

Indigenous medicine among the Dagaaba of North-Western Ghana

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Abstract

This study pays attention to indigenous medicine practices and healing among the Dagaaba of North-Western Ghana. Based on Dagaaba's theories of traditional medicine and qualitative sources of data, we confirm and further argue that the indigenous traditional medicine systems within the Dagaaba/Dagara society contain multifaceted dimensions. For centuries, these multifaceted dimensions have been a sweet interplay of herbal, spiritual and specialists, such as bone-setters in the local medical milieu. We further argue that a study such as this gives room for further contemplation by policy makers concerning traditional knowledge/ethnoknowledge in the area of medicine and healthcare in Ghana and North-Western Ghana in particular.

Keywords: Indigenous/traditional medicine, secrecy, oracle, spiritual healing, Dagaaba

Introduction

The practice of indigenous/traditional medicine as a driver of continuity and transformation in the health of societies is not a recent phenomenon in West Africa and Ghana in particular. Traditional medicine has remained useful and its fortunes in

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African societies precedes colonial rule, which has persisted in the post-colonial period. African traditional medicine has arguably benefited from a wider discussion not only in academic scholarship but also within the league of policymakers and health advocates during the post-colonial era.

The concepts of traditional knowledge as they relate to traditional medicine are complex. A *tradition* is seen as a set of beliefs and practices that express the value and purpose of society and help it organize its essential resources into valuable uses (Nukunya 1992). Roberts described indigenous knowledge as “knowledge accumulated by a group of people, who through centuries of unbroken residence, develop an in-depth understanding of their particular place in their particular world” (Roberts 1998, 60). Also, Waldron describes the term “indigenous” as specific groups of people under the criteria of ancestral territory, collective cultural configurations, historical location, and their knowledge that emanates from a long-term residence in a specific place (Waldron 2010). Traditional knowledge could therefore be seen as a set of ideas, values and norms that are dynamic in society and passed on from one generation to the other. Hence, the concept of “traditional knowledge” connotes not only native, indigenous, and non-foreign but also dynamic and unfrozen practices among a society and its people.

The World Health Organization (WHO 2000) defined traditional medicine as “the total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical, mental, spiritual and social illnesses” (WHO 2000, 1). Traditional African medicine has also been considered to be the total of practices, measures, ingredients, and procedures of all kinds, whether material or not, that have from time immemorial enabled the African to guard against disease, alleviate his sufferings, and cure himself (WHO 1978). Traditional medicine interprets health in

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inclusive terms as "physical, mental or social imbalance" (WHO 1978). It recognizes that a range of traditional medical procedures exist, some with an identifiable material basis and some without, some explicable and some not. It places great emphasis on traditional medicine as knowledge inherited from past generations (WHO 1978).

Different societies in Africa and elsewhere have used traditional medical knowledge and practice to treat and heal illnesses by using both organic (derived from plants and animals) and inorganic sources. Thus, one of the crucial components of indigenous knowledge systems that have provided and still provide healthcare services to larger populations, particularly among rural communities in many developing nations, is traditional medicine and healing. African traditional medicine and healing are integral elements of a holistic approach to healthcare that takes into account patients' emotional, spiritual, psychological, and social needs as well as physical needs (Adu-Gyamfi 2015). Many studies have revealed that traditional medicine and healing contain a variety of subspecialties, including those for herbalists, spiritual healers, bone setters, and traditional birth attendants (Bierlich 2007; Gyasi et al. 2011; Adu-Gyamfi 2015; Asante & Avornyo 2013; Barimah & Akotia 2015).

About two-thirds of the world's population relied on African traditional medicine and healing at the start of the twenty-first century, with up to 80% of African people relying on this medical system (WHO 2000). Again, during that time, in Ghana, Mali, Nigeria, and Zambia, the use of herbal medicine was the first line of treatment for 60 per cent of children with malaria-induced high fever (WHO 2000). It was discovered that using traditional medicine to cure malaria costs less in Ghana, Kenya, and Mali than using Western treatment, with some circumstances allowing payment in kind (Ofosu-Amaah 2005; Bierlich 2007). Asante and Avornyo (2013) have noted that the widespread use of traditional medicine for healing has demonstrated that it has given access to healthcare to the larger populations of several African nations,

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including Nigeria, Kenya, South Africa, and Ghana (Asante & Avornyo 2013). Here, traditional medicine plays a key role in providing healthcare to the vast majority of people residing in rural areas.

African traditional medicine and healing have a long history and are still practised today by different cultures and groups, and many different countries do so now. Due to the limited resources and personnel available for the Western healthcare system in different countries in Africa and elsewhere, there have been requests for these countries to pay more attention to their traditional medical systems as alternative healthcare service providers to supply the necessary healthcare services to their increasing population (Ofosu-Amaah 2005).

Although traditional medicine provides healthcare services to over 80 per cent of the local population and is available, accessible and affordable, many efforts to develop the Traditional Medicine System have been targeted only at developing herbal medicine through research and clinical examinations conducted by national and university research centres but not so much at improving the entire traditional medicine system to which herbal medicine is a part (Ofosu-Amaah 2005).

It has been emphasised that any endeavour to formalize and use the services of traditional healers should be preceded by research (Twumasi 1975). A similar call was made by Ofosu-Amaah when he asserted that more information and understanding about traditional medical practices are desirable and that “research will be needed to clarify many issues about the whole system and the effectiveness of traditional medicine” (Ofosu-Amaah 2005, 197). In the discussions around African traditional medicine, some major issues often raised include the adequacy or the inadequacies of the knowledge about the traditional medicine industry, the rational or scientific bases for the medicine of practitioners, treatment procedures, and issues about efficacy and professionalization of the traditional/indigenous healing system. Many works have been done in the field of African traditional medicine, which constitute discussions

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that border on some of the already stated thematic issues (Bierlich 2007; Abukari 2016; Adu-Gyamfi 2015; Asante & Avornyo 2013; Barimah & Akotia 2015). Few studies examine traditional medicine and healing from a socio-cultural group relative to the Dagaaba of North-Western Ghana.

The Dagaaba is one of the ethnic groups in north-western Ghana. They constitute part of the Mole-Dagbani people in northern Ghana and live largely in the present-day Upper West Region of Ghana, which is described in this context as north-western Ghana. They spread a little beyond into areas of the neighbouring countries of Burkina Faso and Ivory Coast. The term Dagaaba refers to the name of the people (plural), and their language is known as Dagaare. The Dagaaba presently live in seven out of the eleven districts and municipalities of the Upper West Region of Ghana. Nonetheless, owing to dialectical variation and non-uniform oral accounts of historical origin, migration and settlement, some sections referred to themselves as Dagara, whereas others preferred to be known as Dagaaba (Goody 1967; Goody 1957; Barker 1986; Lentz 1994). As indicated earlier, the commonality in their ethnic tradition is evident in many indigenous and cultural heritages, such as their foods, traditional fashion, music and dance, their economic activities of cereal cultivation and livestock keeping, and, more importantly, their traditional medicine and healing practices which are the subject of discussion in this text.

This study, therefore, seeks to provide an understanding as well as information about the Dagaaba traditional medical practices by documenting the Dagaaba traditional knowledge of medicine and healing practices. The study first provides some theories of Dagaaba medicine practice. Secondly, the study provides some background historiographical review of traditional medicine practice in Ghana. It further introduces the study area and methodology and further discusses the issues of knowledge acquisition, illness causation, some rituals in the healing procedure, and secrecy in traditional healing. Another important area in this study is the Dagaaba

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public craft in traditional medicine known as 'bera' (trap or oracle). Finally, the study pays attention to a discussion and conclusion, reflecting on the essential points discussed/presented in the results of the research.

Historiographical review

In his study of Dagomba in northern Ghana, Bierlich found that the Dagomba's representation of illness is broad-based (Bierlich 2007). Their understanding of illness and its causation is largely influenced by their beliefs and cultural practices. Bierlich observed that the Dagomba makes no distinction between the biomedical notion of disease and the subjective personal feeling of pain or discomfort (illness). The author also noted that among the Dagomba, some illnesses are said to be innate, meaning people are born with them. According to Bierlich, the Dagomba do not only base their traditional medical practices on their culture and beliefs but also discern which illnesses to take to hospitals for injection and which ones they are to avoid being injected (Bierlich 2007). These findings by Bierlich on the Dagomba presuppose that their knowledge of herbal medicine and traditional medical practices is generally influenced by their theories of health and illness as well as their perceptions of reality and the meanings they make and ascribe to everyday events.

In an earlier study by Bierlich, he noted that among the Dagomba, requesting traditional medicine and healing is based on building relationships, where the use of money is frowned upon (Bierlich 1999). Patients or people seeking healing through traditional medicine were/ are required to visit the traditional medicine healer, greet him or her, and make their request (usually by offering kola nuts or cowries as a sign of respect). When the healing is successful, the client will appreciate the service rendered, using other forms of payment other than physical money (Bierlich 1999). This assertion is based on the belief that money kills medicine (thus, selling traditional medicine weakens the potency of the medicine as well as the healing powers of the

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healer). The author discusses the term *tim* as a generic term that broadly refers to African traditional medicine in all its forms and the same applies to Western in the Dagomba culture. The author even recognizes this broader meaning of the term *tim* when he discusses the discourse surrounding the word *tim* in Dagbon society. This demonstrates that African traditional medicine is complex.

Similarly, within the broader Ghanaian context, Kankpeyeng, Nkumbaa and Insoll assert in their archaeological analyses of traditional shrine healing in Northern Ghana that traditional medicine and healing in these shrines are deeply rooted in African religions where theories of illness are very broad (Kankpeyeng, Nkumbaan & Insoll 2011). They found that healing requires the identification of the cause of illness before the application of medicine which is based both on plant and non-plant origins. Even though both studies were based on the archaeological study of traditional shrines and their medical healing practices, it focused on selected ancient sites in Komaland in northern Ghana. It further discussed the dual task the traditional medicine practitioners have concerning understanding the disease and the patients based on their healing practices to establish a balance between human and spirit. This is required to focus more on how traditional medicine is prepared or how healing is practised, and the various forms herbal medicines are administered. Also, the study is largely based on the interpretation of past medicinal practices within the shrine sites as opposed to actual practices.

Also, Timothy Insoll, in his study of the Talensi medicine shrines and medicinal practices, found that the causes of illnesses were believed to be diverse and diagnosing procedures and treatment choices were multifaceted and interrelated (Insoll 2011). Insoll found that healing rituals and social and gendered practices were visible at the Talensi shrines, where healing takes place by medicine men. Though these studies provide meaningful insights into how traditional medicine practices are done in some sections of Ghana, they are largely based on archaeological analysis.

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In a study on “spiritual and indigenous healing practices among the Asante people of Ghana,” Adu-Gyamfi noted that the belief of the people in the supernatural causation of diseases both in the past and present times still enjoins them to rely on the services of indigenous priests Healers for diagnosing and treating diseases (Adu-Gyamfi 2016). The study found that traditional priests, or “Indigenous Priest Healers,” were implored to intercede in events believed to be caused by supernatural forces. Adu-Gyamfi further noted in the study that these priests cured diseases through incantations, spells, preparation of potions, exorcism, and mostly through the invocation of deities (Adu-Gyamfi 2016). The author emphasized that, even with the introduction of scientific or orthodox medicine into the region of modern Ghana, the people of Ghana, including Asante, relied on spiritualists, herbalists, and specialists, collectively referred to as “Indigenous Priest Healers,” for medicinal attention to meet their health needs.

Similarly, Adu-Gyamfi *et al.* found that priest healers were prominent in Asante in the colonial era and were “persons schooled both physically and spiritually in the traditional art of healing for a period not less than four years” (Adu-Gyamfi & Donkoh 2013). The degree of beliefs in deities, ancestral worship, and their associated practices in the nineteenth century ran through the fibre of society, ranging from the paramount rulers to the ordinary members of society. The claims that the belief of traditional Asante societies in Ghana rested on the art of healing through deities are said to be backed by documentary and oral sources.

Further, in a review study, Adu-Gyamfi and Eugenia showed that African traditional medicine and healing systems, which constitute a mixture of herbal (physical), mystical (spiritual) and social elements of society, are quite varied but share similarities in their dependence on the socio-cultural, religious and indigenous knowledge systems of the people (Adu-Gyamfi & Anderson 2019). The authors argued that African traditional medicine has successfully survived the turbulent ages

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and that what has enabled this practice to survive the competition is the secrecy technique employed by the healers as well as the inability or unwillingness of colonial and postcolonial governments to provide a better or sometimes a more advanced alternative (Adu-Gyamfi & Anderson 2019).

In other studies, conducted in Nigeria, Isola examined the relevance of African traditional medicine to the healthcare delivery system. In this study he argued that African traditional medicine is based on the material world, the sociological environment and the metaphysical forces of the universe (Isola 2013). The author notes that traditional medicine in Africa provides primary healthcare, maternity and preventive services to the people in multiple cases such as fracture healing, snake bites and to emphasize, antenatal and postnatal services among others. Isola discussed in detail how healing knowledge is acquired, how diagnoses and healing practices are done and how various illnesses are treated. However, his study employed selected cases of the Nigerian system and concluded by putting up the conception of this as a singular tradition of traditional medicine and healing for the entire African region.

In a study on the African concepts of health, disease, and treatment, Omonzejele (2008) postulated that the African conception of health is embracing and does not only look at the proper functioning of body organs but also the mental, physical, spiritual and emotional stability of the self, family and community (Omonzejele 2008). The author observed that the African conception of health through traditional medicine and healing is broad-based, with healing and treatment based on the use of herbs, the making of sacrifices and conducting divination. This argument links illness causation to human, spiritual and physical means. Omonzejele's (2008) study acknowledges the fact that traditional medicine and healing are based on people's personal perspectives and cultural practices about illnesses, the functioning of the body and the interconnected nature of things in the universe. The study provided an in-depth analysis and conception of health, disease and healing practices

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and made further generalizations concerning the broader African context, albeit the study is based on selected cases in Nigeria.

Ofosu-Amaah's (2005) *"Health and Disease in Ghana"* raises some serious concerns about the traditional health sector. Issues such as safety, loss of biodiversity, inadequate international laws to protect traditional knowledge and the need for Ghanaian health professionals to study and understand the traditional systems of medical practice have been discussed (Ofosu-Amaah 2005). Also, the author asks questions about the Ghanaian traditional medicine practitioners' knowledge of the body structure and system, their willingness to share their knowledge, the notion of traditional medicine treating many disparate conditions at the same time and lastly, the practitioners' lack of consensus on disease causation with rational or scientific justification. The author did not touch on the aspect that traditional medicine practices are culturally specific and based on the people's belief systems, philosophies, theories, and perceptions of reality. Some academics have argued that to insist on and demand the scientific justification of traditional medicine practices rather than verification of the efficacy of their medicinal plants will impose Western notions of medicine and rationalization on African and Ghanaian indigenous or ethno knowledge.

Emanating from the historical review is the idea that a corpus of literature emphasises on the fact that African traditional medicine and healing occupy an important place in contemporary healthcare needs in African and Ghanaian societies, including Northern Ghana.

The above notwithstanding, the existing body of literature are legitimately skewed covering special themes, specialised fields and geographical locations. The examples emanating from the above are as follows: archaeological-based studies (Kankpeyeng, Nkumbaan & Insoll 2011), Nigerian cases (Isola 2013; Omonzejele, 2008), varied cultures in Ghana (Adu-Gyamfi 2015), and pluralistic healthcare

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systems (Asante & Avornyo 2013; Nimoh 2014). There is little, if any, that has been done relative to studies on traditional medicine among the Dagaaba people of North-Western Ghana. Coupled with this, is the invitation thrown by Twumasi (1975, 129) and Ofori-Amaah (2005, 197) calling for culturally specific studies of African Traditional Medicine and Healing.

Method

This study is a qualitative research that employed primary and secondary sources of data. This is anchored on Ritchie et al (2013) who argued, among other things, that qualitative research uses a naturalistic interpretive approach, that is concerned with the exploration of a phenomenon from the interior. The primary sources of data used are mainly non-documentary. The interviewees are native Dagaaba/Dagara practitioners of traditional medicine including representations covering the settled areas of Lawra, Babile and Jirapa in the present-day Upper West Region of Ghana. The consultation of elders (age 50 and above) gave pointers leading to sampling the informants or interviewees. This is because the choice and the guide to medicine men and healers were sought by the elders, even by seekers and consumers of traditional medicine. It is expedient to add that one of the interviewers is an indigene of the study area, and obviously, research into one's own culture is enriched by one's observations and experiences.

Semi-structured questions were used in the form of an interview guide to gather the primary data. Questions about Dagaaba traditional theories of medicine, traditional healers and knowledge acquisition, causation of illness and diagnosis of the same, and some rituals in Dagaaba traditional medicine were asked. The others include questions concerning the oracle "*Bera*", as a spiritual and social medicine in the Dagaaba medical tradition as well as the issue of secrecy in traditional medicine.

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Significantly, individual interviews are construed as a form of communication between a researcher and a research participant in a setting where they engage in face-to-face conversation to construct knowledge. It is a widely used data collection tool in qualitative research, where the researcher accesses participants' world views of reality, meanings, and definitions of situations of interest for research (Punch 2013). The expert informants or interviewees, six (6) in number, were contacted earlier before the actual interview, and their consent was sought before and during the actual interview. All the interviews were recorded using a touchpad voice recorder. In order to ensure the reliability and validity of the data obtained, each recorded audio was played back to the interviewee for confirmation of what had been said. The information derived was transcribed and analysed thematically to satisfy the objectives of the research.

Results

Result 1: Dagaaba theories of traditional medicine/healing

Traditional medicine/healing is one of the healthcare systems among the Dagaaba. Traditional medicine is part of the multiple healthcare systems in Dagaaba. The traditional medicine space consists of practitioners whose medical practices are based largely on their culture, traditions and theories about illnesses, their causation, and the functioning of the human body. Even though similar practices may be known across different domains, medicine and healing practices could be generally culturally specific, dynamic, and based on age of experience.

Lay theories of health and illness are broader explanatory models that are used to explain the origins of misfortune, or the causation of illness based on people's beliefs about the structure, functioning, and malfunctioning of the body (Bowling

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2014; Helman 2007). Foster and Anderson's theory of personalistic/naturalistic and Young's theory of externalizing/internalizing are noted to have laid out explanations of good health and illness causation concerning the functioning of the body (Foster & Anderson 1978; Young 1982). Foster and Anderson's theory places agents such as supernatural beings, gods, ancestral spirits, and humans (through witchcraft and sorcery) as causes of illness under the personalistic causal factors whereas non-personal factors through natural forces (such as heat and cold, winds, and others) are placed under the naturalistic perspective (Foster & Anderson 1978). On the other hand, Young's theory of externalizing and internalizing postulates that forces outside the patients' body but largely within the social world through human interactions (witchcraft and sorcery, jealousy) constitute illness causal factors under the externalizing divide, while forces within the patient's body (largely physiological changes and forces) constitute sources of illness among people under the internalizing divide (Young 1982).

The Dagaaba theories correlate with Foster and Anderson's personality and naturalistic model of illness representation, as they show that illness causation is explained both in what we might frame as socio-spiritual (human) and natural terms. It also hinges on Young's externalizing and internalizing model, since among Dagaaba, certain illnesses are said to be innate based on the individual body quality and other internal forces within the body system, while others are external to the body systems.

An expanded explanation of lay theories of illness, however, is that of Helman, where lay explanations of illness causation are placed in four (4) different but interacting worlds (Helman 2007). These are the individual world, the natural world, the social world, and the supernatural world. One source is within the individual based on his/her creation, internal forces, or physiological makeup (*enga or endaa*) since people are born with certain innate illnesses. In essence, some kinds of illnesses

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are seen as inescapable facts of living and growing up. They are part of people's everyday experiences. When these illnesses are triggered by forces, either within or outside the body, the native expression is 'my illness has stood up', which presupposes that an internal illness has been triggered. The Dagaaba traditional healers' account attests that people could be born with such innate sicknesses (*baalong, gyime, and others*). These illnesses are said to be part of man's creation. They only become illnesses when they are triggered by either internal or external forces or both.

The family constitutes another source of illness since certain illnesses such as 'epilepsy', 'leprosy', 'sickle cell', 'vision disorders 'old wound/sore' and many others are known to be family-related illnesses; thus, they are hereditary. The theory also indicates that people get illnesses from their external environments (poor hygiene, social pollution, physical and spiritual forces). These constitute the social (envy, witchcraft, sorcery), physical (natural forces through the weather, animals, insects, injuries, accidents, and other natural body systems malfunctioning) and spiritual (evil spirits, gods, ancestors, dwarfs, ghosts, witches, and wizards) forces within the universe through which they attribute illness causations.

Based on the individual world, the natural world, the social world, and the supernatural world theories of health and illness, among others, the Dagaaba people postulate that illnesses have multicausal factors and sources. The Dagaaba people and participants in this study argue that a person's consumption behaviour, the natural environment, one's family background, the spiritual forces around them and other social factors (poverty, witchcraft and sorcery) constitute the sources of illnesses. They also contend that humans, spirits, ancestors, God, dwarfs, deities, and physical forces constitute the causal elements of illnesses among people. The concept thus shows that illnesses come from multiple sources and are caused by multiple factors as well.

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Generally, the Dagaaba theories of health and illness causation, like other lay theories, are broader in scope and have a stronger perspective on explanations of ill health. These theories not only recognize the responsibility of individuals' actions and natural phenomena in illness causation, but they also acknowledge that social factors, as well as supernatural forces such as spirits, gods, ancestors, and God, are sources of ill health. These theories also recognize that people's culture, traditions, norms, values, and economic modes all have influences on how they perceive illness and by extension, how good health should be approached. The Dagaaba theories summarily indicate that illness can come from basically three main sources: the person's physical makeup, the sociocultural environment and supernatural forces.

Result 2: Traditional healers and knowledge acquisition

Among the Dagaaba, how one becomes a healer and through what medium, vary in several respects. First, the Dagaaba traditional medicine practitioners held that inherited knowledge constituted an important aspect of traditional medical practice. The knowledge of several traditional medicine practitioners was handed down to them successively from different generations of their ancestry. As witnesses, participants, and more or less apprentices of their forefathers in traditional medicine and healing processes, they came to acquire the knowledge and skills of traditional medicine and eventually graduated to become practitioners. One of the practitioners remarked:

As for me, my traditional medicine practice originated from my forefathers. My forefathers had been healing people of different kinds of ailments, in our old house. Healing people has been part of the tradition of this house (Z. Deri, personal communication, December 16, 2022).

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Deri and several healers in Dagaaba are deemed to have inherited their knowledge of traditional medicine from their ancestors. Various specialists often acquire their medical knowledge through inheritance. Some of the specialties include herbal healers, bone setters, traditional birth attendants, and specialists in spiritual healing. Even though they specialize in different areas, according to the Dagaaba traditions, their knowledge acquisition is often through family lineage. Their grandparents and parents were healers and taught them how to heal through observation, tutoring, demonstrations, and guided practice.

Another source of acquiring healing knowledge besides the family is through the search for medicine to cure one's illness and thereafter learning how to heal through apprentice training under the medicine practitioner, both of whom are not related through blood or family. Some traditional medicine healers claimed to have gained their medical knowledge this way. In an interview with one healer, he stated that:

When I was not yet a popular healer, I went about and acquired herbal medicines and cured 'minor or moderate ailments' which I suffered myself and those of my neighbourhood. I used to rely on common knowledge about medicine and healing and I was always successful when I applied the treatment to myself and also to people who come to me. It came to a time when sick people were coming to me with complex problems, so I decided to travel across the Black Volta from Ghana to a community in Burkina Faso to acquire more knowledge and power concerning using traditional medicine to heal sick people. That is why I now have a lot of expertise in healing people (Bernado 2023).

He equally acknowledged that a few other healers initially cured themselves of some sort of ailments using common knowledge, and that formed the foundation of their medical practice. They eventually sharpened their knowledge and expertise through tutelage under more knowledgeable and famous traditional medicine practitioners (Bernado 2023). Again, in an interview with another healer, he shared that:

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I have trained at least three healers who have migrated and settled in the southern part of Ghana. As qualified trainees, they are now qualified healers offering traditional medicine healing services like spiritual and herbal clinics for their clients. Trainee healers come individually to me to acquire advanced techniques in traditional medicine. Some of them had already built an appreciable foundational knowledge and have had unique experiences of curing people from several ailments (Bililoh 2023).

The above further confirms that among the Dagaaba of North-Western Ghana, one method of acquiring traditional medicine knowledge has been the use of common knowledge to cure an individual's own illness, and thereafter build upon it through further internship under more knowledgeable practitioners.

The third means of gaining healing knowledge is by learning to heal from others outside the family. This appeared to be similar to the second, but the difference is that, in the second case, the person is pushed by illness, and in the process of healing oneself, he/she learns the art of healing. In this particular form, however, the learner contacts as many specialists as he can to learn how to heal different ailments. This often takes the form of apprenticeship by regularly visiting and witnessing the medicinal and healing procedures from the source of knowledge. One informant hinted that:

There are low-class medicine men around. They also heal people's ailments with what they know. They use their experience from their environment, what they have learnt from experienced healers, and what they have mastered on their own to attend to ailments that they can deal with (G. Totoh, personal communication, December 18, 2022).

In his study of the Talensi healers, Insoll (2011) described such a method of knowledge as "personal and family remedies." These were either developed through drawing upon local experiments and the environment or by bringing in knowledge from

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elsewhere. These may include first-hand experiences by healers being cured themselves, and further deploying the curated medicinal knowledge by the family to cure others (Insoll 2011).

The fourth means is through spiritual calling. These healers specialize in healing different kinds of spiritual illnesses. They acquire their knowledge through inspiration or direct communication with spirit beings. The spirit beings include the pantheon of gods, mono-deities, shrines, and dwarfs. Some of the healers who were our interviewees held the view that the principal aspect of their traditional medicine or healing knowledge was based on spiritual direction. An informant remarked:

There are some ailments which required the traditional healer to be directed by the spirits concerning what is causing an individual to be sick or have an ill health and which medicine to give such individual who is suffering from ill-health. This also includes the prohibitions to follow so that the sick will be freed from that which is causing his/her suffering (G. Zegzu, personal communication, November 14, 2022).

Dove (2010) found that in northern Ghana, a child or adult may acquire the knowledge of traditional medicine healing through the spiritual calling of a shrine or deity if he/she shows a predilection for interest in herbs (Dove 2010). In the alternative procedures, others used herbs prescribed to them by spirit beings, while others used both herbs and spiritual potency to heal both spiritual illnesses and other natural illnesses.

The informants of this research have established four different means of acquiring healing knowledge among the Dagaaba medicine men. These are through hereditary means: passing the career through the family lineage originating from the ancestors; training apprenticeship under medicine owners, spiritual calling from the deities and dwarfs (*kontonni*), and lastly, based on the search for treatment for oneself and then learning the art of healing in various practices. These ways of medicine

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knowledge acquisition corroborate what is established in the works of Bierlich, Insoll, Dove, and Abukari, all of which are relative to Northern Ghana (Bierlich 2007; Insoll 2011; Dove 2010; Abukari 2016).

Result 3: Illness causation

Relative to the Dagaaba theories, culture, traditions, and general existing research works, illnesses are caused by natural forces (innate illnesses, family line or heredity), spiritual causes (the gods, ancestors, deities, evil man, witchcraft and sorcery), socio-cultural causes (curses, violation of cultural norms/prohibitions, infliction by oracle), personal causes (the food eaten, stress, substance abuse, alcoholism, injury from daily routine) and environmental (poor hygiene, insects, snakes, germs and the weather). These causal factors can thus be put into categories such as natural causes, social-cultural causes, spiritual causes, environmental factors, and individual lifestyles.

The concepts of illness and disease causation are regarded as a major part of the explanatory framework for diagnoses and treatment in the long-held traditional medicine and healing among Ghanaian cultures including the Dagaaba of North-Western Ghana. In this regard, the Dagaaba medicine men give weight to either natural or artificial causes in their procedure of diagnosis since these are major pillars in their wider set of assumptions with respect to disease and illness causation.

Accordingly, the Dagaaba notions of illness causation are elaborate, complex, and interrelated since there is always some amount of spiritual inclination to many illnesses, as divulged by the majority of the informants. One of the informants indicated that:

Some of the diseases/illnesses can be this way or that way. A snake bite can be natural or spiritually sent by one's enemy; a fracture or

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dislocation can be caused by a natural accident or through human spiritual manipulation. If you do not check or do a proper spiritual investigation to see to the end of the matter, you will not know the real cause of an individual's ill health or challenge (D. Borweh, personal communication, December 9, 2022).

The emphasis on the duality of forces (natural and spiritual) behind every illness could be the reason why some of the healers contend that traditional healing among the Dagaaba is largely based on the spiritual dimension and that every 'healer' is a spiritualist since natural illnesses could still have some amount of spiritualism attached to them. In a similar study concerning spiritual medicine and healing among the Asante, Adu-Gyamfi noted that traditional Ghanaian societies, including Asante and Kumase in particular, believe that sicknesses are caused by factors including a misdemeanour on the part of an individual or based on the activities of malevolent demons, invocation of the powers of deities or curses and sometimes the activities of witches (Adu-Gyamfi 2016).

Results 4: Diagnosing illness

Finding out what kind of illness a person is suffering from and what causes it is considered the beginning of the healing and treatment process in most medical systems. The diagnosis is what determines the kind of healing to perform and also whether or not to refer the patient to another healer or a different health system altogether, as could be the case with the transfer of clients from a traditional medicine healer to a Western medicine facility for healing and vice versa.

Among the traditional medicine healers, it also indicates the status of a healer as either a powerful, high-ranking healer or a 'low-class' category. Some major

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questions that are asked during diagnosis among traditional healers in Dagaaba include the following: *What kind of illness is the person suffering from? What is the cause of the illness? Why that person? Which type of medicine should be administered, or which healing procedure should be adopted to heal the illness? Can the healing of the illness be successful?* These questions are deemed to be relevant since healing cannot possibly commence without the healer knowing the patient's illness. Also, the cause of the illness has to be ascertained based on why the particular person or individual is suffering from such ill-health before questions relating to whether the healer will successfully heal the illness are addressed. Both traditional healers and clients know that healing also involves some degree of interplay of probabilities of success or failure, which Bierlich described as "luck" in the healing procedure (Bierlich 2007).

How do they identify a disease or an illness a person is suffering from? In relation to Dagaaba traditional medicine healers, several diagnostic approaches are employed, some of which are the same as those administered by Western medicine practitioners. Such common ways of diagnosing illnesses could include 'patients' narratives, physical signs and symptoms, body colouration, and internal movements and sounds within the body. These common means of diagnosing an illness are summed up in the informants' assertion that:

Traditional healers perform body examinations for skin colour changes, joint movements, abnormal shapes, vomitus, stature and posture, and unfamiliar body sounds in diagnosing illnesses. There are other individual diagnostic approaches based on their knowledge and powers as well as their lay understanding of illnesses. Other healers like myself have charms we use to diagnose illnesses (Z. Deri, personal communication, December 16, 2022).

These forms of spiritual diagnosis are the distinguishing features that mark out some traditional healers among their colleagues. As in the cases of spiritual illnesses, where in some cases no physical signs or symptoms are demonstrated, the healers relied on spiritual diagnoses by 'looking beyond the physical'. It has been found that most

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Ghanaians prefer healers who can foretell the future or make precisely accurate diagnoses and predictions (Feierman 1985). This is described by an informant that explained:

A healer who can foretell the future is known or described in the Dagaaba traditional medicine circles or traditions as having “four eyes”. Having “four eyes” as an accompaniment in healing, adds to the medicinal and spiritual functions of a healer. Also, having spiritual powers and the ability to diagnose illnesses spiritually is an important feature of defining you as a powerful healer, which also defines several healers in the Dagaaba society as powerful spiritualists (Z. Deri, personal communication, December 16, 2022).

Another means of diagnosing illnesses is through divination and consultation with diviners and soothsayers. It is held that among the Dagaaba Medicine healers in North-Western Ghana, healers who do not have certain powers to tell the nature of illnesses and what has caused them would visit diviners for consultation. The diviners consult the gods, ancestors, and deities to reveal the explanation of the illness or the condition at hand. Healing, therefore, requires the identification/diagnosis of the cause of the illness before the prescription of medicine and thus divination becomes very important (Kankpeyeng, Nkumbaan & Insoll, 2011). In this regard, diagnosing illnesses among the Dagaaba traditional medicine space remains a crucial subject.

The persistence of using divination in diagnosing and treating illnesses and misfortunes attests to the importance of causation, especially if there is a suspected shift in causation due to a highly charged cause in the human or spirit realm. Usually, consultation with a diviner is not undertaken until there is sufficient reason in the kin group of the sufferer to suspect causes other than natural ones. From the accounts of the healers, such a precipitating factor may be the worsening turn of a sick person, a sudden and mysterious affliction of illness, the coincidence of sickness with a conflict

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in the close social environment of the sufferer, or the occurrence of a disease or illness on only one side of a lineage. In such cases, the clients are looking for answers to questions such as “*Why did it happen?*” but “*Why us?*” and possibly “*Who caused it?*” and “*What should we do about it?*” Apart from influencing the referrals of patients, it also makes Dagaaba Medicine healers emphasize the “*what*” and “*why*” elements for the treatment of an illness (what is the illness and its cause and why a particular person is infected by an illness), followed by issues on how it will be treated.

These procedures are predicated on the assumption that sickness or other misfortunes may be caused by an untoward turn of events in the human or related spirit world (Janzen and Green 2008, 5). The immediate cause or agent, such as the sign or symptom of disease is thought to require interpretation in the light of ultimate natural, human or spirit agents. Thus, despite widespread acceptance of modern science and Western medicine’s healing systems, divination continues to be a common method for discerning the dividing line between that which is caused by man and that which is caused by the environment.

Result 5: Some rituals in Dagaaba traditional medicine

Like most other medical systems, healing and treatment practices under traditional medicine are generally engulfed with rituals and ceremonies, most of which either have spiritual meanings or are used to foster culture and relationship building between healers and clients on the one hand and healers and society on the other. Also, aspects of the rituals and ceremonies connote cultural and symbolic functions. In affirming the procedure and efficacy of herbal medicine healing in northern Ghana, Osseo-Asare indicated that the success of a herbal drug for colonial officers in the northern Gold Coast depended on colonial subjects, where chemists relied on African

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informants to collect samples for laboratory analyses; then officers leaned on chiefs to commandeer plants for their drugs (Osseo-Asare 2008).

One important ritual dimension in healing practices relates to the use of the sacrificial animal and its colour. Many of the informants recounted that in healing one illness or another, the patient would have to provide such animals as a red or white cock, black hen, guinea fowl, white male sheep, mixed-coloured goat, or other distinctive types of animal, in respect of treatment for their ailments. What this means is that different animals with different colours are used in many sacrifices during healing, depending on the nature of the illness and its cause. This could also mean that most of the illnesses that involve making sacrifices during healing are spiritual, and therefore, there is a need to compensate the origin of the medicine and healing, thus the ancestors, gods, deities, and shrines for their services.

But what is the reason for using different animals with different colours to make sacrifices in traditional medicine among the Dagaaba? As narrated by the informants, the Dagaaba medicine healing traditions held two reasons, and possibly more. The first reason was to show appreciation to the ancestors and those who were the owners of the medicine that the healer drew on to heal particular illnesses. Another reason related to the spirit beings within the healing medicine. These spirit beings will feed on the blood of the sacrificed animal as their food and then work to remove the illness from the patient. One of the informants expressly stated:

You know! The type of animal and its features to be sacrificed for curing the ailment are normally listed by the ancestors or the gods and you see that each illness has a fixed requirement of animal(s) for curing it, regardless of who is coming with that condition" (N. Bililoh, personal communication, November 26, 2022).

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Related to the above is another aspect of sacrificing to the spirit beings even when harvesting some herbs in the case of herbal medicine for healing. Some Dagaaba traditions explained that:

For certain plants before you can take their parts as herbs, you need to sacrifice a cock, hen, or another category of fowl to them because spirits are inhabiting the tree or plant. So then, “you need to ask for permission from them before you cut the plant” (N. Bililoh, personal communication, November 26, 2022)

This notion of sacrificing to ancestors or other spirits and gods in traditional medicine shows that traditional healers recognize the existence of the spiritual world and the links that humans have with it. It further shows the interrelationship humans have with plants, animals and spirits. This relatedness of humans and spirits could explain why healing under traditional medicine is argued to be diverse and targets many aspects of human existence.

Another instance of ceremony or ritual noted in healing, especially in healing fractures, is the practice of breaking parts of a cock to correspond with the part of the patient’s body that is fractured. That is, if the fracture is on the arm, the wing of the cock is broken and if it is on the leg, the leg of the cock is broken. Then healing is provided for both the cock and the patient. Whatever medicine is applied to the patient, the same is given to the cock. The belief behind this ritual is that when the cock heals, the patient heals too. It is also believed that this cock is never sacrificed or stolen. With regards to why this is so, the response has been summarized as follows:

Anyone who steals such a cock will have a fracture and will reveal his/her identity since he/she will be brought for healing. It is a tradition passed down to us by our fathers. (D. Borweh, December 9, 2022).

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Result 6: Spiritual medicine among the Dagaaba of Northern Ghana

Spiritual medicine refers to the type of medicine for which no logical or rational explanation can be ascribed (Adu-Gyamfi 2016). It is not differentiated from the traditional belief system because in both cases, the religious priest and the African Traditional Medicine Healer offer some form of cure for diseases employing supernatural effects.

Spiritual healing among the Dagaaba has been a major component of the traditional medicine system. Spiritual healing involves the cure, treatment or management of illnesses that are believed to have spiritual causal origins (Bierlich 2007). It tries to provide a balance between the patient's physical and social world and the spiritual one. These illnesses could be caused by human spiritual involvement, or by other superhuman beings such as dwarfs (kontonni), ancestor spirits, gods or deities. It is widely held among the Dagaaba that spirit beings such as the ancestors (kpinni), have the function of rewarding the descendants with success, but could also punish them if found to have deviated from established social norms, which include prohibitions. As a departure from other illnesses, spiritual illnesses require some special diagnoses that may not be based much on the physical symptoms of the illness (Abukari 2016).

In the Dagaaba traditions, many spiritual healing practices involve rituals, cleansing and ceremonies. In a sense, spiritual healing is a way of acknowledging the spiritual dimensions of nature and how humans, through their social and physical interactions, must ensure a balance with it or be in harmony with it. This has been recognized by the Ministry of Health's code of ethics, which observes that disease causation in traditional medicine has both spiritual and physical (psychosomatic) dimensions (MOH 2003). Thus, spiritual healing may go beyond the human self to

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include the entire society as in pacifying gods during drought for the rain to fall, performing rituals, offering assorted materials at the crossroads in certain directions, families sacrificing to their ancestors and family spiritual medicine for the protection of the entire family.

Some of the common illnesses that are treated through spiritual healing include what is regarded as mental disability, old wounds or sores, epilepsy, barrenness and some unfamiliar or strange illnesses. It is also important to note that they still acknowledge spiritual involvement in the treatment of other common illnesses, since the healers have long held that traditional medicine healing is more spiritually based than knowledge-based, and many of our informants agreed to the existence of both. The healers would chant, invoke, or incant some unique verbal recitations for the patients to cast away the spirits that were responsible for the patient's illness. It is the practice that when a particular illness is diagnosed as having been caused by spiritual agents, it has to be treated spiritually. Abukari, Adu-Gyamfi, Bierlich and Tabi *et al* gave similar findings when they indicated that the relevance of spiritual healing and spirituality cannot be separated from traditional medicine healing because of the vital role spirits play in the lives of some Ghanaians (Adu-Gyamfi 2016; Abukari 2016; Bierlich 2007; Tabi, Powell & Hodnicki 2006).

Results 7: The issue of secrecy in traditional medicine among the Dagaaba of Northern Ghana

Secrecy, in its diverse forms, is seen as an important human phenomenon. In some instances, it is used as a means of communication; in others, it is used to conceal information or identity (Abukari 2016). In the field of medicine, secrecy has often been interpreted differently. In the practice of Western medicine, secrecy has often been seen as confidentiality, a professional practice that is held in high esteem. According

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to the Ministry of Health, modern medical practitioners are supposed to keep the medical conditions of their patients secret both from other patients and from the public (MOH 2003). When they can do this, they are trusted, praised, and regarded as having observed professional medical standards and codes of ethics.

The same perception of secrecy has not been given in traditional medicine's healing practices. Some practitioners in Western medicine do have a very unjustified interpretation of secrecy as used in traditional medicine. The common interpretation given to it is that traditional healers practice secret occultism or hold their knowledge in secrecy without disclosing it for public benefit (Bierlich 2007). But among the Dagaaba traditional medicine milieu, it is established that secrecy performs several important roles.

Secrecy has been an old oath in the Dagaaba traditional medicine circles or practitioners. Osseo-Asare has noted that poisoned arrow technology including herbal medicine healing was prevalent among the people of Northern Ghana (Osseo-Asare 2008). Nonetheless, for several centuries, details on their manufacture were kept secret and undisclosed to non-natives, non-medicine men and the Europeans at coastal forts. It is further documented in records that among the Wala and Gur-speaking communities in the colonial era, secret recipes for red-tipped arrows and war medicines were known to religious and healing figures such as the medicine men, land priests or tindana who often prepared the poison and accompanying remedy in secluded parts of the communities ahead of offensive attacks (Osseo-Asare 2008). Even European personnel such as the British medical officer for war victims, Sergeant Garland, became aware of the secretive nature of Gold Coast traditional medicine healers when he noted in 1899 in Northern Ghana that, "it is highly improbable that African natives against whom we were fighting would give any information with regards to such a secret and virulent herbal medicine and their remedies" (Osseo-Asare 2008).

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In the first instance, secrecy in Dagaaba traditional medicine has been found to perform a similar function as patents. It is a strategy which traditional healers use to protect their intellectual property in traditional healing. The practice among most healers is to withhold information about one particular herb or the healing procedure from someone they don't trust very well. In this way, the healers would hold on to the power of their knowledge and its sources and often dispense it when sought for, called upon by health seekers who needed their services.

Another role, which is common knowledge among the Dagaaba, that secrecy performs, is the protection of patients during traditional healing. Some illnesses are known to be very complicated or dangerous among the Dagaaba. Hence, when such illnesses are diagnosed in a patient, they might have serious psychological effects on the patient. This function of secrecy as it is applied in traditional healing is known in the Dagaaba tradition.

One could imply that this role of secrecy performs a psychological function that is equivalent to counselling within the Western Medicine System since sometimes patients are given counselling before the results of their medical tests or diagnoses are made known to them. It is also pragmatic in the sense that healers know that patients though ill, still need some peace of mind in order to be able to eat and drink well. In fact, one of the common means of administering medicine within traditional medicine is through oral administration of the medicine.

The Dagaaba traditional medicine healers also held that the idea of secrecy was used to protect the potency of spiritual healing medicine and the healers' track records. It is believed that some spiritual illnesses that are caused by human beings (through witchcraft and sorcery) are very difficult to heal since the one behind the illness can fight the healer, the medicine or both. Therefore, in healing most human-

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caused spiritual related illnesses, the process is done in secrecy to protect the potency of the medicine. Similarly, secrecy is also used to protect traditional healers' records.

It is also known, in the Dagaaba medical traditions that, when patients do not survive their illnesses, many healers will refer them to other healers or give the patient medicine and ask their caretakers to take him/her home. This is usually done in secrecy because the healer will never tell the patient that he/she will die of the illness. Also, some traditional healing processes involve making sacrifices, performing rituals and other ceremonies. In respect of the Dagaaba beliefs and cultural norms, these things must be done in secrecy, hence, the notion that traditional medicine is a “secret matter” within Dagaaba culture.

Based on the accounts of the traditional medicine healers in the Dagaaba society, the concept of secrecy has more dynamic functions in traditional healing and among traditional healers than just being an occult practice or a way of keeping their knowledge to themselves. Benefit sharing could also be discussed with them as recognition of their property rights and as co-owners of the knowledge.

It has also been noted that the requirements for protection under international standards for patent law as well as national conventional patent laws are inadequate to protect the property rights of indigenous and traditional medicine knowledge and those who hold it (Ofosu-Amaah 2005). Therefore, these people who are directly affected often become marginal actors in the implementation of norms relating to their knowledge. This is partly the basis for the reluctance of traditional healers to release their knowledge freely to users and patients. This points to the fact that traditional healers do not only lack adequate laws to protect their knowledge, but they are also often excluded from decision-making processes that deal with the use of their knowledge and other traditional practices deemed valuable to society.

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Result 8: The oracle (Bera) as a spiritual and social medicine in the Dagaaba Medical Tradition

Janzen and Green observed that social codes and the power of the arts and words are considered important in shaping health in sub-Saharan Africa (Adu-Gyamfi 2019; Janzen & Green 2008). The arts, therefore, constitute an important dimension in African traditional medicine and healing. Historically, it has been particularly important in matters of public health in Ghanaian societies. Public health in this context has been defined as “all organized measures, whether public or private to prevent disease, promote health and prolong life among the population as a whole” (Adu-Gyamfi, Dramani & Amakye-Boateng 2017).

There is a widespread artistic and verbal concept reconstructed as oracles to discharge the role of social prohibitions, norms, and the consequences of their violations. This is mentioned with reference to the restriction on eating or killing one’s clan or individual totems, looting and unwarranted destruction of the properties of others. These prohibitions help individuals adhere to social codes in general, including health-promoting restrictions on such things as overconsumption of alcohol, overeating, or any excesses that are detrimental to the health and well-being of the individual or group within the society or the community at large.

In “Symptoms and Strangeness in Yoruba Anti-Aesthetics,” David (2005) describes the ritual (*le*) in Yoruba as a “visual guidepost of moral excellence” which assumes several artistic forms; for example, a dry empty snail shell hung on a tree, a piece of broken calabash with some painting usually with a black substance or assortment of articles put together in some artistic form (David, 2005). The author situates this form of practice as socio-spiritual control of public health.

In similar works, Naaek described one form of public control of health and morality called *bera* among the Dagaaba of Ghana. The Bera (oracle) is an artistic

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spiritual object that is designed out of the arrangement of assorted articles or objects to protect properties and is usually placed at a location that makes it visible to anyone who comes into contact with the property that it is meant to protect (Naaeke 2006).

The objects used to design the *bera* are often obtained from familiar assortments, such as an empty corncob, broken calabash, a crafty arrangement of broomsticks, snail shells and cowries, horns of animals, metal arrows, a worn-out shaped knife or cutlass, with a smear of black or white concoctions, etc. As stated above, the *bera* is not simply seen as a piece of art. The *bera* is usually crafted and various forms of spirits are invoked on them to enhance its potency or effectiveness and to protect the property through its physical appearance, and moral and spiritual appeal to whoever approaches it. It would then be physically entangled with the property(ies) in a conspicuous location such that truly visible to any potential intruder approaching the object/property at first sight.

In the Dagaaba society, the properties that are often entangled with the oracle (*bera*) for protection are economic trees including mango, shea, dawadawa among others. The oracle could also be invoked to protect other valuables which include distant farms, some kinds of trading items, other forms of stationary properties, kraals of cattle or other animals and demarcated locations in a household.

The owners are said to invoke the spiritual power of their possession on the *bera* thereby calling on that spirit to strike anyone who steals, destroys, or wastes their property. It has a spiritual dimension in the sense that a spirit is invoked upon it to guard the property and punish anyone who steals the property in violation of the cultural or moral norms of the Dagaaba communities. The items required for the creation of the *bera* (object) and the invocation of spiritual power upon it (word), further defines the *bera* as a substance that possesses spiritual power and moral control over persons.

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Through its visibility, the *bera* communicates symbolically or spiritually to a person, and challenges that person or a potential intruder to examine its symbolic significance, respond to its moral message, and beware of the spiritual consequences. In other words, the *bera* as a symbol engages the individual in a visual dialogue whereby seeing and being seen, a person is called to refer to his/her cultural dictionary in search of the meaning, interpretation, and desired response to the object in front of him/her (David 2005). An interviewee remarked:

Although different in many respects, the *bera* may be compared to the modern surveillance camera which says: "I am watching you, do what is right". In other words, the *bera* engages a person in some form of dialogue that leads to moral action, and the protection of health and wellbeing. It can be likened to an arrest; especially when a person's illness is diagnosed as being an attack of the *bera*. Before the present times, the setting of the *bera* was the principal way of providing security and protection for private property in our society. Its functions ranged from health to security, as well as moral control (G. Zegzu, personal communication, November 14, 2022).

On the extreme, in the Dagaaba society, the oracle transcends from being a dialogue (between an intruder and a valuable object of interest) to a public command on the need to observe the high standard of morality. It was believed that failure to comply was accompanied by consequences on the health of individuals, families, lineages and even the entire society. This is said to be comparable to public health as an aspect of Western medicine and contemporary health practices.

In the Dagaaba tradition, some instructions of command found on the symbol of the oracle (*bera*) include "Do not steal this from here, do not interfere with these things, do not destroy, or this will happen to your health. The other include steal, and you will be like this" among other things (David 2005). As Eugene Suom-Dery rightly affirms, the Dagaaba/Dagara child is born into a symbolic world and house.

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Participating in these symbols he gradually understands them; but often the meaning of the symbols is explained to young people in order to motivate them to live the meaning, values, visions, norms, ideals, expectations and aspirations that they represent and signify (Suom-Dery 2000). By learning the meaning and significance of the *bera*, the Dagaaba native is challenged to respond appropriately to this symbolic moral voice right in front of him/her, as a moral obligation, but more importantly to safeguard his/her health.

As a situated oracle in respect of its functions, the *bera* involves a summons to moral action, but also an appeal to the conscience. The *bera* summons a person to decide whether to steal or not to steal, to live up to the cultural values it represents or to ignore the cultural mores. By extension, the person is challenged to protect his health, by complying with the 'do not' as commanded by the *bera*. By growing up and learning the social norms and prescriptive sanctions for good or bad moral action, the native person (Dagao) knows that the punishment for his/her bad behaviour could affect him/her directly or it could be diffused to include his/her relatives or even the entire community.

As an appeal to the conscience, there is a psychological dimension to the relationship between the *bera* and the would-be intruder in the sense that the *bera* touches on the guilty conscience of a person, if the person intended to do the unlawful. The informants noted that people's penchant for the unlawful has been the main cause of many illnesses, except for natural or innate illnesses. The intruder experiences feelings of guilt or a lack of guilt depending on a number of situations.

The person may not feel guilty and may not be punished if he/she meets certain conditions before interfering with the property being protected by the oracle (*bera*). First, if the intruder does not see the *bera*, he/she is normally not affected by the power of the *bera*. Secondly, the intruder can seek permission from the *bera* by explaining to

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it that he/she is in great need to survive (such as hunger), hence requiring the item. By asking permission, the intruder avoids being punished by the *bera*. Thirdly, if the intruder is an extended blood relative of the property owner and invoker of the oracle (such as a nephew, niece, step-siblings or external grandchild), the *bera* does not punish. Nonetheless, this criterion is contingent on the intention of the intruder to extract or take the item – with or without ill motives. Finally, if the intruder has no intention of destroying or vandalizing it, they are normally not punished by the *bera*. Admittedly, these exceptions varied slightly from location to location in the Dagaaba/Dagara society.

Initially, the *bera* appears to the observer as a mere object but as the observer is confronted by it and begins to search through his mind for the meaning of this object, he/she realizes that he/she is face-to-face with an active agent of cultural, moral and health significance. At this moment, the observer is “made subject and told before the eyes of the owner and invoking power, and hence expected to respond appropriately, by locating herself /himself as a suspect”.

From the accounts of the informants, some of the illnesses that are traceable or can be diagnosed as being inflicted by the *bera* range from physical signs of illness to those of internal conditions. They included a swollen eye, swollen cheek, twisted mouth or neck, a crooked upper or lower arm, a disabled lower or upper arm, a bloated stomach, swollen enamel among others. The others are epilepsy, impotence, dehydration, blurred vision, and in extreme cases sudden death. The kind of illness or health condition believed to be caused by the oracle is said to be dependent on the kind of physical design as well as the source of spiritual power invoked on it by the owner(s).

For many Dagaaba, the power of the *bera* to punish or cause sickness and even death to people who disregard its summons is unquestionable. It is regarded that the

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physical appearance of the *bera* illness on a victim is meant to show public ridicule for having disregarded social norms/prohibitions, but also that the internal pains are intended to remind the victim of the consequences of violations. The Dagaaba can point to or cite examples of people who disregard the *bera* and were punished with sickness, some mishap or even death. They can also give examples of people who disobeyed the *bera* and stole property without consequence because they met some criteria. Nevertheless, belief in the efficacy of the *bera* is generally acknowledged and feared.

The Dagaaba have a deep fear for the *bera* powers because of their punitive fury, which can be drastic and immediate. The punishment issued by the *bera* spans from immediate, medium-term to long-term, and could range from drastic to menial, which is also contingent on the gravity of the violation(s) in the judgement of the *bera* and its owner. Therefore, the relationship between Dagaaba and the spirits is one of fear and caution; fear of punishment and caution not to offend the spirits. Even though the fear of the *bera* is beginning to fade among Dagaaba Christians and literates, it must be stated that these people still have significant concerns about the *bera* and its functioning. It is therefore imperative to state that such fear for *bera*, even among the Christianized and Islamized in the Dagaaba community is not reverential.

Discussion

The themes arising from the research included Dagaaba theories of traditional medicine and healing, traditional healers and knowledge acquisition, illness causation, diagnosing illness, some rituals in Dagaaba traditional healing, spiritual healing among the Dagaaba of Northern Ghana, the issue of secrecy in traditional

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healing among the Dagaaba of Northern Ghana and the Oracle *bera*: a spiritual and social medicine in the Dagaaba medical tradition.

Concerning Dagaaba theories of traditional medicine, we understand that it consists of practitioners whose practices are largely based on their culture, traditions and understanding of illness. In a similar study by Adu-Gyamfi et. al. (2020), concerning the Kwawu people of Ghana; they argued among other things that the cultural values of any group of people correlate with their practice of medicine (Adu-Gyamfi et. al. 2020). In many respects, the notion of health and well-being cannot be construed outside of the peoples' notion of health, well-being, illness and suffering among others. We have already argued that Dagaaba theories correlate with Foster and Anderson's personality and naturalistic model of illness representation, as they show that illness causation is explained both in what we might frame as socio-spiritual (human) and natural terms. Indeed, the constitution of the World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 2023). The dynamics of the discussions on social well-being are anchored in indigenous knowledge systems as espoused in the results of the study. It is inextricably interwoven in the non-herbal components of the medical therapies of the Dagaaba people. In an earlier study, Inhorn and Brown (1990) argued that diseases vary among cultures. In our contemplation, such variation must be respected even in the current policies including implementation in specific jurisdictions.

The above notwithstanding, what is equally critical is not only a more nuanced framing of how people define diseases, health and well-being within their socio-cultural settings. The other critical question has been how practitioners are initiated into their practice through the rudiments or training in traditional healing and medical practice. Earlier studies by Adu-Gyamfi (2015, 2016, 2023) concerning the Asante people of Ghana show the diverse nature of practitioners cum specialist and

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the degree of the training they undergo before the traditional medical practice is handed over to them by master practitioners, spirit, soul and body. Similarly, in an earlier study, Twumasi (1975) gives the distinct tutelage healers under apprenticeship had to go through before they were fully initiated into the traditional medical milieu. This form of training included deciphering by an expert healer, which spirit has possessed a novice before admission into the healing school. The apprentice would go through a series of training like divination, water gazing, and identification of herbs among others to heal the sick. This took a period of three to four years as amply discussed by Adu-Gyamfi et al (2017). In the present study, we equally find that the Dagaaba healers including the specialist healers went through some training to prepare them for their respective practices within the Dagaaba community. The idea of a hocus-pocus practice is rather a European mislabelling of traditional medical practices in the African context and the Dagaaba community in particular. A more nuanced interpretation will rather show that the physical and socio-cultural (spiritual) dimensions of health engage in some systematization in training and provision of healthcare to the African populations that enlist them. Indeed, the Dagaaba traditional medical knowledge and practice further consolidate this claim. Comparatively, in an earlier study by Kareru et. al. (2007) concerning the ethnobotanical information and traditional medicines of the Embu and the Mbeere of Kenya, men and women, whose ages ranged from 40 to 80 and were Christians with little formal education were interviewed. The irony is that non-Christian herbalists who were purported to combine herbal medicines with witchcraft were not interviewed. Notwithstanding this irony, they found that healers were able to use different herbal/medicinal plants to treat different diseases. Some of the diseases include malaria and typhoid. It further suggests that ethno-knowledge has been built over time concerning the application of herbs and other medical forms that are historically endemic in respective local communities in Africa and among the Dagaaba of Ghana in particular.

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Within the framework of training and practice, the healers in Dagaaba also specialised in diagnostics and prognostications. It is essential to add that this current study is consistent with earlier studies like that of Twumasi (1975), which emphasizes the social causative elements in ascertaining the cause of ill health and the mode of treatment. Similarly, Janzen and Green (2008) discussed the pragmatic and empirical strategies of African healers, namely: bonesetters, and midwives, including specific interventions that were made for ailments like fever, rheumatism, intestinal disorders, parasites, lactating deficiencies, earache, toothache, headache, epilepsy, and menstrual disorders including a host of others. To emphasize, our study iterates the substantial notion of African therapeutics and the skill of deciphering the cause of ill health and the means of providing healing/cure to the individuals or communities that suffer from maladies.

Again, in ascertaining the course of ill health and the provision of care, the Dagaaba people sometimes deployed magico-religious strategies. Here, the use of the bera oracle, expatiated in the results of the current study further emphasizes the social causative theories as an endearing pragmatic strategy by the Dagaaba people in ascertaining the cause of ill-health and how to resolve the health puzzle. If the individual had committed any misdemeanour or an offence against another or the oracles, it required some elements of propitiation. Beyond this, there is the need to reflect on diseases that have emanated as a result of social dissonance. For example, building in waterways, choking drains, and eating meals that are injurious to individuals' health and well-being are construed historically and anthropologically to have a basis for causing ill health. Such practical notions including spiritual notions have guided African therapeutics including the Dagaaba people of Ghana.

Anchoring the above discussions on the account of oral and written sources, it is clear that the indigenous traditional medicine and healing system among the Dagaaba/Dagara society is composed of multifaceted dimensions, as it has been for at

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least the past century. They include herbal, spiritual, and specialities such as bone-setters.

Traditional medicine was the sole medical system, through which Dagaaba/Dagara traditional healers treated various illnesses among all age groups, based on their knowledge, techniques and African traditional beliefs. Since the introduction of Western medicine into the country, they now recognise and collaborate with modern Western medicine healers in the treatment of their illnesses.

Among the Dagaaba, knowledge of traditional medicine is transmitted through oral means and direct observation of the healing processes, by the learner. For many healers, their knowledge of healing is acquired through the family lineage, where practising parents or grandparents teach the 'apprentices' the names of herbs and the illnesses they are used to treat, as well as the practices involved, customs and norms to observe, in the treatment process. It is also found that others get the powers for healing illnesses through spiritual calling or possession when one is "seized and taken away" by things such as the dwarfs and gods to receive tutelage. The acquisition of the knowledge of healing through this means is often, but not exclusively, associated with a traditional shrine where supernatural beings instruct the healers who could be traditional priests or non-priest medicine learners.

It is also worthy to note that as descendants who continued the tradition of their forefathers, the Dagaaba traditional healers base their knowledge of medicine on their beliefs in the African traditional religions as well as their cultural settings. Diagnoses and treatments are based on their philosophies and theories about human nature, the natural environment, the spiritual world and illness causation in general. It is believed that these distinctive but interconnected parts of reality, and their approach to treatment take into account the holistic nature of these complex systems of human-nature-spirit connections.

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Good health (*Emmaarong*), according to the Dagaaba traditional medicine and healing system, is a discourse. It is regarded as a state of balance between oneself, others, society, and the environment (including the spiritual world) in general. On the contrary '*baalon*' (illness, sickness) is seen as a state of imbalance within a person and between the person and society. Hence, good health is not seen as the absence of illness, since people are born with some innate illnesses that can be triggered by both internal and external forces within and around the individual. In the Dagaaba society, good health or a healthy life will be optimized, when one is not negatively affected by the environment and fellow man in terms of his physical body and spiritual being. They believed this is attained by restraining undesirable consumption, being found right in the sight of social norms and prohibitions and living well with others.

Conclusion

The findings arising from this study remain significant in contemporary discourses on health and healing in many respects. In the first instance, it continues to be a dilemma to have assumptions concerning the treatment of illness among an indigenous population without appreciating their knowledge about disease aetiology within their ethnic, cultural or traditional constructs. Even in biomedical practices in the twenty-first century, it remains significant to appreciate the cultural dynamics that define the causes of diseases, ill health and well-being. Beyond the Dagaaba Cosmology, what underscores good health and well-being including sicknesses in several communities in Africa is in close proximity with the social causative elements or the supernatural. What is lacking in this current contribution, in particular, is the pursuit of how these traditional healing elements and practitioners have co-existed with Western and present biomedical spheres with an easy truce. There is a need to do further empirical research in ascertaining the current complexities of Westernization, Islamization and Christianization within the local medical context in the Dagaaba community of Ghana.

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Thus far, it is envisaged that the current contribution will stimulate further discourses on health and well-being to engender traditional knowledge/ethno-knowledge including other present strategic pathways to provide holistic care for indigenous populations in Africa and the Dagaaba people in particular.

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