
A Discourse on Individuals Value for Herbal Medicine in Asante since the Pre-Colonial Era

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Abstract

This study highlights the transitions that indigenous medicine and indigenous medical practices have undergone in Asante. It uses a qualitative approach anchored on both primary and secondary sources. The primary data sources include interviews and documentary data derived from reports in historical archives. Anchored on rational choice contingent upon social change, it reviewed existing literature. It filters the transitions that herbal medicine in particular has undergone from the earliest times to the twenty-first century. The responses from interviewees and experts were corroborated with secondary sources. It highlighted the fact that indigenous medicine and herbal medicine in particular have seen changes over time and have been perceived differently at different times. It concludes that based on the evolving government policies on herbal medicine; it is anticipated that it will have a glowing future in Ghana and its full-fledged integration with the orthodox system in a modern healthcare setting is attainable. To achieve this end, the rational choice of practitioners in the herbal medicine milieu should be to build a formidable interest group that can influence government policy in their favour.

Keywords: Indigenous medicine; herbalists; value; Ghana, Asante

Introduction

Evidence suggests that before the discovery of orthodox medicine, people relied on herbal medicine (Adu-Gyamfi, 2016). Around 1500 BC, ancient civilizations like Egypt used herbal medicine to treat and cure diseases (Chikeze, 2015). Africa has multi-ethnic societies with diverse practices (Ojua et al., 2013). Since a nation's medical system has long maintained ties with its way of life, the institution of medicine is deeply tied to the philosophy, religion and belief systems of its people (Adu-Gyamfi, 2016). In Africa, medicine is not only an embodiment of inanimate pill solutions; it is seen as that which has a vital force and the healer is represented as just an instrument of the gods (Adu-Gyamfi and Bing, 2016). Waldron (2010) has noted that unlike the Euro-Western conceptualization of illness, which originated from genetic, biological or some other internal source, indigenous conceptions of illness consider how factors, external to the individual, contribute to illness. However, Maier (1979) has reported that some United States doctors visiting Ghana in the 1960s erroneously hinted that traditional medical practices consisted solely of ignorance and superstition. They added that this traditional medical space was operated and occupied by witch doctors, medicine men or native doctors who operated through irrational means.

European colonization of Africa led to several social changes in African medical systems, and Ghana was no exception. However, the idea and practice of herbal medicine, its usage and value among Ghanaians and the people of Asante in particular, cannot be gainsaid. Focusing on Asante as a microcosm of Ghana, the

current research discusses how an aspect of their medical practices (Herbal Medicine) has subsisted over time.

Indeed, the Asante Kingdom has a rich cultural heritage. With Kumase as its capital, the *Asantehene* holds the centrality of authority, which extends beyond the shores of Kumase (Wilks, 1975). The people of Asante have a host of social beliefs. Aside from the Supreme Being, the people of Asante believe in the existence of other deities. These deities manifest themselves in great rivers and are believed to serve as mediators between the people and the Supreme Being. The deities serve and protect the interests of the community, including health (Maier, 1979). In this realm, the social basis for ill-health is emphasised (Adu-Gyamfi, 2016).

When Britain fully gained control over Asante in the 1900s, they systematically placed more emphasis on European medicine (Adu-Gyamfi, 2010). European control was accompanied with western medicine, which has co-existed with traditional medicine with no easy truce (Adu-Gyamfi et al., 2020). In the twentieth century, the people of Asante considered a disease incurable after attempts at curing it through home remedies, herbalists, ‘*Asantenkramo*’ (Asante Muslim) physicians’, western-trained nurses and doctors were unsuccessful. After these instances, patients made recourse to shrines, faith healing services and various types of religious and irrational treatments (Maier, 1979). Several studies have focused on herbal medical practice and orthodox medicine in Ghana (Maier, 1979; Adu-Gyamfi, 2010; Ampofo et al., 2012; Antwi-Baffour et al., 2014; Amoah et al., 2014). However, few studies have paid attention to the changing values and paradigms of indigenous herbal medicine practice in Ghana and Asante, in particular. The current study traces how

herbal medical practices have been valued through social change in Ghana and Asante in particular. The current study contributes to the historical literature by discussing the value people have placed on herbal medical practice in Asante since the precolonial era.

Theoretical Underpinnings

This study finds the theory of rational choice contingent upon social change useful in its analysis. The rational choice theory is a framework for understanding social, economic, and political behaviour. Social scientists have used rational choice to appreciate human behaviour (Green and Fox, 2007). Proponents like Green and Fox (2007) among others argue that the theory of rational choice has some major assumptions, including individualism, optimality, structures and rationality. Based on ‘individualism’, rational choice assumes that individuals are ultimately responsible for their actions. As actors in society, they behave and act as rational beings that have self-interest and self-maximisation in their social acts (Abell, 1991). The assumption of ‘optimality’ suggests that individuals choose their behaviours in the best possible way, considering their personal preferences as well as the opportunities and restrictions they confront (Abell, 1991). ‘Structures’ as an assumption suggests that a single course of action is just a special example of rational choice theory. In other words, the varieties of options available in normal situations differ from those available in a strong structural situation, where there may be just one option (Abell, 1991). ‘Rationality’ appears to be the most common assumption in rational choice theory. According to this idea, everyone acts in ways that benefit them

more (Abell, 1991). Essentially, the definition of ‘rationality’ in rational choice is more explicit and narrower, assuming that individuals act by considering costs and benefits to arrive at an action that maximizes personal advantage.

The major strength of the rational choice model appears to be its feature as a coherent framework for interpreting all human behaviour (Becker, 1976). Scholars like Green and Shapiro (1994) noted that the theory has problems associated with inadequate information and uncertainty, this makes it difficult for individuals to make rational decisions. Also, there is the belief that since human social actions and interactions are very complex, human behaviour might not always reflect rationality (Elster, 1989). This notwithstanding, the theory is argued to be a ‘universal grammar of social science’ (Hirshleifer, 1985).

In the current study, the theory of rational choice is adopted to define how and why individuals make medical choices. From the perspective of this theory, individuals choose the medicine which they feel would maximize their health (Elster, 1989). Individuals who choose herbal substances to cure their ailments at the expense of others are rational actors who believe that their choice would yield a better health outcome. Significantly, individuals are shaped by their environment through socialization, religious influences and new forms of education that also shape their rational choices including the choice of particular medicine or form of treatment to cure their maladies.

Methodology

The current study uses a qualitative approach anchored on primary and secondary sources. The primary data sources include oral information derived from interviews and documentary data derived from reports in historical archives. Twenty-five (25) interviewees whose ages range between forty and eighty were selected, purposively. The participants consisted of five (5) modern herbal practitioners who have herbal hospitals; five (5) semi-modern practitioners; five (5) local herbalists; six (6) residents or customers who utilize herbal medical practices from both herbal hospitals and local herbalists; two (2) traditional birth attendants (TBAs); and two (2) indigenous priest healers (IPHs). The general characteristics of the participants are as follows: the modern practitioners include those trained in accredited institutions to obtain knowledge and degrees (or certificates) in herbal medicine and the semi-modern practitioners on the other hand are those who have acquired some level of training and have been awarded certificates and some forms of licenses to practice herbal medicine in Ghana. The local practitioners included various herbal practitioners found in rural settings who operate with no licenses.

From these participants, the researcher followed a semi-structured interview format supported by an interview guide to ask questions concerning their experience with the changing paradigms of indigenous herbal practices and practitioners. Interviewees were required to provide information that contributed to the evolving narratives concerning factors that have shaped the importance and value of herbal medical practice due to social change.

Aside from the data gleaned from interviewees, the researcher retrieved primary data from colonial reports from the Public Records and Archive Administration Department (PRAAD), published books, articles and tertiary online sources. From these sources, colonial policies concerning indigenous medical practices were retrieved and discussed in line with the objective of the research. Information gathered from the informants were corroborated with archival data and vice versa and further pieced together thematically.

Pre-colonial Asante Herbal Medicine and Value

Africans have known and used herbal medicine to address various health challenges (Omonzejele, 2003). It was a major tool used by the people to combat illnesses before colonization (Adu-Gyamfi and Adjei, 2017; Adu-Gyamfi, 2010). It is perceived that most households in Ghana have at least an individual or collective knowledge of herbal medicine. Bosman (1967) has reported that the people of Asante used substances like lemon, lime juice, *malaget* or grains of paradise, cardamom roots, branches and gums of trees and a whole lot of green herbs that had ordinary sedative qualities. Also, herbs like *new bouldia Levis* known in the local dialect as “*osensrema*” was used to treat dysentery and in treating the placenta; *spondiasmonbin* also known as the “*atoaa*” was used for post-partum haemorrhage and *ocimumveride* known as “*onunum*” for belly palavers (Sofowora, 1982). An interviewee narrated that:

In the pre-colonial era, *paulinia piñata* known locally as “*toantine*” was used for rectal injection and stomach disorders... *phylantusmellarianus* known as “*bɔ wo mma*

gu wakyi” was also used to combat dysentery. Additives like *piper guinea*, which is also known locally as “*sorowisa*”, *xylopicthopica* (“*hwinetiaa*”) and ginger “*akakaduro*” were added to the drugs (Duke, Interview, 2017).

Similarly, Dr Okyere added that:

Several plants were used to cure diseases. Significantly, *Antonia boorei* known as “*nyamedua*” was used to help build hemoglobin and to boost the immune system... *Cryptolepsissanguinolenta* locally referred to as “*nibima*” and *alchorneacordifolia* known as “*jama*” were all used to treat malaria and other related fevers (Okyere, Interview, 2017).

Also, it was argued that some herbs were sometimes freshly plucked, ground or beaten and directly applied on a wound and swellings. Examples of such herbs include “*acheampon*” and *nunum*”. Others were heated for a while before application; these included “*nkaseenkasee*” leaves. In a similar manner, others were boiled and drunk like tea, “*awonwono*” and “*ntontini*” for treating malaria. “*Nunum*” was for stomach upset whiles “*akafem*” was for curing rashes. *Akafem* was also taken by pregnant women to ensure a healthy delivery. The “*aya*” and pea leaves, “*ogyamma*”, “*awomme*” and “*esere*” were all used as blood tonics (Sarah Affoah, Interview, 2017). From the informants, it was inferred that there are several ways of processing herbs. While some were

used in their fresh form, others were chewed, boiled, brewed and drunk. Sometimes, medicines were made in the form of small objects referred to as *suman* locally. The preparation of *suman* involved carving stems of trees, which were believed to have some supernatural powers among the people of Asante. Medicines made from such small objects and herbs were swallowed or inserted under the skin to provide protection and increase efficacy (Adu-Gyamfi, 2016). During the colonial era, evidence suggests that indigenous healers were able to treat dangerous wounds that were unattended to by European doctors (Adu-Gyamfi, 2010). Importantly, the early European missionaries to Ghana also followed Akan therapeutics and healing practices due to their effectiveness (Mohr, 2009). There is evidence concerning the testimony of Pieter De Marees concerning the use of pawpaw leaves and seeds (De Marees, 1987). Again, the work of McCaskie on “The art of mystery of physick-Asante medicinal plants and the Western ordering of botanical knowledge” highlights the existence of medicinal plants among the Asante people of Ghana (McCaskie 2017).

The afore-stated claims show that herbal medical practice was valued in the pre-colonial era in terms of quality and efficacy. Practitioners were well-trained and versed in their respective fields of endeavour; they were capable of handling all health-related issues that were known to them. The local people had value and deep respect for practitioners. Based on this, herbal medicine transcended all aspects of the lives of the pre-colonial Asante indigenes. The determination of good health and well-being were within the domains of traditional healers which included the indigenous priest healers, herbalists, traditional birth attendants and bonesetters among others.

The Value of Herbal Medical Practice during the Colonial Period

The colonial period saw British control over the entire territory of Ghana. Subsequently, they devised plans to get rid of traditional practices and especially, the Indigenous Priest Healers (IPHs). Herbal medical practice lost its exclusivity among the indigenous population. However, the British colonial infrastructure could not fully negate the testimonies concerning the medicinal contents of African medicines including the indigenous and expatriate testimonies related to the same. This notwithstanding, there existed a feud between the British and the indigenous medical practitioners, which persisted over a longer period. This persistent tussle between the Europeans and indigenous medical practitioners had both positive and adverse effects on the medical practices of the indigenous people in Asante in particular.

The Feud between Indigenous Herbal Medical Practitioners and the British Colonial Administration

The final defeat of Asante in the 1900s by the British enabled the Crown to effect several social policies in Asante. This was done through legislative and/or executive orders. They banned witch-finding practices that were spearheaded by Indigenous Priest Healers (Adu-Gyamfi and Adjei, 2017), and referred to them as rogues (Adu-Gyamfi and Adjei, 2017). Information from documentary sources show that there were quacks among indigenous medical practitioners (PRAAD, MAG 1/1/22). This depleted the influence of practitioners. Once branded as witch-finding shrines, there was enough latitude for inquisitorial tours

by the British, which led eventually to their closure. Again, the argument that the priest put the local people under too strict and difficult laws gained credence in public discourse. Since 1907, the introduction of new ways of life including Christianity, the British colonial administration established measures that led to the decline of the activities of traditional medical practitioners and herbal practitioners in particular (Adu-Gyamfi and Adjei, 2017). This to an extent explains the logic of social change and rational choice. Due to the Christianization of the indigenes, they preferred the Western form of life including religion and medical choices. These were rational choices by the indigenes, which was consistent with social change. The same was plausible as a result of urbanization. The Europeans who were highly concentrated in the urban and coastal areas largely influenced the indigenes' lifestyle, including their culture and medical beliefs. Largely, this was not instigated by a coercive force, but rather the pursuit of a new way of life.

As the status, power and dignity of practitioners were challenged, their clients lost some reliefs and services they gained from them. The above notwithstanding, the apparent fear of witchcraft and the social causation of disease still enhanced the practice of traditional medicine. Again, explicating this from the view of the rational theory, individuals who feared witchcraft also sought to choose indigenous healing practices at the expense of Western-oriented medicine. This was because the former was deemed effective and could maximize their spiritual well-being. In other words, the fear of evil spirits and witches seemed to have further necessitated the continuous patronage of indigenous or traditional medical practitioners (Adu-Gyamfi and Adjei, 2017). From the 1930s and 40s, several people within the territory referred to as

Gold Coast had been Christianised (Twumasi, 1975). Although it required much time and effort to plant Christianity in Asante, the religion started to alter the culture of Asante during the 1950s (Debrunner, 1967). Christians tagged the belief in dwarfs, witches, and deities as superstitious, and barbaric (Twumasi, 1975). Their goal was to use the ‘enlightened religion’, formal education and biomedicine and “better” social and racial conditions to dispel what they considered as ‘fetish practices’ (Twumasi, 1975). Despite the existing contention, the indigenous forms of practices including herbal medical practices continued to hold their value in terms of quality and effectiveness.

From 1933 to 1936, malaria had become a very serious ailment (Adu-Gyamfi, 2010). In response, people used concoctions and decoctions made from stems, roots and leaves of trees. Adu-Gyamfi (2010) reported that scepticism due to social change shifted indigenous peoples’ preference for Western medications. The introduction of quinine to treat malaria generally became a preferred drug at the expense of indigenous forms of medication (Adu-Gyamfi, 2010). The introduction of orthodox medicine and Britain’s efforts to popularize the same created some sort of classes within the Asante society. An eighty-year-old Sarah Affoah hinted that “the group that mostly preferred orthodox medicines included those who had been influenced by European education. They wanted nothing to do with the indigenous healing system”. Despite the profound changes in the social structure, the outcome was not balanced: some of the indigenous people accepted orthodox medicine while others still stuck with herbal

practice. Indeed, these were their rational choices within the period under review irrespective of the prevailing circumstances. Unlike the pre-colonial era where both the ruling class and their subjects relied on indigenous healing systems, the twentieth and the twenty-first centuries have had a sizeable number of indigenes who looked down on traditional medical practice. These people were caught up in the full tide of social and cultural change due to Western influence (Adu-Gyamfi et al., 2020). People with a preference for European drugs felt superior to those who still stuck with the traditional healing system. The Europeans used what they considered as a more enlightened religion, education and social life among others to fight against ‘fetishism’. It can be emphasized that those who had had European education and had converted to Christianity, preferred the European way of life to the indigenous way of life. Here, the choice of any of the medical systems defined above could be further captured within a rational choice. Thus, every individual chose what was deemed as the best to address their health needs. Irrespective of the prevailing social change due to European influence, it was exactly the rational choice of the local actors which sufficed.

A Partial Surge for Indigenous Herbal Practitioners in Asante

Before the twentieth century, Ghana was known to be medically dualistic using either spiritual healing or other indigenous forms of healing including Islamic healing that applied to the local environment (Adu-Gyamfi, 2016). However, in the 20th century, the Asante society tended to be medically pluralistic. This ended the partial monopoly of herbal medical practice, which in the current scheme of things continue to exist side by side with orthodox medicine. Through respective legislations, Europeans were able to limit what they referred to as quackery within the

indigenous medical systems (PRAAD, MAG 1/1/22). Free and unhindered practice required the pursuit of standards set by the British colonial administration and those set by the indigenous healers' associations that emerged within the colonial period (Adu-Gyamfi et al., 2013).

The colonial administration realized its inability to completely do away with herbal medical practice among other indigenous medical practices. As a result, chiefs were empowered to license indigenous practitioners to avoid quackery (Adu-Gyamfi, et al., 2013). This was a deliberate rational act by the Europeans to stimulate a change within the indigenous medical milieu. Some letters found at the Manhyia Archives support this. There were letters from practitioners of both spiritual and non-spiritual healers seeking practising license from Nana Prempeh II of the Asante Kingdom. In their correspondence, they stated their speciality, location and names. One thing that was consistent in their letters was that they could catch witches and also had the power to exorcise people possessed by witchcraft (PRAAD, MAG 1/1/22). Subsequently, the applicants were awarded licenses with their passport pictures embossed on them. This rational act enabled indigenous herbal practitioners and other healers to engage in “free” and unhindered practice. In essence, it meant that the patients of the healers who made a rational choice to opt for indigenous forms of medical practice were to a large extent unencumbered to do so.

In an attempt to achieve this, the traditional healers started establishing herbal associations. The Society of African Herbalists

was formed on 12th December 1931, with Aaba as its president to raise herbalists to a high and refined standards (Adu-Gyamfi et al., 2013). However, due to the supernatural beliefs that engulfed their practices and sometimes charlatanism, the colonial administration insisted that practitioners report all contagious diseases to government doctors (Adu-Gyamfi et al., 2013). Also, the British colonial administration argued that the medical department lacked the resources to embark on research in herbal medicine. To defy this proscription, Aaba for instance made a lot of publications on herbal medical practice to help promote the same. A quintessential rational act; he published compendiums of recipes for plant-based therapies in the coastal city of Sekondi. In 1924, he had two booklets published with a series of preparations, including experiments and researches about herbal medicine (Adu-Gyamfi et al., 2013). From his write-ups, it was anticipated that future African chemists would find useful medicines in local herbs. These efforts notwithstanding, the level of appreciation the local people showed toward traditional medicine and practitioners had waned, despite its efficacy and effectiveness. The British colonial administration's disregard for the practice negatively influenced the local population. It was some of these activities by the literate healers that would further restore the public confidence and acceptance of the healers.

In the 1950s and 60s, advances were made to form the Psychic and Traditional Healers Association, which aimed at reclaiming the lost glory of traditional medicine and traditional medical practices (Adu-Gyamfi et al., 2013). The era witnessed literate traditional healers who used literature to battle the colonial administration in defending their practice (Osseo-Asare, 2016). They used documents like healer's license, recipe books,

association constitutions, training certificates and safety stamps on herbal products to secure peoples trust including the colonial administration (Osseo-Asare, 2016).

Fig. 1. Native Physician License

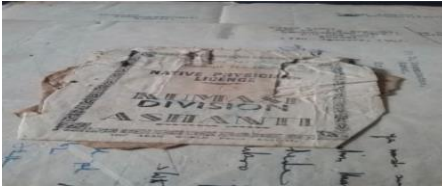
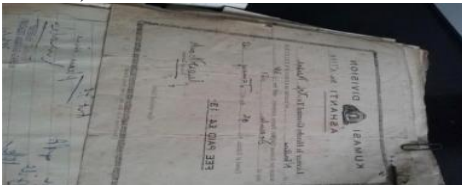


Fig. 2. A Native Physician with a Picture on his Application for a License



Fig. 3. Picture of a Native Physician License (PRAAD, MAG 1/1/22).



The Value of Herbal Medical Practice in the Post-Colonial Era

After Ghana's independence in 1957, various leaders strove to raise herbal medical practice to its former status. In 1962, Ghana's first president, Kwame Nkrumah, invested in both spiritual healers and pure herbal practice. He spearheaded the establishment of the Ghana Psychic and Traditional Healers Association to enhance traditional medical practice (Osseo-Asare, 2016). This idea came about, as a result of the realization of how valuable herbal medicine was, in terms of its quality and effectiveness.

Indeed, after years of colonial disparagement of herbal practice, the practitioners were now allowed to freely practice publicly. This enhanced practitioners' confidence and freedom to practice. Despite this effort, the organization had notable challenges. The fees paid by the members of the association were embezzled by the leaders. In effect, this affected the confidence of the members in the organization (Osseo-Asare, 2016). Also, despite the right and freedom to practice, herbal practitioners still had to compete for space within the social and medical milieu. One of the most critical policies the Ghanaian government passed concerning herbal medical practice was to integrate it into the mainstream medical system as suggested by healers in 1961 (Osseo-Asare, 2016). To do this, there has been a debate for herbal medical practitioners to refine some of their practices.

The post-colonial era has given technical support to the practice of herbal medicine through the establishment of research facilities like the Centre for Plant Medicine Research (CPMR), Noguchi Memorial Institute for Medical Research and the Faculty of

Pharmacy of the Kwame Nkrumah University of Science and Technology. The CPMR was established in 1975 at Mampong Akuapem in the Eastern region of Ghana. The main aim of this establishment was to produce herbal medicines of acceptable quality and effectiveness as well as to conduct clinical trials. This facility also collaborates with other well-known groups, such as the Ghana Federation of Traditional Medical Practitioners and other commercial organizations (CPRM, 2022).

Fig. 4 & 5: Pictures of some Machines Post-colonial Herbal Practitioners Use to Enhance Their Practice

Fig. 4 Ultrathin Vibration Platform



Source:Field Research, 2022 <https://www.mayoclinic.org/healthy-lifestyle/fitness/expert-answers/whole-body-vibration/faq-20057958>

The above vibration plate exercise machine stimulates the muscle to help improve muscle strength, weight loss and reduce abdominal fat, boost metabolism, improve circulation, increase bone density, and improve balance and flexibility among others. Indeed, “some research indicates that whole-body vibration may help improve muscle strength and that it may help with weight loss when you also cut back on calories” (Mayo Clinic, 2023).

Fig. 5 Quantum Machine Analyzer: Table Size Full Body Health Check-up Device.



Source: Field Research, 2022

According to the Wufeng Company (2023), “the quantum resonant magnetic analyzer is a high-tech innovation project which is related to medical, bio-informatics, electronic engineering among others (Wufeng Company, 2023). Significantly, all herbal doctors who were interviewed supported the fact that technology has aided the development of herbal medical practice. They now use modern health gadgets to enhance their practices.

The contribution of universities toward the development of herbal medicine in Ghana cannot be gainsaid. Since its inception, the Faculty of Pharmacy and Pharmaceutical Sciences of the Kwame Nkrumah University of Science and Technology has been conducting investigations into traditional medicine in Ghana for the past forty years. Aside from identifying the active constituents of medicinal plants, they also study the practices of traditional healers (Asante, 2010). In 2001, the faculty also introduced its new herbal medicine programme; a four-year programme and graduated its first batch in 2005. Some of these graduates have also helped to promote herbal medicine in contemporary times (Asante, 2010). Most of the graduates are practising in various private herbal medical clinics such as Dank Herbal Hospital,

research centres and some government hospitals in Kumase in the Asante Region of Ghana.

Similarly, the Faculty of Science at the University of Ghana has also contributed to the development of herbal medical practice. The Department of Botany collaborated with the Centre for Scientific and Industrial Research to execute a project named *Herbs of Ghana*. With this project, they were able to list the local, botanical or scientific names of some herbs. Similarly, the Department of Biochemistry and Chemistry also joined to verify the efficacy and safety of some herbal medicines. Again, post-colonial policies like the Traditional Medicine Act in 2000 (Act 75) among others have also improved the practice of herbalism during this period (Asante, 2010). To an extent, this portrays the commitment of the government of Ghana to enhance herbal medical practice. As a rational act by the government of Ghana, this Act has established the legal framework for traditional medical practitioners and has also empowered the council to register traditional medical practitioners. The Food and Drugs Authority, which was established under the Food and Drugs Law, concentrates on the regulation of production and sale of safe and efficacious products including herbal products. It has helped the public to know the quality and the effectiveness of the various herbal drugs that are produced in Ghana.

Production of Herbal Drugs in the Post-colonial Era

Before the post-colonial era, herbal medicine did not follow a form of dosage as defined by orthodox medical practitioners. It was not packaged and had not undergone any rigorous

pharmacological research. In this contemporary era, due to technology and new demands, the practice has been refined to suit the needs of society. Before any herb is used to produce a drug, the herb goes through various testing and processing to ascertain its pharmacopoeias. After the herbal preparations have been passed to possess medicinal properties, they are sent to the Food and Drugs Authority for authentication and approval (Dr Nti, Interview, 2017). Practitioners make determinations concerning the right dosage; something which was a critical challenge within the indigenous medical milieu. Due to these developments including the emergence of herbal clinics, herbal medicines are prescribed for patients with specifics on the amount of dosage that is required for the treatment of specific diseases.

In contemporary times, the demands of consumers have called for the need to address the questions about hygiene in the traditional medicine space. Drugs are neatly packaged into nice and attractive bottles with beautiful packaging accompanied with instructions concerning dosage and other related instructions.

The need to make herbal drugs attractive and safe has motivated producers of herbal drugs to refine their methods. Some machines convert herbal products into tablets/ capsules. Others are also made in the form of creams, pastes, powder and tea bags. There is also increasing use of machines to diagnose diseases (Okyere, Interview, 2017).

Herbal practitioners have made a lot of progress due to technological advancement. Some practitioners have also established clinics and hospitals with departments and sections that are similar to orthodox medical facilities. For example, some

emerging herbal clinics have laboratories, pharmacies, consulting rooms, wards and administrative units.

Fig.7 and 8: Bottled herbal medicine showcased in dispensary/pharmacy



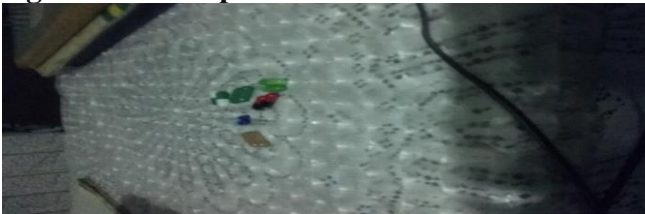
FIG 7.



FIG. 8

Source: Field Research, 2022

Fig 9: Herbal capsules/tablets



Source: Field Interview, 2017

The above figures are examples of how post-colonial herbal practitioners package their drugs.

Challenges of Post-colonial Herbal Medical Practitioners

Despite the efforts of herbal medical practitioners to expand their practice during the post-colonial era, they were still confronted with some challenges. Herbal medical practice is still seen as a fringe profession even by the Ministry of Health (MoH) and the Ghana Health Service (GHS). To make healthcare more equitable in terms of financing, the Ghanaian government implemented the National Health Insurance Scheme (NHIS). It replaced the out-of-pocket cost in the orthodox healthcare system. Since its implementation, the NHIS has not fully captured the costs involved in utilizing herbal products and herbal clinics (Duke, Interview, 2017). Since the cost of modern processing of herbal medicine has not been subsidized in any way by the government of Ghana, it could become relatively expensive.

Another challenge in the twenty-first century is that the presidential seat of the council established under the Traditional Medicine Act in 2000 was left unoccupied since the president resigned. To a larger extent, the council, which was to regulate, promote and control traditional medical practice was left dormant. Several orthodox physicians are against the integration of herbal medical practice into mainstream medicine or healthcare in Ghana. Such physicians have benefited from such rigid Western or orthodox-centred medical policies from the government of Ghana for a very long time. Subsequently, they have been able to control the health market to maintain considerable autonomy. Some orthodox practitioners “see herbal practitioners as a threat to them; therefore, they secretly fight against the integration of the two health systems” (Grace, interview, 2017).

Concerning integration, there has been little publicity from the Ministry of Health concerning pilot programmes to integrate herbal and orthodox medicines (Asante and Avornyo, 2013). During the field interview, it was noticed in some of the hospitals in Kumase, which were piloting medical integration that there were no signboards indicating the availability of herbal medicine units in their settings (Grace, interview, 2017). This situation had the propensity to affect the level of patronage of the herbal medicine units in such medical facilities.

Also during the field research, some interviewees hinted that the fee for registering or acquiring a practitioner's license is expensive. At the time of the research, it seemed to be a challenge for some practitioners who had limited fiscal resource (Vivian, interview, 2017).

Conclusion

The study has emphasized the value of herbal medical practice in Asante since time immemorial. During the pre-colonial era, indigenous Ghanaians depended solely on herbal and non-herbal medicines. However, European presence and social change further emphasized European or Western biomedicine. Through various legislations, the colonial administration hoped to disregard traditional medical practices on the grounds of quackery. This was further anchored in a socially acceptable quest to protect the indigenous people from the difficult laws imposed by the IPHs. However, the efficacy of indigenous medicines could never be in doubt. The indigenous healers were able to heal or

cure sicknesses the European doctors had forfeited due to their inability to cure.

The colonial officials were supported by the emerging Christian Council of the Gold Coast. To emphasize, social change which came about as a result of the impact of Christianity, formal education and urbanization, facilitated the spread of Western medicine. Christian converts and those who had been influenced by the Western lifestyle in big towns like Kumase, the capital of Asante, felt that the practices of the traditional healers amounted to heathenism and were sometimes too anachronistic.

Within this period, herbal and non-herbal medical practitioners could not practice their medicines unencumbered. This was due to the various accusations levelled against practitioners by the colonial administration. Subsequently, they were allowed to practice through licensing, which was superintended by enlightened chiefs like the *Asantehene* (The King of Asante). The office of the *Nsumankwaahene*; the chief physician of the *Asantehene* played a key role under the Indirect Rule System to enforce this colonial policy, which aimed at sanitizing the local medical practice and to further deal with quackery.

In the immediate post-colonial era, herbal medical practice was given serious attention. Stakeholders intended to empower practitioners through policies, the establishment of associations and research facilities to enhance the practice. This era saw a lot of practitioners regaining their confidence and further enhancing their practice. The first president of Ghana aided the establishment of the Ghana Psychic and Traditional Healers Association, which became a useful tool for indigenous medical practitioners irrespective of its internal schisms.

It has been reported that, presently, herbal medicine is taught as a degree programme at the Kwame Nkrumah University of Science and Technology (KNUST), Kumase, and other research centres have also been established. These are geared toward making herbal medical practice more refined and to be on equal footing with its orthodox counterpart.

Presently, plans are afoot to integrate traditional medicine into mainstream healthcare across Africa. Seemingly, there is enough space for practitioners to access practising licenses. In an earlier study, Gyasi et al. (2017) concluded that since the acceptance of indigenous medicine and its consumption remain ubiquitous among rural and urban residents in Ghana, a concerted effort by the government of Ghana through the Ministry of Health and the Traditional Medicine Councils could ensure their full integration into the national healthcare system. Again, it can be stated that the reason for the patronage of herbal medicine and the value individual interviewees place on the same is premised on evidence-based interpretation of the testimonies of the efficacy of herbal medicine and the expertise of practitioners. This indeed is a rational choice; patients or users of herbal medicine do not patronize the same based on emotive reasons. It is also clear that based on rational choice, herbal practitioners were able to use basic medical equipment to ascertain the cause of ailments and proffer answers to them.

Though herbal medicine has gone through changes, it is clear from the current research that the value of herbal medical practice

in terms of its efficacy and quality has not changed since the pre-colonial era. It continues to be the primary and complementary medicine for most of the citizens of Ghana and Asante in particular. Based on the evolving government policies and measures on herbal medicine in particular; it is anticipated that it shall have a glowing future in Ghana and its full-fledged integration with the orthodox system in a modern healthcare setting might be possible in the foreseeable future. To achieve this end, the rational choice of practitioners especially in the herbal medicine milieu should aim at building a formidable interest group that can influence government policies in their favour for the greater good of Ghana and Asante in particular.

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