

An Evaluation of the Contribution of African Traditional Medicine to Healthcare Delivery: The Case Study of Selected Herbal Centres in Akuapem, Ghana



Henry Kwaku Adu-Offei ¹  & John Kwaku Opoku ¹ 

¹ Department of Religious Studies at Kwame Nkrumah University of Science and Technology, Kumasi Ghana.

ABSTRACT

Traditional medicine has become indispensable in contemporary healthcare delivery in both rural and urban communities in Ghana and beyond as it is patronized by people of various social statuses. The purpose of this study is to comprehend the weaknesses and strengths of traditional medicine preparation, administration, and use within Ghana's healthcare system. With the use of a semi-structured interview guide, purposive and random sampling techniques were employed in this qualitative study to gather data from a well-established traditional medical facility as well as two native healers all in the Akuapem enclave of Ghana. It was noted that despite significant setbacks such as poor preservation and storage of herbs and medications, a lack of labeling and expiration dates, and noncompliance with quality control and assurance procedures among others in the operations of certain local herbalists, traditional medicine has been improved in some areas through the application of contemporary scientific and technological knowledge. To enhance their practices and optimize the benefits of traditional medicine, the study suggests assistance for the many herbal medicine practitioners who are operating clandestinely and outside of the accepted standards. The study provides empirical evidence on the evolution of African traditional medicine and identifies areas for improvement to enhance its significance in Ghana's healthcare delivery. It also emphasizes the necessity for effective collaboration between conventional healthcare providers and traditional health practitioners in the delivery of quality healthcare in Ghana.

Correspondence

Henry Kwaku Adu-Offei
Email: revaduoffei@gmail.com /
hkaduoffei@st.knust.edu.gh

Publication History

Received: 26th September, 2024
Accepted: 15th November, 2024
Published online:
29th November, 2024

Keywords: *Traditional Healthcare, African Traditional Medicine, Western Scientific Medicine, Healthcare Delivery, Akuapem - Ghana*

INTRODUCTION

One of the oldest forms of medical interventions that exists within the pluralistic structure of the medical system and has become indispensable in contemporary healthcare delivery in many parts of the world is traditional medicine. The use of traditional medicine has gained prominence in both advanced and less advanced countries. A 2004 study by the National Centre for Complementary and Alternative Medicine of the United States National Institute of Health estimated that 60 million Americans, or 20% of the country's population and one-third of all U.S. adults, use complementary and alternative treatments. According to the same survey, Americans spend \$40 billion a year on complementary and alternative

medicine.¹ Traditional medicines play a vital role in health care delivery in many African communities. Matshidiso Moeti, World Health Organization's Regional Director for Africa, reported in his message at the 2022 African Traditional Medicine Day that, "Traditional medicine has been the trusted, acceptable, affordable and accessible source of health care for African populations for centuries. Even today, 80% of the continent's population relies on traditional medicine for their basic health needs."² In Ghana, traditional medicine is a major part of healthcare delivery. It is ingrained in the people's cultural customs and served as the primary healthcare system before Western colonists introduced conventional medical methods. Many households in Ghana have knowledge of the native medicinal plants and their use, demonstrating the country's pervasive reliance on traditional medicine. Therefore, research on the application of traditional medicine is essential to assist and guide its use in order to maximize its potential and address its drawbacks.

The study documents the potentials and constraints in the preparation and use of traditional medicine on the part of both indigenous healers and users of their products. It also provides insights into the place of African traditional medicine and its integration into Ghana's current biomedical framework; exploring perspectives of patients regarding traditional medicine—all of which are essential for delivering high-quality healthcare.

The study's objective is to advocate for a broader integration of traditional medicine within the country's healthcare system. Sections in this paper include a review of relevant literature; dilating on the concepts of traditional medicine and traditional healer. Ghana's healthcare delivery system is briefly highlighted. A brief historical account of traditional medicine in Ghana is also presented. Factors that influence the choice of traditional medicine are discussed as well as the potentials and challenges in the use of traditional medicine.

LITERATURE REVIEW

The Concept of Traditional Medicine

The word "traditional" means indigenous or that which is aboriginal and traces the root of traditional medicine to antiquity. Contemporary traditional medicine thus, has been handed down from many preceding generations. Traditional medicine is so called because it is "deeply rooted in a specific socio-cultural context, which varies from one community to another, and its use and efficacy largely depend on observance or conformity to particular cultural theories or ideologies."³

Medicine (*medicina*) is the art of healing and refers to the science of healing which involves the practice of diagnosis, treatment and prevention of disease and the promotion of health. Medicine also means medications, drugs, and substances used to treat and cure diseases, and to promote health. Medicine, thus, is defined as the science of diagnosing, treating, or preventing disease and other damage to the body or mind with the use of drugs, diet, exercise and other nonsurgical means.⁴

Traditional medicine is a collective term used to describe the systems of medicine and healing that were developed before Western Scientific medicine, largely by indigenous peoples, and are still in use today.⁵ Also referred to as indigenous medicine, folk medicine, ethnomedicine, or native healing, traditional medicine is defined by the W.H.O as "the sum total of the 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 and mental illnesses."⁶ In some countries, the term Complementary and Alternative medicine (CAM) is used to describe traditional medicine and refers to a broad set of healthcare practices that are not part of that country's own tradition and are not integrated into the dominant healthcare system.⁷

¹ Ronald Wintrob, "Overview: Looking toward the Future of Shared Knowledge and Healing Practices," *Psychiatrists and Traditional Healers: Unwitting Partners in Global Mental Health*, 2009, 1–11.

² M. Moeti, "African Traditional Medicine Day," 2022, <https://www.afro.who.int/regional-director/speeches-messages/African-traditional-medicine>.

³ J.K. Opoku and E. Manu, *Religion and Health: An African Traditional Perspective* (Kumasi: Graduate Standard Secretariat Services, 2017), 51, 78.

⁴ Opoku and Manu, *Religion and Health: An African Traditional Perspective*, 45-46.

⁵ Wintrob, "Overview: Looking toward the Future of Shared Knowledge and Healing Practices," 15.

⁶ WHO, "Traditional Medicine," accessed July 13, 2023, <http://www.afro.who.int/health-topics/traditional-medicine>.

⁷ Wintrob, "Overview: Looking toward the Future of Shared Knowledge and Healing Practices."

Traditional Healers

At the forefront of traditional medicine is the traditional medical practitioner, also called traditional healer described as, “a person who is recognized by the community where he or she lives as someone competent to provide healthcare by using plant, animal and mineral substances and other methods based on social, cultural and religious practices.”⁸ The inclusion of “religious practices” in this definition is based on the fact that in many communities where traditional medicine is predominantly employed, there exists a close interaction of the indigenous religions with traditional medical systems which has led to the description of traditional medical systems as “medico-religious” or “magical religious” system.⁹ Unlike scientists and Western medical practitioners whose ways of diagnosing and treating diseases are openly published in books and taught in schools, traditional practitioners are usually considered to be more jealous of their craft secrets. Medical anthropologist and scholar, Murray Last, elucidating the secrecy in disclosing healing techniques by indigenous healers averred that “the way this specialist knowledge has been built up, almost as a discrete entity, outside the common run of learning, and how it continues to be maintained, modified and passed on, has been the other main area of academic research over the last twenty years.”¹⁰

Indigenous healers are variously categorized. They consist of those who use herbs, those who use spiritual psychics and those who combine these methods. Therefore, healers may be classified as herbalists; or diviners (called ‘traditional priests’ in Ghana), who use their knowledge of cultural norms and behaviours in their work. There are also Muslim clerics, who use Islamic text and traditions to heal; and the Pentecostal Christian pastors, who use holy oils, holy water and other aids to perform healing. Within these categories, there may be subcategories (e.g. herbalists who specialize as traditional bonesetters). These healers typically work within communities where they are known to their patients.¹¹

African traditional health practitioners are noted for traits such as (i) a unique body of knowledge that is backed by a theoretical paradigm, the healer's knowledge having been acquired through a lengthy period of training; (ii) a demonstration of authority by the healer through his/her acquisition of knowledge that is exercised during the healer's interaction with the client; (iii) a code of ethics that guides the practice of indigenous healing; (iv) freedom to work in the community's best interest; and (v) a particular style of life, a professional culture in terms of outlook, etiquette, symbolism and instruments of technology.¹²

Health Care Delivery in Ghana

The government of Ghana through the Ministry of Health and the Ghana Health Service largely oversees health delivery in Ghana at various tertiary, regional, and district hospitals as well as in health posts, health centers and clinics across the nation. Urban areas of Ghana have better access to healthcare resources and services than rural areas, where patients may travel long distances in order to access Western scientific healthcare services or rely on traditional African medicine.

This is not to imply that urban residents do not use traditional medicines. Many people who reside in metropolitan regions favor traditional medicine, which is not unusual to find. In urban communities across the country, some traditional medical practitioners have established their practices.

Some hospitals treat patients with indigenous medicines in Accra and Kumasi, Ghana's two largest cities. For example, the Kumasi South Hospital, which provides both traditional and scientific choices in the same facility and under the same supervision, gives users of the institution the option to select between allopathic and traditional therapy.¹³ The integration of traditional medicine in health care delivery in

⁸ Ashish Singh and Harilal Madhavan, “Traditional vs. Non-traditional Healing for Minor and Major Morbidities in India: Uses, Cost and Quality Comparisons,” *Tropical Medicine & International Health* 20, no. 9 (2015): 1223–38.

⁹ D. Abebe and A. Ahadu, *Medicinal and Enigmatic Health Practices of Northern Ethiopia*. (Addis Ababa : B.S.P.E., 1993).

¹⁰ Murray Last and Gordon L Chavunduka, *The Professionalisation of African Medicine* (Manchester University Press, 1986), 8.

¹¹ Lily Kpobi and Leslie Swartz, “Indigenous and Faith Healing in Ghana: A Brief Examination of the Formalising Process and Collaborative Efforts with the Biomedical Health System,” *African Journal of Primary Health Care & Family Medicine* 11, no. 1 (July 22, 2019), <https://doi.org/10.4102/phcfm.v11i1.2035>.

¹² Patrick A Twumasi and Dennis Michael Warren, “The Professionalisation of Indigenous Medicine: A Comparative Study of Ghana and Zambia,” in *The Professionalisation of African Medicine* (Routledge, 2018), 120.

¹³ Millicent Addai Boateng et al., “Integrating Biomedical and Herbal Medicine in Ghana – Experiences from the Kumasi South Hospital: A Qualitative Study,” *BMC Complementary and Alternative Medicine* 16, no. 1 (December 7, 2016): 189, <https://doi.org/10.1186/s12906-016-1163-4>.

Ghana has been a success. According to the WHO, there are now forty centres in the district and regional hospitals in Ghana where medical herbalists are working side by side with conventional medical doctors.¹⁴

It is noted from Ghana's 2021 census report that 68.6 % of the population is covered by either the National Health Insurance Scheme (NHIS) or private health insurance schemes. There is a higher rate of health insurance coverage for females (72.6%) than males (64.5%). Health insurance covers a limited scope of the most prevalent diseases, such as malaria.¹⁵ Healthcare quality in Ghana is not up to standard, and patients and healthcare providers have reported dissatisfaction with the quality of care.¹⁶ Inadequate medical facilities, a high patient-to-doctor ratio, difficult accessibility, and poverty may be to blame for Ghana's lack of access to high-quality healthcare.

A Brief Historical Account of Traditional Medicine in Ghana

Before colonial rule in Ghana, indigenous healers were the primary healthcare providers, treating various illnesses and performing exorcisms, and were highly valued by their communities. To maintain healthcare continuity, experienced healers trained apprentices, passing down their knowledge and practices.¹⁷

Western medical culture was introduced to Ghana during colonial administration, primarily through professionals trained in formal Western institutions, who utilized advanced medical technology to address prevalent diseases. This shift aimed to combat numerous preventable and communicable illnesses identified by colonial explorers and administrators.¹⁸

Nonetheless, one cannot rule out the repercussions of some of the earlier misconceptions about African Traditional Religion in general on indigenous medical systems. The "medico-religious" nature of traditional medical systems meant that obnoxious and derogatory descriptions of African Traditional Religion as primitive, savage, fetishism, paganism, etc. by aliens also applied to medical systems that were practiced within the context of that religion.¹⁹ Hence, traditional medical practices were often declared illegal by the colonial authorities during the colonial era.²⁰ In fact, under British rule in Ghana, the *Native Customs Regulation Ordinance* of 1878 banned indigenous healing practices outright.²¹ Traditional medical practitioners were thought to be "insincere and quack who lived on the neuroses of their illiterate folks."²²

The plight of indigenous healers and their traditional healing practices was further exacerbated by the missionaries who despised the rituals inherent in some traditional healing practices leading to a loss of prestige and stigmatization of traditional medicine.²³

The attainment of Ghana's independence and the quest to move away from the Eurocentric view of the realities of the nation to an Afrocentric perspective provided a new dawn for ethno-medicine in Ghana. The then President Kwame Nkrumah's desire to revive African art, culture and medicine, was to bring about the revitalization of the works of local Ghanaian healers. The role of Mensah Dapaah, in this regard cannot be overlooked. In 1963 the Ghana government employed Mensah Dapaah, to research and unite traditional healers to form Associations for the improvement of their craft and methods in the provision of healthcare. This initiative resulted in the formation of the Ghana's Psychic and Traditional Healing Association.²⁴ Part of Mensah Dapaah's report to the government of Ghana after conducting research on traditional medicine in Ghana read that "to understand the practice of traditional healing, one must be prepared not to use the scientific method. The herbs can be studied from the scientific point of

¹⁴ WHO, "Traditional Healers Broaden Health Care in Ghana," accessed July 17, 2023, <https://www.afro.who.int/photo-story/traditional-healers-broaden-health-care-ghana>.

¹⁵ International Trade Administration, "Healthcare Modified," July 22, 2022, <https://www.trade.gov/country-commercial-guides/ghana-healthcare>.

¹⁶ Daniel Adjei Amporfro et al., "Patients Satisfaction with Healthcare Delivery in Ghana," *BMC Health Services Research* 21, no. 1 (December 22, 2021): 722, <https://doi.org/10.1186/s12913-021-06717-5>.

¹⁷ Twumasi and Warren, "The Professionalisation of Indigenous Medicine: A Comparative Study of Ghana and Zambia."

¹⁸ Twumasi and Warren, "The Professionalisation of Indigenous Medicine: A Comparative Study of Ghana and Zambia."

¹⁹ Opoku and Manu, *Religion and Health: An African Traditional Perspective*, 12-21.

²⁰ Opoku and Manu, *Religion and Health: An African Traditional Perspective*, 50.

²¹ Kpobi and Swartz, "Indigenous and Faith Healing in Ghana: A Brief Examination of the Formalising Process and Collaborative Efforts with the Biomedical Health System," 2035.

²² Twumasi and Warren, "The Professionalisation of Indigenous Medicine: A Comparative Study of Ghana and Zambia," 121.

²³ Twumasi and Warren, "The Professionalisation of Indigenous Medicine: A Comparative Study of Ghana and Zambia," 122.

²⁴ Twumasi and Warren, "The Professionalisation of Indigenous Medicine: A Comparative Study of Ghana and Zambia," 122.

view, but the total therapeutic process was hard to understand in a normal scientific way.”²⁵ The African belief that addressing the psycho-spiritual aspects of illnesses before focusing on the medical aspect, where the use of plant, animal, and mineral base products becomes essential, could be the source of Dapaah's suggestion to avoid the scientific method and highlights the apparent incomprehensibility of the healing process.

The fall of Nkrumah's regime was a devastating blow for the Ghana Psychic and Traditional Healing Association as the association was financially constrained. However, the Acheampong government, which founded the Center for Scientific Research into Plant Medicine (now Center for Plant Medicine Research) in Mampong Akuapem in 1974, allowed the Association to regain some money and its prestige at that time.²⁶

The formation of the Traditional Medicine Directorate, which subsequently became the Traditional and Alternative Medicine Directorate by the Ministry of Health in 1991, the passage of a new Food and Drugs Board law (PNDC Law 305B) in 1992 to control the manufacture and distribution of herbal medicines and the establishment of Ghana Federation of Traditional Medicine Practitioners Associations (GHAFTRAM) in 1999 provided a further boost for the regulation of traditional medicine in Ghana.²⁷ These contributed to the passage of the Traditional Medicine Practice Act (Act 575) in 2000. The Traditional Medical Practice Council was created as a result of this act, and it began operating in 2010 and has since issued licenses, regulated, and oversaw the practice of Ghana's traditional and alternative medicine practitioners.²⁸

Factors that Influence the Choice of Traditional Medicine

Various factors come into play in making a choice for traditional medicine. These include; severity of the disease, perceived risk of the disease, proximity of the healer, cost of healthcare, transportation facilities, gender of the patient, attitude of the patient toward different systems of healthcare practices, past experience of the patient, perception of illness, belief system on the causes of disease.²⁹

Potentials of traditional medicine

Traditional medicine continues to be widely used, with as many as 85% of Africans routinely utilizing traditional healers and remedies for primary healthcare in Sub-Saharan Africa.³⁰

Native healing is often more affordable and accessible than modern medicine, making it a preferred choice for many individuals. It is deeply rooted in African culture and spirituality, addressing not only physical ailments but also mental, emotional, and spiritual well-being.³¹

Indigenous medicine tries to treat supernatural and spiritual etiological agents including curses, evil spells, and bad omens, in contrast to conventional and biomedicine. Conventional medicine has no similar belief system and is more biological and scientific in character; based on scientific concepts and scientific method for all its claims.³²

In discussing the potential benefits of traditional medicine, Nixon Sifuna, a Kenyan scholar, observed that in contrast to allopathic medicine, which is produced through industrial processes using chemicals, some of which are highly toxic, traditional medicines are extracted from natural sources and therefore are less toxic and have fewer side effects. With this advantage, traditional medicine can contribute to achieving the goal of Universal Health Coverage by providing quality health services to all individuals without any effects.³³ African traditional medicine, according to Sifuna, does not require

²⁵ K. Mensah-Dapaah, “Traditional Healing,” *Ghana Journal of Science* 21 (1968): 16–21.

²⁶ Twumasi and Warren, “The Professionalisation of Indigenous Medicine: A Comparative Study of Ghana and Zambia,” 123.

²⁷ Mawuli Kofi-Tsekpo, “Institutionalization of African Traditional Medicine in Health Care Systems in Africa,” *African Journal of Health Sciences* 11, no. 1–2 (2004): i–ii.

²⁸ Kpobi and Swartz, “Indigenous and Faith Healing in Ghana: A Brief Examination of the Formalising Process and Collaborative Efforts with the Biomedical Health System,” 2035.

²⁹ M. M. Tabi, M. Powell, and D. Hodnicki, “Use of Traditional Healers and Modern Medicine in Ghana,” *International Nursing Review* 53, no. 1 (March 23, 2006): 52–58, <https://doi.org/10.1111/j.1466-7657.2006.00444.x>.

³⁰ WHO, “Traditional Medicine.”

³¹ Opoku and Manu, *Religion and Health: An African Traditional Perspective*, 60.

³² Sifuna Nixon, “African Traditional Medicine: Its Potential, Limitations and Challenges,” *Journal of Healthcare* 5, no. 1 (December 31, 2022), <https://doi.org/10.36959/569/475>.

³³ Sifuna, “African Traditional Medicine: Its Potential, Limitations and Challenges.”

highly developed scientific, technological, or technical know-how. It is easy to use and does not require the technological sophistication of current biomedicine because it makes use of indigenous knowledge from the local communities to address the healthcare requirements of these people.³⁴

Limitations and Challenges of African Traditional Medicine (ATM)

Sifuna highlighted the significant challenges facing African Traditional Medicine (ATM), including its susceptibility to quackery and deceit due to the informal nature of its practice and the lack of formal education among some practitioners, which can lead to inaccurate diagnoses. He also pointed out that skepticism towards traditional medicine persists, rooted in historical condemnation by Western civilization and Christian ideologies that have associated it with primitivity and evil.³⁵

The lack of goodwill between traditional medicine practitioners and allopathic doctors poses a challenge for ATM, but reestablishing dialogue could benefit both medical systems by fostering their growth and enhancement.³⁶

Some ATM practitioners frequently fail to subject their medicines to quality standards and quality control, which is evident in subpar harvesting and storage conditions as well as subpar standards of preparation. This contrasts with biomedicine, which must meet specific quality standards and undergo rigorous quality control and assurance testing by designated regulatory agencies and facilities.³⁷

Traditional knowledge in African medicine is only passed down through families from one generation to the next or gained through traditional apprenticeship within the specific community. This leads to the issue of inadequate documentation regarding these medications and their mechanisms of action. Lack of knowledge of patients' or clients' medical records is related to this.³⁸

Traditional medicine is frequently used for bad purposes in sub-Saharan Africa, including bewitchment (witch medicine), witchcraft, sorcery, the casting of evil spells, and curse ordeals. Traditional medicine must only be utilized for good. State officials should therefore make every effort to stop this ATM's regressive effect.³⁹

METHODOLOGY

This qualitative study evaluates ways in which traditional medicine contributes to health care delivery. The purpose of the study is to gain an understanding of the strengths and weaknesses in the administration and use of traditional medicine in the health delivery system in Ghana. The study was conducted in August 2023 in two communities in Akuapem in the Eastern Region of Ghana. Data collection began after approval was obtained from the authorities of the centres where the study was conducted. Purposive sampling was utilized to get information from the facility's administrators and herbalists, while random sampling was used to gather information from those who used traditional medicine. Male or female, 18 years of age or older, able to speak either the local language (Twi) or English, eager to participate, and able to comprehend the concept of the study are some of the inclusion criteria that were recognized as necessary to acquire pertinent, trustworthy, and understandable data. All subjects voluntarily participated in the study.

Data Collection

Data was collected from three main sources; one well-established state-of-the-art traditional medical facility which for the purpose of anonymity is referred to as Facility A, and two native healers whose information is treated together and referred to as Facility B, all in the Akuapem area. 30 users of traditional medicine who had obtained medicines from both facilities were also interviewed. A semi-structured interview guide was developed by the researcher to probe specific information required from the facilities and personal experiences of respondents. Each interview was tape-recorded and numbered with additional

³⁴ Sifuna, "African Traditional Medicine: Its Potential, Limitations and Challenges."

³⁵ Sifuna, "African Traditional Medicine: Its Potential, Limitations and Challenges."

³⁶ AA Abdullahi, "Trends and Challenges of Traditional Medicine in Africa," *African Journal of Traditional, Complementary and Alternative Medicines* 8, no. 5S (July 15, 2011), <https://doi.org/10.4314/ajtcam.v8i5S.5>.

³⁷ Sifuna, "African Traditional Medicine: Its Potential, Limitations and Challenges."

³⁸ Sifuna, "African Traditional Medicine: Its Potential, Limitations and Challenges."

³⁹ Sifuna, "African Traditional Medicine: Its Potential, Limitations and Challenges."

identifying information of age and occupation to protect anonymity. Data analysis was done manually under specific themes.

Interview guide

1. Could you give a brief description of the facility and its role in the local healthcare system?
2. Which essential elements of traditional African medicine are applied at the facility?
3. How does the facility make sure that the herbal treatments they employ are genuine and of high quality?
4. What views do people have about African traditional medicine?
5. Are there any challenges or limitations associated with the practice of African traditional medicine in your facility?
6. How does the facility collaborate with other healthcare providers or institutions in the area?
7. Does spirituality play any role in the selection, preparation and treatment at the facility?
8. Is there any other information you would like to provide to help me understand the contribution of traditional medicine in healthcare delivery?

PRESENTATION OF FINDINGS

Traditional Medical Facilities and Health Care Delivery

The Akuapem area is lucky to have a large number of traditional medicine practitioners as well as a cutting-edge healthcare center that focuses on traditional medicine. Facility A, which has been operating since 1976, sees more than 16000 patients each month. There are many persons who practice such in the neighborhood where Facility B is located, each with their own area of expertise. Patients with diverse health issues seeking treatment came from different parts of the country, especially, from the Greater Accra, Eastern, and Central regions in particular to Facilities A and Facility B as well as the many practitioners in the area of Facility B. Majority of the participants in the research who needed medical attention at the facilities were from other areas and had travelled to the Akuapem area for medical attention. One of them had traveled from overseas with a problem for which she hoped that Facility A could provide a cure. When asked by the researcher why she preferred traditional medicine she answered, "I tried a number of medications abroad, but my condition did not improve, therefore I am here to attempt this alternative as well."

Facility A manages an outpatient clinic with neat consulting rooms fitted with air conditioners with qualified doctors at post and enforces extremely strict standards for the selection, processing, and storage of harvested herbs and drugs. Before being approved for use by the Ghana Standards Authority, the center, whose management is under the control of the Ghanaian government, receives samples of herbal medicines from various people and businesses, examines, tests, and approves them. Using techniques akin to those employed in conventional hospitals, patients who seek medical assistance from Facility A supply bio-data such as name, weight, temperature, etc. In the area of medication administration at Facility A, the dosage recommendations are clearly printed on bottles designed specifically for this purpose. There are also laboratories equipped with a variety of Western scientific tools that help in accurate disease diagnosis, ensuring that the traditional medicines prescribed are the best ones for the circumstances. The well-organized wards in Facility A, where patients are admitted and treated, were another notable aspect that was observed.

Native healers operate Facility B from their homes, where they live with their families. The healers claim that they treat people from all over the nation as well as from the community in which they operate, though the researcher did not encounter any patients during his visit. They also assert that the local population, a small portion of whom the researcher interviewed, benefits more from their services. One of the healers claimed that some of his medications have helped persons who live outside the borders of Ghana since their family members back home sought out those treatments for them.

Despite being highly respected in their community as highly skilled herbalists, they appeared to be working covertly and lacked any signboards to advertise their services. Customers could locate them based on referrals from persons who have previously purchased medications from them or have heard about their services. It appeared that Facility B did not have any quality assurance protocols in place for the gathering, processing, and storage of herbal remedies, in contrast to the usual practice seen at Facility

A. The herbalists claimed that many of their medications are provided to patients in the raw form and instruct them on how to prepare them at home. Although Facility B has a limited number of rooms for admitting patients with illnesses like bone-setting, these rooms didn't exactly have the best conditions. It was discovered that pre-made medications were contained in bottles intended for other items, such as water and alcohol and lacked labelling and recommended dosage.

Analysis of the data gathered from Facilities A and B reveals advancements in the use of traditional medicine in the Akuapem enclave, highlighting its crucial role in health delivery. However, there remains significant room for improvement, particularly among the numerous practitioners whose *modus operandi* is similar to that of Facility B. The strict protocols upheld by Facility A are an example of attempts being made to improve the public's perception of traditional medicine and make it healthier. It makes sense to summarize the facility's mission statement as follows: 'To achieve the highest level of reputation in the production of herbal products that meet the most demanding requirements of both patients and the industry through innovative scientific research and fruitful collaborations.'

Components of Traditional Medicine and Services provided

Traditional medicine has a wide range of components, and its use is greatly influenced by culture and geography. The researcher noticed that herbal medicine, which uses plant materials including leaves (both fresh and dried), roots, bark of stems, seeds, nuts, and sap depending on the illness given to the practitioner, was the main source of medicines in Facilities A and B. The choosing of herbs, according to healers, necessitates extensive knowledge of plants because some leaves are identical and mistakes in the selection could be harmful to health. Additionally, certain times of the day should be considered when choosing a particular herb. While some herbs in the forest can be picked whenever, others must be harvested at specific times of the day. Some herbs, according to Facility B, are chosen barefoot and at night. Even certain herbs require the herbalist to visit the forest unclothed in order to select them, failing which such medicines become less effective.

Bone setting and minor surgeries are other medical procedures that were uncovered at the facilities. Both facilities are equipped to do simple procedures to mend fractured bones and remove bullets in gunshot wounds. For instance, before bullets are removed at Facility B, investigations are carried out to ascertain the reason for the gunshot. To make sure that those who are shot while committing a crime are brought before the law.

Venesection, which entails the withdrawal of blood for therapeutic purposes and preventive medicine, and the use of lifestyle changes were especially identified at Facility A.

In the centres under study, traditional medicine could be used to treat a variety of ailments. General healthcare, strokes, diabetes, hypertension, infertility, asthma, and gynecological problems are just a few of the conditions for which patients visit the facilities. The researcher came upon an advertisement for new scan services offered by Facility A, including venous Doppler, arterial Doppler, electrocardiograph, gynecological/pelvic, obstetric, abdominopelvic, urological/prostate, scrotal, breast, thyroid, and musculoskeletal scans. Even though these procedures are performed using extremely sophisticated scientific equipment, they help in accurate diagnosis to guarantee that suitable therapy is recommended using traditional medicine. This intervention also demonstrates how ready some practitioners of traditional medicine are to work with those who practice scientific medicine.

At Facility B, the researcher was informed that individuals who sought treatment there were frequently directed to conventional hospitals for a variety of laboratory testing and scanning to confirm the nature of their illnesses so the healer is certain of the precise medical problem presented. Although both facilities stated that they don't deal with spiritual matters, they hinted that there may be times when they perceive that illnesses have spiritual underpinnings, in which case they would advise patients to seek out spiritual remedies as they handle the physical aspect of the ailment.

Preference for Traditional Medicine

Many people in the Akuapem region and elsewhere prefer traditional medicine. Respondents favored traditional medicinal choices even though conventional medical facilities are easily accessible and two renowned hospitals are located in the research location. Each respondent had voluntarily traveled to facility A or facility B and was fully aware of the types of care provided in these facilities. The researcher

observed that this was not the case with the majority of people who visited both facilities, in contrast to several of the reasons supplied by the literature as determining factors for the use and preference of traditional medicine, such as easy accessibility and cost efficiency. The patients' belief in traditional treatments and their desire to achieve optimum health served as the primary drivers for their preference for traditional medicine. This is the reason why many people bypassed scientific hospitals in favor of using the services of traditional practitioners. Even while respondents in Facility A acknowledged that the cost was manageable, few believed that going to the facility for treatment was more expensive than going to the standard hospitals.

Another argument for why traditional treatment is favoured is the side effects of allopathic medicine. For instance, a middle-aged woman blamed many allopathic medicines she had used, which she felt had caused more harm than help, for a new health condition that had been identified. Another respondent stated that she had noticed a significant improvement in her health since she started utilizing traditional medicine instead of the medications that the main hospital had recommended for her. There were other individuals who visited the facility on the advice of friends and family. A first-time attendee of Facility A claimed that his wife utilized the facility's products initially and that the improvement in her health had inspired him to do the same.

Facility managers also suggested that there were some situations for which patients were referred to them from conventional hospitals so that the patients could explore indigenous choices. A practitioner in Facility B mentioned that on a few occasions, patients who were scheduled for amputation were referred to him from a teaching hospital and he was able to heal them.

The managers of Facility B claim that occasionally they give away specific services for free but instruct patients to come and express their gratitude once they have fully recovered. They did this because they believed that the patient's life was priceless and deemed their condition to be extremely crucial. Contrary to hospitals, which frequently lack compassion and often operate "cash and carry" services, these traditional doctors place a high value on life. This outpouring of compassion could be explained by the fact that the remedies these local healers use are frequently inexpensive and readily available in the area.

Traditional Medicine Use: Challenges and Limitations

The researcher was unable to find many flaws in the way traditional medicine was used to deliver healthcare in Facility A. This is due to the institution performing every normal task as required by standard hospitals. Contrary to Sifuna's observation that traditional knowledge in African medicine is only passed down through families from one generation to the next or gained through traditional apprenticeship within the specific community, the researcher found out that practitioners at Facility A had acquired knowledge about traditional medicine through formal education in recognized universities. To cut down on the length of time patients had to wait in line at the institution to be seen, one respondent proposed training more specialists or physicians in herbal medicine.

However, the researcher believes that services at Facility B would need a lot more attention. There needs to be some modification in the atmosphere where the fresh herbs are kept uncooked and the medicines are made and stored, despite the fact that customers of the facility attest to the effectiveness and potency of the treatment provided by the facility and testimony of referral cases even from regular hospitals. The medications are very exposed and could become contaminated. Customers may also be at risk if labels indicating suggested dosages and expiration dates are absent. The researcher is of the view that though many traditional herbal medicines are organic in nature, taking dosages that are not based on any scientific basis could have side effects for consumers.

The researcher also noted that some traditional medical practitioners in the area have not obtained the needed licensing to practice even though they claim to have very potent medicines. The setbacks as mentioned by some indigenous healers were ignorance, bureaucratic procedures and financial difficulty. According to one practitioner, few who have shown interest in assisting them to go through the necessary formalization have attempted to explore to their own advantage.

The increasing urbanization and development have also affected the availability of medicinal herbs, according to one practitioner. This means that herbalists have to travel long distances to pick herbs that used to be readily available some time ago. The use of agrochemicals and activities such as bush burning,

especially in the dry season also have a negative effect on the availability and quality of herbs for medication.

DISCUSSION

This section examines the study's results in the context of existing literature. Although some of the findings support the literature, other observations imply otherwise. The WHO's argument that the severity and perceived risk of disease are factors that influence the choice of traditional medicine is supported by the study's finding that some patients find traditional medicine to be a viable option after multiple unsuccessful attempts to improve their health with conventional medicine.⁴⁰ Traditional medicine is viewed as a last resort in this context. Sifuna's remark that traditional medicine has fewer side effects since it is organic may help to explain why people prefer it for serious and dangerous medical conditions. In other words, traditional medicine, with its organic nature, maybe a better choice for treating such serious and high-risk health issues after a patient has struggled for a long time with contemporary medications and the adverse effects that follow.⁴¹

According to the WHO, patients' views regarding various healthcare systems are another factor that influences the choice of traditional medicine, and the study confirmed this claim.⁴² Traditional medicine was preferred over allopathic medicine by several of the patients who were interviewed for the study. This explains why these patients specifically visited the centers used in this study to seek traditional options, despite the fact that conventional hospitals were easily accessible. This implies that traditional treatment was highly trusted by those patients. Therefore, one could claim that for many people, traditional medicine is the preferred form of treatment.

The results reaffirmed the idea that past experience with traditional medicine could inform one's preference for it.⁴³ For instance, a respondent whose wife's declining health started to improve after exploring traditional alternatives hinted that he had also switched from getting medication from a conventional hospital to looking for traditional alternatives because he was persuaded of the effectiveness of traditional medicine by his wife's improved health.

The study's results, however, did not entirely support a WHO study that identified the cost of healthcare, the healer's location, and transportation options as determinants of traditional medicine preference.⁴⁴ The fact that respondents traveled from both nearby and distant parts of the nation to visit a traditional medical facility, as well as from overseas, indicates that once people have faith in the services offered by a traditional facility or herbal practitioner, they will use them regardless of the distance. Put another way, people are willing to travel great distances to patronize traditional health centers because of the high value they place on medications provided by these practitioners and facilities. According to this study, the availability of transportation facilities could not in any way restrict access to the centers used in this study because the centers were easily accessible from anywhere in the country.

The results do not also completely support the assertion made in certain literature that conventional medications are less expensive when it comes to healthcare costs.⁴⁵ Depending on the kind of traditional health center one visits, traditional medicines may be somewhat costly. For instance, some respondents who had visited both Facility A and conventional hospitals alluded to the fact that the traditional medical facility's treatment costs were quite exorbitant. These patients clarified that, in contrast to typical medical facilities, some medications are even given to patients at no cost at conventional hospitals.

The traditional facility's full cash and carry policy, which requires patients to pay for their entire course of treatment in contrast to some conventional hospitals' subsidized services under the National Health Insurance Scheme (NHIS), may be the cause of the comparatively high cost of medication. For instance, a diabetic patient who attends a typical medical facility may receive free medicine under the

⁴⁰ WHO, "Traditional Medicine."

⁴¹ Sifuna, "African Traditional Medicine: Its Potential, Limitations and Challenges."

⁴² WHO, "Traditional Medicine."

⁴³ Sifuna, "African Traditional Medicine: Its Potential, Limitations and Challenges."

⁴⁴ WHO, "Traditional Medicine."

⁴⁵ Boateng et al., "Integrating Biomedical and Herbal Medicine in Ghana – Experiences from the Kumasi South Hospital: A Qualitative Study,"

NHIS, but at a traditional medical facility that does not run the NHIS, the same patient would be responsible for paying the entire cost of medications.

It should be noted that the high cost of treatment may be due to the expense of drug processing and testing by reputable traditional medical centers. Even though the herbs may be readily available, preparation and storage of medicines may be expensive. Sifuna's assertion that African traditional medicine does not require "highly developed scientific, technological, or technical know-how"⁴⁶ may be contested in light of the contemporary scientific methods used to process and store traditional medicines at reputable traditional medical facilities like Facility A. Some facilities actually employ highly advanced scientific and technological knowledge to prepare traditional medicines just like medicines provided at conventional facilities are prepared. Sifuna's assertion might only apply to the practices of local herbalists, who, as the study's findings indicated, could initially offer some services for free because the remedies they employ are usually affordable and easily accessible in their areas of operation, which may also account for the lower prices of their services.

Regarding the challenges and limitations associated with the application of traditional medicine, the observation that some practitioners had received specialized education at reputable universities indicates that traditional medicine practice has evolved from a time when knowledge of it was only passed down through families from one generation to the next or obtained through the traditional apprenticeship model, as some literature has noted.⁴⁷ The possible scepticism, incorrect diagnosis, and quackery linked to the practice of native medicine in some places may be addressed by this advancement. As a result, patients who favor traditional medicine might go to reputable facilities with confidence in the knowledge of the staff.

The results of the investigation, particularly at Facility B, supported Sifuna's assertion that certain native medical practitioners avoided strict quality control and assurance procedures.⁴⁸ This clarifies why some of them work in secret. Consumers may suffer significant consequences if gathered herbs and medications are prepared and stored in subpar settings. Additionally, consumers may suffer if medications lack labels that specify recommended dosages and expiration dates. The key to preventing potential risks relating to the use of traditional medicine is for all practitioners to subject their operations to the appropriate agencies for licencing and strict adherence to quality control protocols.⁴⁹

The results of this study neither supported nor contradicted the literature's assertion that African traditional medicine treats mental, emotional, and spiritual health conditions as well as supernatural and spiritual etiological agents, such as curses, evil spells, and bad omens.⁵⁰ The findings of the study were also unable to confirm or deny the assertion that traditional medicine is commonly utilized for harmful reasons in sub-Saharan Africa, including bewitchment, witchcraft, sorcery, casting of evil spells, and curse ordeals.⁵¹ This is because information obtained from the operators of the centers used for the study indicated that the centers dealt only with the physical aspects of illnesses.

RECOMMENDATIONS

Based on the findings and discussion, it is recommended that training and proper recognition of traditional healers should be emphasised, as well as formalization of the collaboration between traditional healers and their orthodox counterparts, given that some traditional healers advise patients to go to conventional hospitals for a proper diagnosis before they give treatment and that some conventional hospitals sometimes advise patients to seek traditional alternatives.

While the study applauds the works of some of the facilities in the Akuapem enclave for their advancements in traditional medicine, much more needs to be done to support the numerous herbal medicine practitioners who are currently working covertly and outside of the established standards in order to improve their practices and maximize the advantages of traditional medicine. In order to do this, the study encourages stakeholder interactions among users of traditional medicine, regulatory bodies, and

⁴⁶ Sifuna, "African Traditional Medicine: Its Potential, Limitations and Challenges."

⁴⁷ Tabi, Powell, and Hodnicki. "Use of Traditional Healers and Modern Medicine in Ghana."

⁴⁸ Sifuna, "African Traditional Medicine: Its Potential, Limitations and Challenges."

⁴⁹ Abdullahi, "Trends and Challenges of Traditional Medicine in Africa."

⁵⁰ Abdullahi, "Trends and Challenges of Traditional Medicine in Africa."

⁵¹ Last, and Chavunduka. *The Professionalisation of African Medicine*.

herbal medicine practitioners. The Ministry of Health and Ghana Health Service have a key role to play in ensuring that traditional medicine practitioners operate within the confines of the law.

CONCLUSION

The paper has evaluated the contribution of traditional medicine to healthcare delivery in the Akuapem area of Ghana. Traditional medicine plays a significant role in the delivery of healthcare to residents of the Akuapem area as well as many others who travel from far and wide to seek out traditional herbal cures. Even though there are conventional hospitals nearby, traditional medicine has become the medicine of choice by many people, who travel great distances to explore traditional options, contrary to some earlier studies that linked traditional medicine to rural areas and places where standard western scientific medicine is not easily accessible. Recommendations have been made to ensure that these centers are operating within the confines of the law. Key stakeholders have to be up and doing to ensure that traditional medicine takes its rightful place in the healthcare of Ghanaian citizens.

BIBLIOGRAPHY

- Abdullahi, A.A. "Trends and Challenges of Traditional Medicine in Africa." *African Journal of Traditional, Complementary and Alternative Medicines* 8, no. 5S (July 15, 2011). <https://doi.org/10.4314/ajtcam.v8i5S.5>.
- Abebe, D., and A. Ahadu. *Medicinal and Enigmatic Health Practices of Northern Ethiopia*. Addis Ababa : B.S.P.E., 1993.
- Amporfro, Daniel Adjei, Michael Boah, Shao Yingqi, Therese Martin Cheteu Wabo, Miaomiao Zhao, Victorine Raissa Ngo Nkondjock, and Qunhong Wu. "Patients Satisfaction with Healthcare Delivery in Ghana." *BMC Health Services Research* 21, no. 1 (December 22, 2021): 722. <https://doi.org/10.1186/s12913-021-06717-5>.
- Boateng, Millicent Addai, Anthony Danso-Appiah, Bernard Kofi Turkson, and Britt Pinkowski Tersbøl. "Integrating Biomedical and Herbal Medicine in Ghana – Experiences from the Kumasi South Hospital: A Qualitative Study." *BMC Complementary and Alternative Medicine* 16, no. 1 (December 7, 2016): 189. <https://doi.org/10.1186/s12906-016-1163-4>.
- International Trade Administration. "Healthcare Modified ," July 22, 2022. <https://www.trade.gov/country-commercial-guides/ghana-healthcare>.
- Kofi-Tsekpo, Mawuli. "Institutionalization of African Traditional Medicine in Health Care Systems in Africa." *African Journal of Health Sciences* 11, no. 1–2 (2004): i–ii.
- Kpobi, Lily, and Leslie Swartz. "Indigenous and Faith Healing in Ghana: A Brief Examination of the Formalising Process and Collaborative Efforts with the Biomedical Health System." *African Journal of Primary Health Care & Family Medicine* 11, no. 1 (July 22, 2019). <https://doi.org/10.4102/phcfm.v11i1.2035>.
- Last, Murray, and Gordon L Chavunduka. *The Professionalisation of African Medicine*. Manchester University Press, 1986.
- Mensah-Dapaah, K. "Traditional Healing." *Ghana Journal of Science* 21 (1968): 16–21.
- Moeti, M. "African Traditional Medicine Day ," 2022. <https://www.afro.who.int/regional-director/speeches-messages/ African-traditional-medicine>.
- Nixon, Sifuna. "African Traditional Medicine: Its Potential, Limitations and Challenges." *Journal of Healthcare* 5, no. 1 (December 31, 2022). <https://doi.org/10.36959/569/475>.
- Opoku, J.K., and E. Manu. *Religion and Health: An African Traditional Perspective*. Kumasi: Graduate Standard Secretariat Services, 2017.
- Singh, Ashish, and Harilal Madhavan. "Traditional vs. Non-traditional Healing for Minor and Major Morbidities in India: Uses, Cost and Quality Comparisons." *Tropical Medicine & International Health* 20, no. 9 (2015): 1223–38.
- Tabi, M. M., M. Powell, and D. Hodnicki. "Use of Traditional Healers and Modern Medicine in Ghana." *International Nursing Review* 53, no. 1 (March 23, 2006): 52–58. <https://doi.org/10.1111/j.1466-7657.2006.00444.x>.
- Twumasi, Patrick A, and Dennis Michael Warren. "The Professionalisation of Indigenous Medicine: A Comparative Study of Ghana and Zambia." In *The Professionalisation of African Medicine*, 117–

35. Routledge, 2018.

WHO. "Traditional Medicine." Accessed July 13, 2023. <http://www.afro.who.int/health-topics/traditional-medicine>.

———. "Traditional Healers Broaden Health Care in Ghana." Accessed July 17, 2023.

<https://www.afro.who.int/photo-story/traditional-healers-broaden-health-care-ghana>.

Wintrob, Ronald. "Overview: Looking toward the Future of Shared Knowledge and Healing Practices." *Psychiatrists and Traditional Healers: Unwitting Partners in Global Mental Health*, 2009, 1–11.

ABOUT AUTHORS

Henry Kwaku Adu-Offei is an ordained minister of the Methodist Church Ghana and a doctoral candidate at the Department of Religious Studies at the Kwame Nkrumah University of Science and Technology (KNUST), Kumasi-Ghana. He holds a B.Sc (Human Biology) from the University of Cape Coast, Ghana, a Master of Divinity (M.Div.) and a Master of Theology (M.Th.) both from the Trinity Theological Seminary, Legon-Ghana. His research interest includes Systematic and Contextual Theology, African Traditional Religion, Church and Society.

John Kwaku Opoku is a Catholic priest in the Catholic Archdiocese of Kumasi. He holds the position of Associate Professor at the Department of Religious Studies at Kwame Nkrumah University of Science and Technology (KNUST). He obtained a B.A. in Religion and Sociology from Legon, Ghana, an M.A. in Intercultural Theology from Radboud Universiteit-Nijmegen, a Master of Bioethics from the Medical Colleges of Radboud Universiteit-Nijmegen, the Catholic University of Leuven-Belgium, the Universities of Basel and Padova-Switzerland and Italy, respectively, and a PhD in Theology and Health from Radboud Universiteit-Nijmegen. His areas of expertise include pastoral theology, bioethics, and religion and health.