional medicine, orthodox medicine, herbal medicine, Afigya Kwabre South, Ghana.

Dr Samuel Adu-Gyamfi is the first trained social historian of medicine from the Kwame Nkrumah University of Science and Technology (KNUST), Kumasi-Ghana. He is an Associate Professor of Applied History and Social Studies of Science, Health and Medicine in the same department. He is also the former Head of History and Political Studies of KNUST. His research focus is on Applied History including the social studies of science, health and medicine in Africa. Through Applied History, he makes explicit attempts to illuminate current challenges and choices by analysing historical precedents and analogues. He begins with a current choice or predicament and provides a perspective from history. His current project focuses on epidemics and pandemics focusing on the Asante of Ghana.

Sophia Obour Asante is a graduate from the Department of History and Political Studies of the Kwame Nkrumah University of Science and Technology. She is a former Teaching and Research Assistant in the Department of History and Political Studies. Her research interest is in the area of health policy and social history of medicine in Africa and Ghana in particular.

Introduction

The use of traditional medicine has been in existence since time immemorial (Abdullahi, 2011). People from different cultural backgrounds over the years have used traditional medicine to treat various diseases (Gyasi et al., 2011). According to the World Health Organization (WHO) (2000), traditional medicine is defined as “the total sum of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance.” It also relied exclusively on practical experiences and observation, which were handed down from generation to generation, whether orally or in writing (WHO 2000). In line with the above, Twumasi (1975, p. 10) also defined traditional medicine as “the service performed through the utilization of magico-religious acts and concepts.” According to Amponsah (2009), a similar view is expressed by Kwasi Konadu in his text *Indigenous medicine and knowledge in African Society*. Inferring from the various definitions, traditional medicine involves the use of both herbs and spiritual practices including incantation, exorcism and spell to cure diseases. The WHO (2002) estimated that about 60% of the world’s population still rely on traditional medicine, out of which 80% of the population is from Africa. In Ghana, it has been estimated that 70% of the total population depend on traditional medicine for their healthcare needs (WHO, 2002). Historically, traditional medicine has been in practice since ancient times. Ancient Egypt, Mesopotamia, Greece, and Rome have been credited as some of the earliest civilizations that practiced traditional medicine. In Ancient Greece, for instance, there was the practice of traditional medicine. This could be seen from the extraction of medicine from nature, such as seawater, rainwater and medicinal plants among others (Kleisiaris, 2014). The earliest civilizations believed in environmental, natural and behavioural causes of diseases (Tountas, 2009). Again, Taher et al. (2019) have posited that in Europe, before the first Greek doctor Asclepiades of Bithynia came to Rome and influenced the Ancient Roman medical system, folk medicine was what they relied on to treat diseases. Conrad (1995) has also reported that the Ancient Romans believed in both natural and spiritual causes of diseases. Great famine and plagues were said to be a result of divine punishment. They appealed to the gods for deliverance (Conrad, 1995). Miasma was also perceived as a cause of many diseases. Good sanitation was practised to avoid contracting diseases resulting from miasma (Duin, 1992).

Similarly, Retief and Cilliers (2007) postulated that the Ancient Mesopotamians’ medical practices were dominated by religious and supernatural concepts. They further stated that their medicine was dominated by religious beliefs and the priest played a vital role in seeking the health care needs of the people. The Mesopotamians believed that diseases were sent by the gods, demons, and other evil spirits. It was thus important for them to appease the gods and constantly worship them (Retief & Cilliers, 2007). In Africa, due to Islamic influence, the amulet was worn by the

people to protect themselves against evil spirits. Likewise, if anyone erred against the gods, diseases were believed to have been sent as punishment. Even in the absence of trespasses, diseases were caused by *evil eyes*. These attacks from evil eyes came about as a result of lack of caution by the one who was attacked. This was resolved or healed mostly through incantations. Diseases were also believed to have been introduced into the human body through black magic, sorcerers and through spiritual “contagion” (Retief & Cilliers, 2007).

Traditional medicine plays a very vital role in the health care delivery systems in many countries in Africa (Adu-Gyamfi, 2010; Antwi-Baffour et al., 2014). Before the introduction of western medicine in Ghana, ethnic groups like the Asante, Akyem, and the Ewe among many others resorted to the use of traditional medicine, which involves the use of herbs, concoctions, decoctions, and spiritual healing (Adu-Gyamfi, 2017; Antwi-Baffour et al., 2014). Indigenous Priest Healers, herbalists, traditional birth attendants and bonesetters among other specialists were the ones responsible for administering health care to meet the healthcare needs of the local people (Adu-Gyamfi, 2016). Also, traditionally, there is the belief that diseases were caused by ancestors and the gods as a result of social misconduct (Adu-Gyamfi & Anderson, 2019). With respect to the earlier view, healers resorted to spiritual aspects of healing, which included incantation, divination and exorcism among others to provide solutions (Adu-Gyamfi, 2016). They also wore amulets to protect themselves against spiritual attacks (Adu-Gyamfi, 2010, 2014; Owusu-Ansah, 1983). As indicated earlier, diagnosing diseases among the people of Africa, and Asante in particular, also depended on magico- religious means. This shows how spiritual healing influenced the medical system among respective ethnicities in Ghana and Asante in particular (Twumasi, 1972). The coming of the Europeans further marked a turning point in the history of healthcare delivery in Ghana. Prior to colonization, healthcare in Ghana included traditional medicine, which had been influenced by Islam through the interaction across the Sahara, and Judeo Christianity. Over time, Western medicine began to compete with traditional medicine as a result of European/ Colonial Government policies (Abdullahi, 2011). Contemporary investigations posit that there is an increasing trend concerning the use of traditional medicine in Ghana especially among the people of Asante (Agyei-Baffour et al., 2016).

In particular, a contemporary historical study of the Afigya Kwabre South District cannot be gainsaid. The Afigya Kwabre South District of the Asante Region of Ghana has fifteen Western oriented scientific medical facilities. These include hospitals, health centres, maternity homes and other health facilities (Agyei-Baffour et al., 2016). In spite of numerous hospitals in the area, the people still resort to traditional medicine. Against the backdrop of increasing use of herbal medicine, this study seeks to examine the motivations for the increasing use of traditional medicine in Afigya Kwabre South District of the Asante Region of Ghana.

The benefits Ghana, and Asante in particular, derive from traditional medicine cannot be gainsaid. However, it is crucial for the citizenry, state actors, and interest groups to continuously reflect on whether traditional medicine shall be fully relegated to the periphery, or continue to co-exist with Western and other forms of medical practices within the medically pluralistic environment of Ghana. The benefits of a continuous study on the extent of patronage of traditional medicine could help policy makers to have a better understanding of the situation. Also, the question concerning the increasing use of traditional medicine in the Afigya Kwabre South District would provide

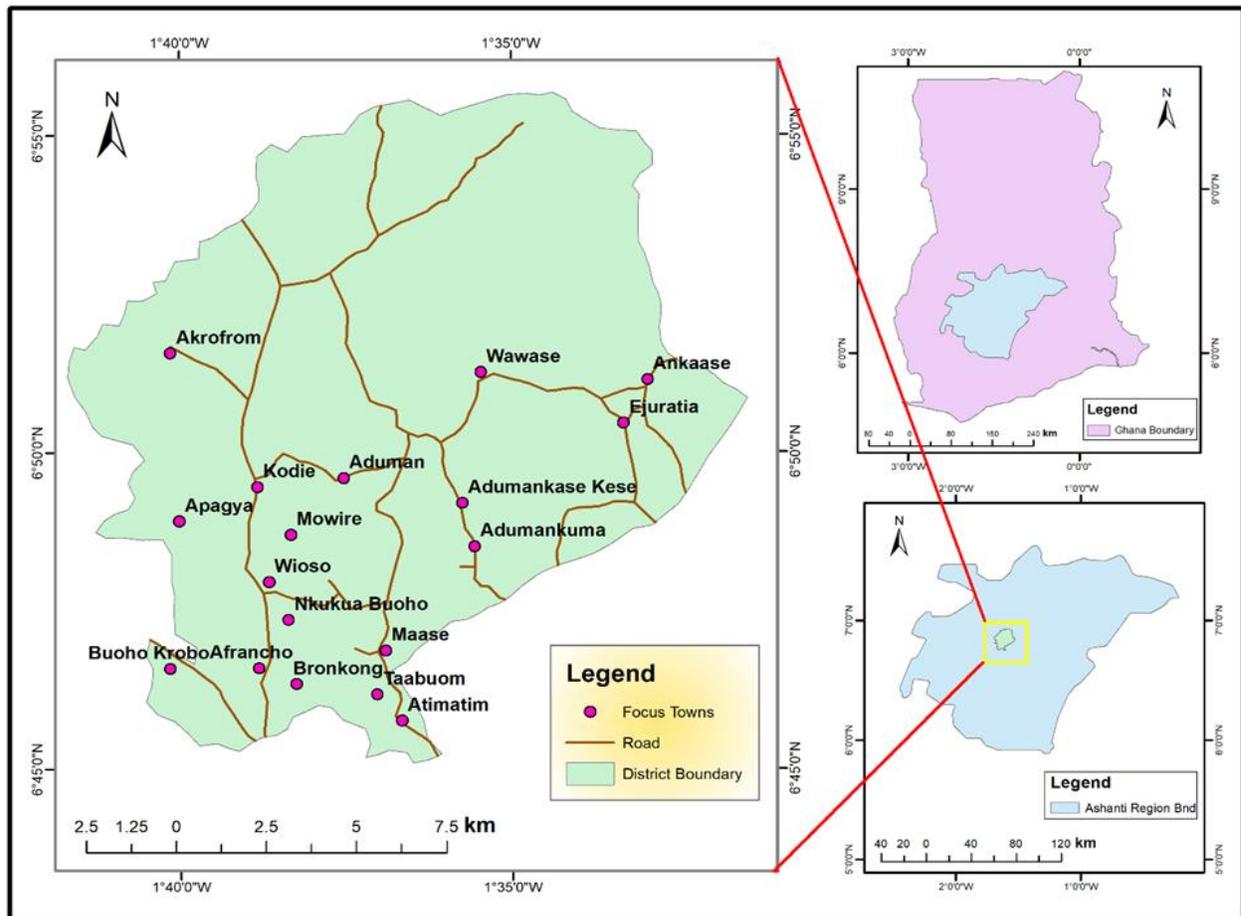
useful empirical data for future decision making especially concerning the proper governance and improvement of the traditional medicine field in Ghana and Asante in particular.

Afigya Kwabre South District is one of the forty-three districts in the Asante Region of Ghana (Afigya Kwabre South District Assembly, 2019). Formerly, it was part of the then-larger Afigya Kwabre District. On the 29th of February 2008, the northern part of the district was split to create Afigya Kwabre North District. Thus, the remaining part was renamed Afigya Kwabre South District (Afigya Kwabre South District Assembly, 2019). The district assembly is in the northern part of the Asante Region and has Kodie as its capital town. The entire district has an area of about 342.3km. This covers 1.44% of the land area of the Asante Region (Afigya Kwabre South District Assembly, 2019). It is located in a semi-deciduous forest zone, characterised by relatively high rainfall, and lies between Latitudes 6.893867 and 6.894077, and Longitudes -1.68917 and -1.52372 (WGS 84 coordinate system). It has an area of about 122 square kilometres (12,188.3 hectares) (Afigya Kwabre South District Assembly, 2019). Temperature is normally high throughout the year with little variation. The mean monthly temperature ranges from 25 in July or August to 28 in March or April. The landscape is dissected plateau with heights reaching 800m to 1200m above sea level (Afigya Kwabre South District Assembly, 2019). The original vegetation is a forest with the commonly cultivated crops including yam, plantain, Cassava, and pear among others (Afigya Kwabre South District Assembly, 2019).

Below is a map of Afigya Kwabre South District indicating the town and the district within its boundaries.

Figure 1

Map of Afigya Kwabre South District



Source: Department of Geography and Rural Development, KNUST

Following this introduction, the sections below report on the method adopted to conduct the study, the findings, discussions, and conclusion. The findings and discussions include the extent of patronage of traditional medicine in Afigya Kwabre South District, the use of traditional medicine in Afigya Kwabre South District, factors that have accounted for the rise in the use of traditional medicine in Afigya Kwabre South District, and the negative impacts of traditional medicine on the people of Afigya Kwabre South District and finally a conclusion to the study.

Method of the Study

The study adopted a qualitative approach to research the phenomenon of the use of traditional medicine. It employed primary and secondary sources of data. The primary data included oral tradition or interviews. Series of questions were used as a guide for the interviews. Forty-seven

interviewees were interviewed. Ten orthodox practitioners provided information as expert informants, 20 traditional herbal practitioners, which included traditional birth attendants, herbalists, bonesetters, pastors, and traditional priests, and 17 community members aged above 60 years who have firm knowledge about traditional medicine also provided information as expert informants. These interviewees were purposively selected and sometimes too, they were recruited through the snowballing technique. Questions focused on why people patronised traditional medicine irrespective of the growth of Western oriented biomedical centres in the district. Matters arising included efficacy, cost, perceptions and world view among others, which drove the interviewees to explain the push and pull factors accounting for increasing use of traditional medicine irrespective of social change (Western oriented education, Christianity, Islam and urbanization). These interviewees agreed that their names should be included in the report of this research for the sake of authentication. They believed that a qualitative study such as this, to the best of their knowledge, did not impugn their character and person.

The secondary data included books and published journal articles on traditional medicine. These materials were gleaned from the Ghana Collection section at Prempeh II Library and the Faculty of Social Sciences Library at the Kwame Nkrumah University of Science and Technology (KNUST). Information from online database was also used as corroborative tools for the primary sources and vice versa to provide useful linkages in the narratives in this article. To emphasize, the analyses of the current study has been done thematically to reflect what has continued, and what has changed over time to highlight what has accounted for the increasing use of traditional medicine in Afigya Kwabre South District in the contemporary history of the Asante people of Ghana.

Findings

The Extent of Patronage of Traditional Medicine in Afigya Kwabre South District

Traditional medicine plays a very vital healthcare role in Ghana and among the people of the Afigya Kwabre South District. For some users, it is the first line of resort when they are sick. In an in-person interview with 63-year-old Opanin Asante (2021), a resident of Afigya Kwabre South District, he reported: “traditional medicine is my first point of contact when I am sick. I take it almost every day.” Additionally, in a phone conversation with Eno Akosua Addai (2021), a resident of Afigya Kwabre South District, she hinted that since infancy she has been using traditional medicine. She said that she has a cooking pot which contains concoction. She takes a dosage each morning and the children in the household also do same (Addai, 2021). She further recounted: “I don’t remember the last time I didn’t drink my concoction. When my kids are sick, that is what I give them, and they recover.”

Significantly, the interviews that were conducted emphasized that natives in communities outside major towns or cities rely on traditional medicine for their primary health care needs. Indeed, the World Health Organization (2002) has estimated that about 70% of Ghanaians rely on traditional

medicine for their health care needs. In an interview with Mallam Kassim (2021), a traditional healer, he indicated that he treats over 100 people in a month. These people are not only from the town in which he practices his traditional medicine; his services are patronized by individuals and patients across the country (Kassim, 2021). He recounted that people came to him from different parts of Ghana including Yeji, Salaga, Ahafo Akrodie, Accra, and Tamale (Kassim, 2021). A similar response was given by Mallam Otutugyagu, a traditional healer. In an interview, he revealed: "Several people come to me to meet their healthcare needs. Even recently, about 10 days ago (during the time of interview), I have administered drugs to about thirty people" (Otutugyagu, 2021). He further disclosed that he exports some of his drugs to Ghanaian indigenes in South Africa, France and the United States of America (Otutugyagu, 2021). Madam Evelyn (2021), a herbalist, also indicated: "... diabetes patients I have treated since I started my work in 2017 are about 2000." The number of patients who consult Madam Evelyn, Mallam Kassim and Mallam Otutugyagu to meet their health needs, including their personal testimonies, suggests high utilization of traditional medicine in Afigya Kwabre South District.

In a research conducted by Adjei (2013), it was reported that those who patronize Western oriented scientific medicine, which often has side-effects, also utilize traditional medicine when they need healthcare. Alfred (2021), a formal health worker at Afigya Kwabre South District stated:

I always use traditional medicine. Traditional medicine is efficacious for the treatment of sexual weakness. My junior sister fell sick. Upon all the necessary lab examination, screening, scanning and x-ray, to ascertain the cause of the ailment, it yielded no results. A certain woman admonished us to take her to a Mallam and after several consultations, we realised it was a curse (*duabo* in Asante dialect). She recovered after incantations made by the Mallam. She was given some herbs to bathe with. She recovered from the disease. Though I am a formal health practitioner, I took her there for medication.

Mrs Augustine, a formal health worker, explained that she uses traditional medicine alongside orthodox medicine. Dorcas Kyei (2021), a pharmacy shop vendor, was also interviewed; she explained:

I sell traditional medicine here as well as orthodox medicine. They patronize all the two. Some people prefer traditional medicine to orthodox medicine. I have joy ointment here, Maame Dagomba, and Taabea Herbal Mixture. The rate at which people buy these traditional drugs is amazing. Day in and day out people buy herbal drugs. Even this morning, four people came to buy herbal drugs from this pharmacy shop. There is an increase in the use of traditional medicine. At first, it was serving as a supplementary drug to orthodox medicine but now it's a whole health care industry to billions of people across the globe.

For several market women, it is their major source of remedy to relieve themselves from body aches, fatigue and stress of their daily activities. Monica Yeboah (2021), a food vendor at Afigya Kwabre South District reported that, “There is no single day I don’t use traditional medicine. Traditional medicine gives quick relief from the normal day’s stress.” Significantly, the responses from the interviewees indicate high patronage of traditional medicine in contemporary times among the people of the Afigya Kwabre South District.

The Use of Traditional Medicine at Afigya Kwabre South District

Traditional medicine has several uses among the people of the Afigya Kwabre South District and Ghana as a whole. Newman et al. (2003) have argued that traditional medicine helps man to discover new bioactive agents for the treatment of ailments. They further stated that despite the recent interest in molecular modelling, combinatorial chemistry, and other synthetic chemistry techniques by pharmaceutical companies and funding organizations, natural plants, and particularly medicinal plants, remain an important source of new drugs, and new chemical entities (Newman et al., 2003). Illustrating the various uses of traditional medicine, Boadu and Asase (2017) noted among other things that traditional medicines are used to treat stroke, diabetes, cancer, and stomach ulcer, human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS), and malaria. Mallam Abu (2021), a traditional healer at Afigya Kwabre South District, also emphasised his ability to heal HIV/AIDS using traditional medicine. The interviewee hinted:

I treat every disease. I treat breast cancer, fever, severe body pains, impotence and bareness, bedwetting and even HIV/AIDS. A man came here with symptoms of HIV/AIDS, and I told him I can help him. He was thinking I was joking. After taking my drugs for two month he tested negative. Several young guys come to me when they contract HIV/AIDS.

Gyasi et al. (2011) also outlined several uses of traditional medicine. According to the authors, “traditional medicines are used to treat various diseases and promote health using plant and plant products (e.g., leaves, bark of trees, roots, trunk and flowers), prayers, holy water, Quran, Bible, magic powers, animals and mineral substances.” Darko (2009) also posited that in Ghana, Nigeria and Mali, 60% of children with high fever caused by malaria receive treatment from home with traditional medicine. Buor (1993) has also postulated that traditional medicine has been used to heal acute as well as chronic diseases. He further suggested that there is a kind of psychological security in the medical approaches of traditional medical practice, which is able to relieve a patient of strong psychic pressure (Buor, 1993). Traditional medicine provides more effective treatments to certain health problems such as boils, tuberculosis, stroke, arthritis, epilepsy, asthma, infertility, hernia, hypertension, diabetes, malaria, depression and mental illness.

Other benefits were suggested in the data collected. For example, sometimes traditional medicine was taken as a prophylactic measure. It is also used for the ageing population, where modern

medicine has either failed to produce equally good results or has simply ignored the need for systematic attention and research (Buor, 1993). Shaikh and Hatcher (2005) have argued that in cases of sexually transmitted diseases, typhoid fever, yellow fever, menstrual and fertility problems, traditional medicine is considered more effective. Studies like Buor (1993), Gyasi et. al (2011) and reports of international organizations like the WHO (2003) have confirmed that traditional medicine is effective in the treatment of diseases such as breast, cervical and prostate cancers, skin infections, jaundice, scabies, eczema, typhoid, erectile dysfunctions, snakebite, gastric ulcer, cardiovascular disorders and the management of HIV/AIDS. Wuttke (2000) reported that herbal plants like Black cohosh (*Cimicifuga racemosa*), Dong quai (*Angelica sinensis*) and chaste tree berry (*Agnus castus*) have been reported to be specifically useful for premenstrual syndrome. In a personal interview with Ama Achiaa (2021), a herbalist at Afigya Kwabre South District, she hinted:

I treat all kinds of diseases including barrenness, impotence, malaria, typhoid, diabetes, waste pains, back pains, stroke, stomach ulcer, skin rashes, boils, tooth ache, headache, hypertension and body pains. Even people who are entangled with spiritual diseases, I treat them as well... An example of spiritual disease is bed wetting among adults. My drugs are in a form of ointments (paste) and concoctions or decoctions.

According to Adu-Gyamfi (2016), traditional medicines are used to cure spiritual diseases where an evidence-based approach is not appropriate. An example is a curse, which is referred to by the Asante as *Duabo* (Adu-Gyamfi, 2016). In an interview with a 70-year-old man, Mr. Boateng (2021), a former headmaster of a government school at Afigya Kwabre South District, he indicated that:

Western oriented scientific medicine is good for the treatment of several kinds of diseases. It is evidence-based medicine but cannot restore people suffering from spiritual diseases. Not all diseases are caused by imbalances in the body. Most diseases are acquired through spiritual attacks and one cannot recover from them with scientific medicine. That is what some Akan people call “ntoma yares” – which means sicknesses that are bought in the spirit for people. When it comes to diseases like this, the individual needs spiritual invocation of the Holy Spirit by special people who are endowed with such knowledge to heal such diseases.

Adu-Gyamfi (2016) outlined some of the ways to cure such diseases, which involves the healing process through the use of spells, exorcism, incantations and even the use of herbs. Moreover, referring to the use of amulet, Owusu-Ansah (1983) has reported that people wear amulets to protect themselves against evil eyes, for prosperity and for the healing of diseases. Eric Osei (2021), a syncretic church pastor at Afigya Kwabre South District reported that:

Some diseases are caused by other spiritual forces. When it comes to such diseases, I use herbs to cure. I am a pastor and at the same time a herbalist. There is power in the anointing and the cross. Every member of my church have a cross they wear to prevent evil spirits from attacking them. They wear it on their hand and around their neck.

A similar view was reported by Ankansa, another syncretic church pastor at Afigya Kwabre South District. He argued that there are diseases which cannot be healed by Western oriented scientific medicine and it demands prayers for such diseases to be healed or cured (Ankansa, 2021). All these responses from the interviewees and other secondary sources indicate that traditional medicine is used for several purposes including the treatment of spiritual diseases and imbalances of the body. It further emphasizes the persistence with which the local people at the Afigya Kwabre South District in Asante have continued to use traditional medicine to meet their health needs within the changing times.

Factors That Have Accounted for the Rise in the Use of Traditional Medicine at Afigya Kwabre South District

There are several factors that have accounted for the rise in the use of traditional medicine in Afigya Kwabre South District. The rest of the discussion focuses on the economic and social factors, efficacy of traditional medicine, the accessibility, demographic factors, and environmental factors, among others.

Concerning the economic factors, Gyasi et al. (2011) have posited that poverty is the strongest barrier to the utilization of healthcare services in Ghana. In their study, they pointed out that most of the western oriented scientific medicines are very costly and the poor cannot afford them (Gyasi et al., 2021). Historically, traditional medicine has provided health care support for the poor. Indeed, poverty has been a strong barrier to the utilization of health care services and aspects of traditional medicines are found to be cheaper and more readily available to the people than Western oriented scientific medicine (Gyasi et al., 2011).

In an interview with Suzana (2021), a resident of Afigya Kwabre South District, she recounted:

I personally don't go to the hospital. The transportation involved in going to the hospital alone is not easy to afford. Pharmaceutical drugs are very expensive as compared to traditional medicines. Some powerful herbal ointments are less expensive. An ointment that I have been using cost as cheap as one Ghana cedi. The ointment has never failed me when I use it. The poor can patronize as well as the rich. I am just a mere petty trader. I earn less than 100 Ghana cedis per month. I pay my house rent from it. School fees. So what will be left for me to use to buy this expensive orthodox medicine? I use traditional medicine which is cheap. It is important to let you know that though there is a National Health Insurance (NHIS),

people who travel to hospitals still spend out of their pocket especially concerning drugs that the NHIS do not cover.

Similarly, Mr Kodom (2021) reported:

Some traditional medicines are very cheap and provide the required support or treatment for those who cannot afford orthodox medicines. Most of the settlers here are farmers and earn small amount of money on their agricultural produce. Most people especially myself cannot afford orthodox medicine. I rather use traditional medicine which is very cheap.

An earlier study by Clement et al. (2007) discovered that 86.6% of their respondents believed that traditional medicine is efficacious and even more effective than Western oriented scientific medicine for specific ailments or diseases. This study is consistent with our current study. For example, in an interview with Mallam Kassim (2021), a Mallam at Afigya Kwabre South District, he identified diseases that cannot be treated with Western oriented scientific medicines and asserted that such diseases could only be treated by traditional medicine. Mallam Kassim (2021) further argued:

Traditional medicine is very efficacious. It heals faster and is even quicker in curing some specific diseases which cannot be treated with orthodox medicine. Examples are diseases which have some sort of spiritual inclinations attached to it. To cure them, it requires the use of spiritual invocation, exorcism and spells through the agency of Mallams, Syncretic church pastors and traditional priests.

Based on the responses highlighted above, it can be deduced that economic factors as well as the efficacy of some traditional medicines are the reasons people resort to the use of traditional medicine in Ghana in general, and in Afigya Kwabre South District, in particular. Traditional medicine provides medicine for those living in rural areas. In an earlier study, Twumasi (2005) noted that in Ghana, traditional medicine is more readily accessible and available to many people, especially rural dwellers. Similarly, Buor (1993) also argued that traditional medicine is more easily accessible to the rural populace, who constitute a greater proportion of the total population of the country, especially in the northern regions of Ghana where modern medical facilities are barely adequate. Abbiw et al. (2002) reported that in Ghana, for instance, the ratio of herbal practitioners to the population was 1:400. This contrasted starkly with the availability of allopathic practitioners, with the ratio of practitioners to people recorded as 1:12,000 (Abbiw et al., 2002). Allopathic practitioners typically use non-traditional means of treating diseases. Furthermore, the distribution of allopathic practitioners may be uneven, with most of them being found in the cities or other urban areas, thus making it difficult for rural populations in Ghana to access modern health care facilities (WHO, 2002). As a result, drug peddlers, and particularly herbal practitioners, became the first point of contact for the majority of the rural population.

Another factor that has contributed to the increasing use of traditional medicine is poor doctor to patient interaction at health centres. As a result of this, most people prefer to use traditional medicine to orthodox medicine to meet their healthcare needs. In an interview with Opanin Agyei (2021), a resident of Afigya Kwabre South District, he hinted:

I don't go to the hospital; the nurses and doctors are very rude. Even if I don't drink traditional medicine, I get some of the Western oriented scientific drugs from drug stores. Even when you go to various drug stores, you can get herbal ointment and concoctions so why should I worry myself and go to the hospital for these young nurses to talk to me anyhow. When you go to the various herbal centres, the way they talk to you is totally different from when you go to the hospitals, clinics, or Western oriented biomedical health centres. The traditional healers care a lot about the health care needs of the patient. In fact, they know if they don't treat patients well, they wouldn't come to their healing centres again. But the orthodox people, if they treat patients well or not, the nurses will still earn their money at the end of the month.

Opanin Addai (2021) also reported on a similar issue that:

At first, nurses pampered patients. These days go to the various hospitals, and hear how health workers talk to patients. Whether you are young or old they don't show you any respect. They talk to patients as if it was these patients that forced them to become nurses. The passion health workers had for their patients have diminished. I won't waste my time to go there for me to experience such deviant behaviours from them. Meanwhile, traditional medicine is available and accessible at any point in time.

The responses from these interviewees, among other arguments in previous studies, show that the attitude of health workers serve as a push factor for patients to prefer traditional medicine to orthodox medicine. Hence, it has resulted in the increasing use of traditional medicine in the twenty first-century.

Moreover, demography is another reason for the high usage of traditional medicine. Older adults who find it difficult to go to the hospitals, dispensaries and clinics, rather utilize traditional medicine since the medicines are readily available. Opanin Adjei (2021) hinted that it was difficult for him to journey to orthodox health centres that are far to seek for medical care. Meanwhile, traditional healers come to his house to sell some of their drugs to treat his sickness. He reported that after making an effort to go to the hospital, you have to be in a long queue before it gets to your turn for health workers to attend to you. The response of Opanin Adjei (2021) suggests that the inability of older adults to walk to various health centres has accounted for high usage of traditional medicine. Moreover, the pressure on hospitals, clinics and other health centres has induced many people to utilise traditional medicine.

In addition to these reasons, Obaapanin Cecilia (2021) expressed the opinion that there is advancement in the practice of traditional medicine. She shared among other things that:

Some people think that traditional medicine is an outmoded form of health care delivery system in Ghana. Conversely, there has been some advancement in the practice of traditional medicine. Most herbal centres currently have modern health facilities and equipment such as X-ray, thermometer, scanning machines among others. These facilities and equipment are used to house and diagnose illnesses before drugs are administered. When you seek medical care from herbal centres, they operate like the orthodox hospital. Even some herbal centres employ nurses and doctors to work there. The only difference is the herbs they use. They operate like the so-called scientific hospitals.

To attest to what Obaapanin Cecilia stated, Dr Enoch Boakye (2021) indicated:

I established this herbal centre eight years ago. I have all the ultra-modern machines that diagnose diseases. I have well-trained nurses and doctors from reputable institutions such as Korle-Bu Teaching Hospital and students from Kwame Nkrumah University of Science and Technology (KNUST) medical school who work here. In fact, this is what I do for a living. I treat all kinds of diseases, malaria, fever, broken bones and kidney infections. The drugs are in the form of pills, ointments and concoctions. I also import some of my drugs from China, but with the concoctions I prepare them with our Ghanaian herbs.

Based on the evidence above, it can be inferred that there is increasing use of traditional medicine because of positive changes in herbal medical practice in contemporary times. This has encouraged an increasing number of persons at Afigya Kwabre South District to seek health care from traditional healers and herbalists, in particular. In recent times, most traditional healers have registered their health centres under the Food and Drugs Authority in Ghana. These practitioners are mindful of the fact that the Food and Drugs Authority can preclude them from marketing their drugs or medicines to the general public if they were found to be unwholesome.

Abdullahi (2011) acknowledged that traditional medicine increases accessibility to the health care system among the poor. For most people who are not financially sound, accessibility to conventional medicine becomes a major challenge (Gyasi et al., 2011). In their work on the perceptions of the public on the role of traditional medicine in health care delivery in Ghana, Gyasi et al. (2011) demonstrated that traditional medicine is a major source of health care for people who cannot afford orthodox medicine. In their research, they highlighted that poverty is a major reason for the poor utilization of orthodox medicine. In our findings, too, traditional medicine provides drugs for those who cannot afford orthodox health care among the people of Afigya Kwabre South.

The reality is that, even with the introduction of health insurance, there are other related medical cost that patients have to bear, and sometimes too there are questions of access due to limited orthodox medical facilities that patients have to contend with.

Positive Impact of Traditional Medicine on the People of Afigya Kwabre South District

Traditional medicine has been one of the major sources of health care for poorer individuals who cannot afford orthodox medicine prior to the introduction of the National Health Insurance. In an interview with Suzana (2021), a resident at Afigya Kwabre South District, she said:

I personally don't go to the hospital. The transportation cost involved in going to hospital alone is not easy to afford. Pharmaceutical drugs are very expensive as compared to traditional medicine. Some powerful herbal ointments even cost less. An ointment that I have been using cost as cheap as one Ghana cedi. The ointment has never failed me when I use it. The poor can patronize as well as the rich.

Similarly, Mr Kodom (2021) reported that:

Some traditional medicines are very cheap and provide medicine for those who cannot afford the Western oriented biomedicine. Most of the settlers here are farmers and earn a small amount of money from their agricultural produce. Most people especially myself cannot afford Western oriented biomedicine. I rather use traditional medicine which is very cheap.

In an earlier research covering Sekyere South District of the Asante Region of Ghana, Gyasi et al. (2011) reported that poverty was a strong barrier to the utilization of healthcare services. The study highlighted that aspects of traditional medicines were found to be cheaper and more readily available to people than orthodox medicine because most people in the Sekyere South District who were poor and lived below US\$1.25 a day, found the orthodox medical care relatively costly to access. From the work of Gyasi et al. (2011) and our interview with Suzana (2021) and Mr Kodom (2021), traditional medicine provided a solution to the problem of inaccessibility of Western oriented biomedicine among the poor. It is important to state that even with the introduction of National Health Insurance Scheme (NHIS), people (the poor) continue to rely on herbal sources for the treatment of their diseases.

Another positive impact of traditional medicine is providing medical accessibility to rural settlers. Gyasi et al. (2011) have reported that most Ghanaian settlers live in rural settlements, hence, traditional medicine is the major source of healthcare that the local population assess. Therefore, traditional medicine expands the scope of health care delivery in Ghana. Also, traditional medicine provides primary healthcare services for billions of people. In a study on the continent, Setswe (1999) estimated that traditional medicine provides primary health care needs for over 90% of people in Africa. Thus, it can be inferred that by the beginning of the new millennium, in the whole of Africa, a majority of the population still depended on traditional medicine to meet their health needs.

Negative Impacts of Traditional Medicine on the People of Afigya Kwabre South District

The use of traditional medicine for curing various ailments has gained wide and increasing acceptance worldwide because of the belief that they are 'natural' and 'safe' (Shaiju & Omanakumari, 2013). However, no scientific validation and clinical experimentation have been documented for most of these traditional medicines and practices (Shaiju & Omanakumari, 2013). This in turn makes the consumers prone to dangerous health problems caused by the unknown phytochemicals (Shaiju & Omanakumari, 2013). These researchers have reported also that the aristolochic acid contained in some herbal medicines can affect the kidneys and the lungs. In an interview with Mr. Augustine (2021), he outlined some of the challenges. This is what he stated:

There are health repercussions concerning the use of traditional medicine. Even concerning Western oriented biomedicine which has gone through rigorous research, people have side effects after using it. How much more traditional medicine which has not gone through any scientific research and investigations. Overconsumption of traditional medicine can cause stomach ulcer, kidney problems and lung problems.

Similarly, Dr. Amankwa Marfo (2021) reported:

I have never in my life used traditional medicine. Traditional medicine is not evidence based, due to that patients stand a high risk of taking traditional medicine. It has several health challenges. Prolonged use of traditional medicine can cause stomach ulcer, sore throat among others.

Additionally, the work of Ezekwesili-Ofilu and Okaka (2019) stressed the negative effects of traditional medicine on the individual's health. In their work, they stated that traditional medicine including herbal medicine contains numerous toxic plants. The toxic constituents, for example, neurotoxins, cytotoxins, and metabolic toxins can harm major systems of the human body, like the cardiovascular, digestive, endocrine, urinal, immune, and muscular systems. The others include the nervous, reproductive, and respiratory systems. Inferring from the postulations from the secondary sources and primary informants like Shaiju and Omanakumari (2013), Ezekwesili-Ofilu and Okaka (2019), Augustine (2021) and Dr. Amankwa Marfo (2021), traditional medicine has been widely utilised by respective communities including the Afigya Kwabre South District, but there could be several health complications related to its use without effective regulations and proper guidance.

Discussion

In the contemporary history of Ghana, Afigya Kwabre South District has witnessed a rise in the usage as well as patronage of traditional health services. This included high patronage of herbal shops, shrines, and herbal clinics, in addition to individuals' personal use of concoctions, herbal soaps, pills and ointments. All of these were aimed at finding answers to the various illnesses that

regularly attacked them and disrupted their daily lives. Data gathered suggest that several inhabitants of Afigya Kwabre South District prefer traditional medicine and healing procedures to Western oriented scientific medicine even in contemporary times. Instead of visiting hospitals for treatments, they would rather go to the traditional and faith healers including herbal clinics for their health care. Moreover, the locals preferred to drink concoctions, and smear the decoctions on their sick bodies rather than to be attended to by a modern medical practitioner for a thorough examination and subsequent drug prescriptions. This finding is critical, especially in the twenty-first century where the government of Ghana is making strenuous efforts to bring scientific laboratories and hospitals to the doorsteps of citizens. It is common knowledge that traditional medicine has been with the people of Afigya Kwabre South District since time immemorial. Nonetheless, with the introduction of Western oriented biomedical practices, traditional medicine became an auxiliary medicine to biomedicine or orthodox medicine. Significantly, with the expansion of Western oriented scientific medicine to every corner of Ghana, one would expect that traditional medicine will be supplanted, or at best, remain with low patronage. However, the study has shown that the use of traditional medicine is rather on the rise among the indigenes of Afigya Kwabre South District in the Asante Region of Ghana. Field interactions and interviews revealed several factors that have accounted for the high usage of traditional medicine at Afigya Kwabre South District. These factors can be largely categorized into social, religious, economic, and the efficacy of traditional medicine. Just as health is not only a state of physical well-being, the people of Afigya Kwabre South District perceived their health as a state of complete physical, social, and psychological wellbeing.

Consequently, social considerations such as misdemeanours on the part of patients played a critical role in the choice of a particular healthcare. Diseases were and are still thought to originate not only from viruses, germs, and bacteria. Some individuals at Afigya Kwabre South District still believe that diseases may afflict a person as a result of one's misdemeanour either towards another person, the community, or the gods. Often, they contemplated that it was a traditional healing procedure that had the potency to remedy such illnesses. Since Western oriented scientific medicine does not inculcate such beliefs in its healing procedure, they rather resorted to traditional medicine that is constructed within such cosmology.

Moreover, the study found that the people of Afigya Kwabre put a premium on social factors such as doctor-patient relationships in their health care choices. It was discovered that traditional herbal practitioners relate well with their patients or clients as compared to their counterparts in modern hospitals. The local people feel more comfortable whenever they visit herbal clinics, shops or faith healers than when they go to hospitals, clinics or other related health centres or hospitals that are considered to be highly regimented and patients are treated with no empathy from physicians and nurses.

The study further found that economic reasons such as the cost of scientific medicine as well as the cost of transportation to hospitals have deterred many people of Afigya Kwabre South from

patronizing scientific medicine. Traditional medicine offers a cheaper alternative to their health care needs as traditional healers normally do not charge exorbitantly for their services. Unlike scientific medicine, traditional healers only expect clients to show appreciation to the gods, in cash or kind, for successful treatment. In the same light, religious beliefs also play a dominant role in the choice of traditional medicine over Western oriented scientific medicine. The people of Afigya Kwabre believe that being in good standing with the gods and also with people is a form of health. Again, not all diseases are physical. Health, disease, and healing are therefore interwoven within the spiritual construct. They believe that the metaphysical world has a great influence on their natural world. Therefore, some diseases like madness, high fever, leprosy and epilepsy have spiritual causes and must be dealt with spiritually.

In addition, some of the indigenes of Afigya Kwabre South believe that traditional medicine is more efficacious and potent than Western oriented scientific medicine. It was found that most people including traditional healers believe that traditional medicine is effective in dealing with diseases like HIV/AIDS, gonorrhoea and syphilis compared with orthodox medicine. This belief is widespread not only among the people of Afigya Kwabre South but in Ghana in general. They have an unquestionable belief in the efficacy of traditional medicine to the extent that over time, some of them completely abandoned Western oriented scientific medicine for traditional treatment. Moreover, traditional medicine and their healing processes were sometimes considered by the local people to have no side effects. As a result, the majority of the people who were interviewed, in recent times, have switched from using orthodox medicine to traditional medicine.

From the study, some people especially those who are formally educated are aware that traditional medicine may come with some risks, yet the majority of interviewees believe that traditional medicine is safer and risk-free, unlike Western oriented biomedicine. Traditional medicine serves as the only source of health for a great majority of people. Some of the people at Afigya Kwabre South District live in remote areas where Western oriented biomedicine/scientific medicine is not easily accessible. Traditional medicine, therefore, becomes their first option when illness arises. This emphasises the level of accessibility of different forms of traditional medicines.

Again, while the use and patronage of traditional medicines are on the rise, the study found that there are significant changes that have occurred over the years, which could have played a role in heightening the interest of people. Herbal shops are increasing; do they have the potential to displace chemical, and drug stores including pharmacies? Several pharmacies also trade in both Western oriented biomedicine and herbal drugs. This has made herbal drugs more accessible and affordable. Most herbal drugs are also now readily consumable without any further preparation. In recent times, traditional medicine is well packaged and branded than in previous years. This, together with the beliefs and cultural make-up of the people of Afigya Kwabre South, has led to sustained interest in traditional medicine.

Conclusion

Afigya Kwabre South District in the Asante Region of Ghana, has witnessed a vast increase in the usage of traditional medicine in the twenty-first century. This is happening in the era where Western oriented biomedicine is steadily being promoted and expanded. This paradox is as a result of several mitigating factors which run through the history of medicine and traditional medicinal practices in Ghana. Among these factors include economic cost, social convenience, religious beliefs, and the efficacy of traditional medicine. What is even more fascinating about the current rise in the usage of traditional medicine is the relative changes in the practice of traditional medicine to meet the growing demands of users. It is worth noting that traditional medicine has been upgraded from being supplemental or alternative medicine to the stage where it is gaining orthodoxy. To make traditional medicine more wholesome and safer for users, regulations of traditional medicinal practices and drugs must be strengthened. Effective policies to guard and guide their practices and effective support for emerging herbal clinics as well as their integration in the Ghana Health Service must be supported by the government of Ghana, to ensure that the local population maximise their benefits from same. This will be useful in promoting the general health and wellbeing of the people in the country. The findings from this research have wider implications on traditional medicine policies on the African continent and West-Africa in particular.

References

- Abbiw, D., Agbovie, J., Akuetteh, B. Amponsah, K., Fynn, D., Ekpe, P., Ofosuhene-Djan, W., and Owusu-Afriyie, G. (2002). *Conservation and sustainable use of medicinal plants in Ghana: Conservation report*.
http://www.unepwcmc.org/species/plants/ghana/pdfs/Conservation_report.pdf
- Abdullahi, A. A. (2011). Trends and challenges of traditional medicine in Africa. *African Journal of Traditional, Complementary, and Alternative Medicines*, 8(5), 115-123.
- Adjei, B. (2013). *Utilization of herbal medicine and its role in health delivery in Ghana: A case study of Wassa Amenfi West District*. [Masters dissertation, KNUST].
<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.915.7680&rep=rep1&type=pdf>
- Adu-Gyamfi, S. (2010). *A historical study of the impact of colonial rule on indigenous medical practices in Ashanti: A focus on colonial and indigenous disease combat and prevention strategies in Kumasi, 1902-1957*. [Doctoral dissertation, KNUST].
- Adu-Gyamfi, S. (2014). Islamic traditional healing amongst the people of Sampa in Ghana: An empirical study. *International Journal of Arts and Humanities*, 3(7), 105-114.
- Adu-Gyamfi, S. (2016). Spiritual and indigenous healing practices among the Asante people of Ghana: A testimonial from twenty-first century practitioners and recipients in Kumasi, *Journal of Basic and Applied Research International*, 12(1), 39-50.
- Adu-Gyamfi, S., & Anderson E. (2019). Indigenous medicine and traditional healing in

- Africa: A systematic synthesis of the literature. *Philosophy, Social and Human Discipline. 1*, 69-100.
- Adu-Gyamfi, S., Dramani, A., Amakye-Boateng, K., & Akomeah, S. (2017). Public health: A socio-political history of a people (1902-1966). *Journal of Arts and Humanities*, 6(8), 11-32.
- Afigya Kwabre South District Assembly. (2019). Composite budget for 2019-2022. Programme based budget estimates for 2019 Afigya Kwabre South District Assembly. <https://www.mofep.gov.gh>
- Agyei-Baffour, P., Kudolo, A., Quansah, D. Y., & Boateng, D. Integrating herbal into the mainstream healthcare in Ghana: Clients' acceptability, perceptions and disposal of use. *BMC Complementary and Alternative Medicine*, 17(513). <https://doi.org/10.1186/s12906-017-2025-4>
- Amponsah, S. (2009). [Review of the book *Indigenous medicine and knowledge in African Society*, by Kwasi Konadu]. *African Studies Quarterly*, 10(4), 71-73. <https://asq.africa.ufl.edu/wp-content/uploads/sites/168/Book-Reviews-Vol10Issue4.pdf>
- Antwi-Baffour, S. S., Bello, A. I., Adjei, D. N., Mahmood, S. A., & Ayeh-Kumi, P. F. (2014). The place of traditional medicine in the African Society: The science, acceptance and support. *American Journal of Health Research* 2(2), 49-54.
- Baidoo, R. (2009). *Toward a comprehensive healthcare system in Ghana*. [Masters dissertation, University of Ohio]. <http://etd.ohiolink.edu/sendpdf.cgi/BaidooRhodaine.pdf?ohiou1237304137>
- Boadu, A. A. & Asase, A. (2017). Documentation of herbal medicines used for the treatment and management of human diseases by some communities in Southern Ghana. *Journal of Evidence-Based Complementary and Alternative Medicine*, 3(4), 1-12.
- Buor, D. (1993). The impact of traditional medicine on health delivery services in Ghana: The Ashanti situation. *Journal of the University of Science and Technology*, 13(3), 138-147.
- Clement, Y. N., Morton-Gittens, J., Basdeo, L., Blades, A., Francis, M., Gomes, N., Janjua, M., & Singh, A. (2007). Perceived efficacy of herbal remedies by users accessing primary healthcare in Trinidad. *BMC Complementary and Alternative Medicine*, 7(4). <https://doi.org/10.1186/1472-6882-7-4>
- Conrad, L. I., Neve, M., Nutton, V., Porter, R., & Wear, A. (1995). *The Western medical tradition: 800 BC to AD 1800*. Cambridge University Press.
- Darko, I. N. (2009). *Ghanaian indigenous health practices: The use of herbs*. [Masters dissertation, University of Toronto]. https://tspace.library.utoronto.ca/bitstream/1807/72598/1/Darko_Isaac_N_200911_MA_thesis.pdf
- Duin, N. & Sutcliffe, J. (1992). The earliest medicine. In N. Duin & J. Sutcliffe (Eds.), *A history of medicine: From prehistory to the year 2020*. Simon & Schuster.
- Essegbey, G. O. & Awuni, S. (2015). The dynamics of innovation in traditional medicine in Ghana. *WIPO Magazine*. https://www.wipo.int/wipo_magazine/en/2015/01/article_0003.html
- Ezekwesili-Ofilu, J. O. & Okaka, A. N. C. (2019). Herbal medicine in African traditional medicine. *Herbal Medicine*. InTechOpen. <http://dx.doi.org/10.5772/intechopen.69412>. DOI: 10.5772/intechopen.80348

- Gyasi, R. M., Mensah, C. M., Adjei, P. O., & Agyemang, S. (2011). Public perceptions of the role of traditional medicine in the health care delivery system in Ghana. *Global Journal of Health Science*, 3(2), 40-48.
- Gyasi, R. M., Siaw, L. P. & Mensah, C. M. (2015). Prevalence and pattern of traditional medical therapy utilization in Kumasi Metropolis and Sekyere South District, Ghana. *Journal of Ethnopharmacology*, 1611, 138-146.
- Kleisiaris, C. F., Sfakianakis, C., & Papathanasiou, I. V. (2014). Health care practices in Ancient Greece: The hippocratic idea. *Journal of Medical Ethics and History of Medicine*. 7(6), 1-5.
- Newman, D. J., Cragg, G. M., & Snader, K. M. (2003). Natural products as sources of new drugs over the period 1981 to 2002. *Journal of Natural Products*, 66(7), 1022-1037.
- Owusu-Ansah, D. (1983). Islamic influence in a forest kingdom: The role of protective amulets in early 19th century Asante. *TransAfrican Journal of History*, 12, 100-133.
- Retief, F. P. & Cilliers, L. (2007). Mesopotamian medicine. *South Africa Medicinal Journal*, 97(1), 27-30.
- Setswe, G. (1999). The role of traditional healers and primary health care in South Africa. *Health Care in SA Gesondheid*, 4(2), 56-60.
- Shaiju, P. N. & Omanakumari, N. (2013). Negative impacts of traditional medicine: Aristolochic acid model. *Asian Journal of Phytomedicine and Clinical Research*, 1(4), 195-202.
- Shaikh, B. T. & Hatcher, J. (2005). Complementary and alternative medicine in Pakistan: Prospects and limitations. *Evidence-Base Complementary and Alternative Medicine*, 2(2), 139-142.
- Taher, M. A., Alam, K., Khan., M., Mannan, A., & Hossain, M. A. (2019). A brief analysis of the Ancient Roman medical practice. *International Journal of Unani and Integrative Medicine*, 3(1), 37-40.
- Tountas, Y. (2009). The historical origins of the basic concepts of health promotion and education: The role of Ancient Greek philosophy and medicine. *Health Promotion International*, 24(2), 185-192.
- Twumasi, P. A. (1972). Ashanti traditional medicine. *Transition*. DOI:10.2307/2935116
- Twumasi, P. A. (2005). *Medical systems in Ghana: A study in medical sociology* (2nd ed.). Ghana Publishing Corporation.
- Twumasi, P. A. & Bonsi, S. K. (1975). Developing a health care system in Ghana. *Journal of the National Medical Association*, 67(5), 339-344.
- World Health Organization. (2000). *General guidelines for methodologies on research and evaluation of traditional medicine*. <https://www.who.int/publications/i/item/9789241506090>
- World Health Organization. (2002). *Traditional medicine strategy 2002-2005*. http://whqlibdoc.who.int/hq/2002/WHO_EDM_TR_2002.1.pdf
- World Health Organization. (2003). *Traditional medicine: Report by the Secretariat*. <https://apps.who.int/iris/handle/10665/78244>
- Wuttke, W. (2000). Phytotherapy in the treatment of mastodynia, premenstrual symptoms and mental cycle disorders. *Der Gynakologe*, 33, 36-39.