



# The State and Practice of African Traditional Medicine among the Ewe of Ghana: Contemporary Challenges and Prospects

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## ABSTRACT

In spite of the presence of modern healthcare facilities such as hospitals, clinics, and health centers, coupled with well advanced modern medical technology, many people in Ghana continue to patronize traditional medicine. Using the qualitative approach, this study investigates the state and practice of traditional medicine among the Ewe of Ghana in contemporary times. In the first place, the study reviews literature on traditional medicine and African healing systems. Secondly, the study discusses the methodological framework. In addition, the study explores the state and practice of traditional medicine among the Ewe of Ghana, focusing on the ethnography of diseases, the topography of traditional medicine practitioners, and the prospects and challenges of the practice of traditional medicine in contemporary times. Data collection instruments such as interviews and observations were used to collect primary data. The study finds that traditional medicine contributes to alternative medicine, saves people from disabilities, and ensures the affordability of healthcare. However, it has been bedeviled with challenges such as the problem of licensing, lack of association, destruction of medicinal herbs, and infrastructural problems. The study concludes that traditional medicine continues to play a major role in healthcare delivery among the Ewe of Ghana in spite of the presence of modern healthcare systems. More significant is the fact that the study contributes to knowledge in the field of medical anthropology and Ewe ethno-medical history.

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## INTRODUCTION

Traditional medicine occupies a central place in the health sector of many African societies.<sup>1</sup> Traditional Medicine Practitioners (TMPs), also known as traditional healers predate biomedicine.<sup>2</sup>

<sup>1</sup> Geoffrey Setswe, The Role of Traditional Healers and Primary Health Care in South Africa. *Health SA Gesondheid*, 4, (2), (1999): 56-60.

<sup>2</sup> Wilbur Hoff, "Traditional Health Practitioners as Primary Health Care Workers." *Trop. Doct.* 27 suppl 1, (1997): 52-55; [doi.org/10.1177/00494755970270S116](https://doi.org/10.1177/00494755970270S116).

Bannerman conceptualized traditional medicine to mean the union of body, senses, mind, and soul and described positive health as the blending of physical, mental, social, moral and spiritual welfare.<sup>3</sup> Prior to the coming of Europeans to Africa, indigenous African societies were highly grounded in knowledge systems that promoted the health and well-being of their people. These knowledge forms were grounded in local ontology and epistemology. African Traditional Medicine predates biomedicine. It has been the fulcrum around which the health and wellbeing of African people revolved. Prior to the coming of Europeans to Africa, traditional medicine played a major role in the healthcare delivery and practices of the local people. Traditional Medicine Practitioners were therefore revered in indigenous societies since they formed the bedrock of community health and medicine. Among the Ewe of Ghana, Traditional Medicine played and continues to play crucial roles in promoting health in the local communities. In Ghana, indigenous societies such as the Akan, Dagomba, Gonja, and Ga among others used traditional medicine extensively to promote community health. There were various traditional medicine practitioners who were experts and specialized in different forms of healing systems. These practitioners made use of plants, animals, and mineral substances to provide critical health services to the local people.<sup>4</sup> Indeed, traditional medicine practitioners were key stakeholders and gatekeepers of community health. However, following the emergence of modern healthcare systems such as hospitals, clinics, and health centers with more advanced medical technology, it was expected that patronage of traditional medicine will decline or gradually disappear.

In addition, it was also expected that with the emergence of western education, Christianity and improvement in science and technology with its attendant influences of globalization, the practice of traditional medicine will decline and even become extinct. In spite of this, traditional medicine continues to exist among the Ewe of Ghana. This study investigates the state and practice of traditional medicine among the Ewe. In the conduct of this study, three research questions were posed: what is the nature and state of the practice of traditional medicine among the Ewe of Ghana? What are the prospects of traditional medicine among the Ewe? What are the challenges confronting traditional medicine practitioners in their practices? In organizing this study, the first section provides the background to the study. Secondly, the study engages with literature on traditional medicine and African healing systems. In addition, the study discusses the methodological framework. Furthermore, the study investigates the Ewe concept of health, the ethnography of diseases and disease etiology, and the topography of traditional medicine practitioners among the Ewe. At the center of this study lies the objective to chronicle the state and practice of traditional medicine among the Ewe in contemporary times. In doing so, the prospects and challenges confronting traditional medicine practitioners were discussed. The study argues that traditional medicine occupies a central place in Ewe medical systems as it provides alternative medicine to the local people, saves people from disabilities, and makes healthcare affordable to the local populations. In spite of these prospects, traditional medicine practitioners have been bedeviled with challenges such as the problem of licensing, lack of association, the problem of dosage, destruction of medicinal plants and infrastructure problems. The study concludes that traditional medicine continues to play a major role in healthcare delivery among the Ewe of Ghana in spite of the presence of modern healthcare systems. The significance of this study stemmed from the fact that data was collected through ethnography and phenomenology which provided the lived experiences of traditional medicine practitioners among the Ewe of Ghana. Similarly, this study contributed to knowledge in the field of medical anthropology and Ewe ethno-medical history.

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<sup>3</sup> Robert Henry Bannerman, "Traditional Medicine in Modern Health Care Services". *Sage Journals*, 6, (5), (1980): 731-748.

<sup>4</sup> WHO. "The Promotion and Development of Traditional Medicine." *Technical Report Series*, 622, Geneva, 1978.

## THEORIZING LITERATURE ON AFRICAN TRADITIONAL MEDICINE AND AFRICAN HEALING SYSTEMS

Traditional medicine is very central to the healthcare systems of the African people,<sup>5</sup> though the term is vaguely used to denote the application of science and technology to health matters.<sup>6</sup> Before the advent of orthodox medicine, indigenous African people explored different ways of dealing with health issues and problems.<sup>7</sup> In developing countries including Africa, traditional medicine continues to be the main source of healthcare delivery in spite of the emergence of scientific medicine which is highly advanced in terms of technology.<sup>8</sup> Traditional medicine is defined as a body of knowledge and practices which are inexplicable but used to ascertain the causes of diseases, prevent and eliminate diseases, and is handed down from generation to generation.<sup>9</sup> Chabot defined African Traditional Medicine as “a body of practices, measures, ingredients, interventions of all types, material or other, which have allowed the African to arm himself against sickness, to alleviate suffering or ill-health.”<sup>10</sup> Similarly, the World Health Organization looks at traditional medicine as a total of knowledge, practices and skills that are used in the improvement of health by a group of people and this knowledge enhances the diagnostic, preventive, and curative aspects of health, diseases and illness.<sup>11</sup> Bannerman further defines traditional medicine as:

...a total body of knowledge, techniques for the preparation and use of substances, measures, practices, whether explicable or not that are based on personal experience and observation handed down from generation to generation, either verbally or in writing, and are used for the diagnosis, prevention, or elimination of imbalances in physical, mental or social well-being.<sup>12</sup>

The World Health Organization pointed out that an average of 80% of the total populations of Asia, Latin America, and Africa patronize traditional medicine to cater for their primary healthcare needs.<sup>13</sup> Accordingly, it has been observed that traditional medicine, as well as herbal medicine, have witnessed increased patronage in the continent of Europe, Latin America, Asia, and Africa.<sup>14</sup> This observation clearly indicates that traditional medicine has a great role to play in ensuring health and well-being among the local people. Interestingly, the gatekeepers of traditional medicine are traditional medicine practitioners, also known as traditional healers. The World Health Organization defines an African traditional healer as someone recognized by his own community to have the competence in using plant, animal, and mineral substances to provide health services based on social and cultural backgrounds.<sup>15</sup> Similarly, traditional healers are regarded by their communities as people who are competent enough to provide healthcare by using herbs, animal and mineral substances, or other methods based on social, cultural and religious principles....<sup>16</sup> It is obvious that traditional healers are

<sup>5</sup> Remi Toyin Adefolaju, “The dynamics and changing structure of traditional healing system in Nigeria” *International Journal of Health Research*, 4, (2), (2011): 99-106.

<sup>6</sup> Robert Henry Bannerman, “Traditional medicine in modern health care.” *World Health Forum*. 3, (1982): 8-13.

<sup>7</sup> Ali Arazeem Abdullahi, “Trends and Challenges of traditional medicine in Africa” *African Journal of traditional, complementary and alternative medicines*; 8, (5), (2011); 115-123;doi:10.4314/ajtcam.v8i5S.5

<sup>8</sup> Peter Omonzejele, “Current ethical and other problems in the practice of African traditional medicine.” *Journal of Medicine and Law*, 22, (1)(2003): 29-38.

<sup>9</sup> Joseph Henry C. Chabot, “Traditional Medicine in Nannam Land.” Unpublished Master of Arts Thesis presented to the Institute of African Studies, University of Ghana, Legon, 1980,11.

<sup>10</sup> Chabot, *Traditional Medicine in Nannam Land*, 11.

<sup>11</sup> WHO. *General guidelines for methodologies on research and evaluation of traditional medicine*, Geneva, 2000.

<sup>12</sup> Bannerman, *Traditional medicine*. 731.

<sup>13</sup> WHO. “National policy on traditional medicine and regulation of herbal medicines.” *Report of a WHO global Survey*. Geneva, 2005.

<sup>14</sup> Peter A. Twumasi, *Medical Systems in Ghana: A Study in Medical Sociology*. (Accra: Ghana Publishing Corporation, 1975).

<sup>15</sup> WHO, “The Promotion and Development of Traditional...” 1.

<sup>16</sup> Mercel J. H. Aries, Joosten Hanneke., Harry H. J. Wegdam, & Sjaak Van der Geest, “Fracture treatment by

local practitioners who have been recognized by their communities as key stakeholders of community health and medicine. Accordingly, Truter pointed out that traditional healers have various special areas of practice and expertise and explore different methods of diagnosis and treatment. In his study, he identified *Sangoma* (diviners), *Inyanga* (traditional doctor or herbalist), *Umthandazi* or *umprofiti* (faith healer), and *ababelethisis* (traditional birth attendant) as some categories of traditional healers in local communities of South Africa.<sup>17</sup> Bodeker and his colleagues also identified shrine operators, herbal healers, animal bite healers, eye specialists, bone setters, spiritualists and veterinary healers as some categories of traditional healers in Africa.<sup>18</sup> In Nigeria, traditional healers such diviners whose use of plants is very limited but rather used the medium of divination, and herbalists who use plants extensively in healing were identified.<sup>19</sup> In Ghana, it has been argued by Senah that among the Ewe of southeastern Ghana, the popular aspect of ethnomedicine is manifested by the diffused knowledge that adults have in herbal lore where most adults can identify plants, twigs, roots, or grass used in the treatment of various illnesses, especially the commonly occurring ones.<sup>20</sup> Senah's observation provides a very good foundation for this study in order to understand the state and practice of traditional medicine among the Ewe. On the basis of this, this current study will investigate the nature of the disease environment among the Ewe and the various traditional medicine practitioners who attend to these diseases in recent times.

It must be noted that with the presence of traditional medicine and traditional healers in African societies, there exist different and varied forms of healing systems. Indeed African traditional healing is intertwined with cultural and religious beliefs and is holistic in nature. It does not only focus on the physical but also psychosocial and spiritual aspects of individuals, families and communities.<sup>21</sup> In addition, African healing systems are pluralistic as it focuses on the biological approaches that are concerned with diseases and illnesses emanating from the body as well as cultural and belief systems that underpin diseases.<sup>22</sup> It is observed that within the African health systems, identification, assessment, and classification of diseases and treatments are all influenced by the environment and belief systems of people in relation to the causes of diseases and the cures for such diseases.<sup>23</sup> In finding out the various approaches used by TMPs in Ghana to ascertain the causes of diseases, methods such as spiritual cleansing,<sup>24</sup> sacrifices to the gods, divination, interviews,<sup>25</sup> spiritual protection,<sup>26</sup>

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bonesetters in central Ghana: patients explain their choices and experiences." *Tropical Medicine and International Health* 12, (4), (2007): 564 – 574.

<sup>17</sup> Ilse Truter, "African Traditional Healers: Cultural and Religious Beliefs Intertwined in a Holistic way." *Complement and Alternative Medicine; SA Pharmaceutical Journal*, (2007): 56-60.

<sup>18</sup> Aries, et. al. "Fracture treatment by bonesetters."

<sup>19</sup> Noah Yusuf, *Traditional Medicine and Health Care Delivery System in Nigeria*. n. d., 32-44.

<sup>20</sup> Kodjo Senah, "Traditional and Modern Health Care Practices", In *A Handbook of Eweland: The Ewes of Southeastern Ghana*. Vol.1, (Accra: Woeli Publishing Limited, 1997), 240-249.

<sup>21</sup> Truter, "African Traditional Healers," 57-58.

<sup>22</sup> Olaniyi Bojuwoye, "Traditional healing practices in Southern Africa: Ancestral spirits, ritual ceremonies, and holistic healing." In *Integrating Traditional Healing Practices into Counselling & Psychotherapy*, (Thousand Oaks, CA: Sage Publications, 2005) 61-72.

<sup>23</sup> Ronald Marshall, "Caribbean healers and healing: Awakening spiritual and cultural healing powers." In *Integrating Traditional Healing Practices into Counselling & Psychotherapy*. (Thousand Oaks, CA: Sage Publications, 2005), 73-84.

<sup>24</sup> Jacob K. Olupona, "Owner of the day and regulator of the universe: Ifa Divination and healing among the Yoruba of South-Western Nigeria", In *Divination and healing: Potent vision*, (Tucson: University of Arizona Press, AZ, 2004), 103-117.

<sup>25</sup> Peter White, "The Concept of Diseases and Health in African Traditional Religion in Ghana." *Herv.teol.stud.* 71, (3), (2015); <http://dx.doi.org/10.4102/HTS.V71I3.2762>

<sup>26</sup> David Westerlund, *African indigenous religions and disease causation*. (Leiden: Brill NV, 2006).

exorcism,<sup>27</sup> and the use of sounds<sup>28</sup> were identified. Other methods such as adherence to moral codes,<sup>29</sup> clay and herbs application,<sup>30</sup> and counselling<sup>31</sup> were also identified. All these methods and approaches are employed by traditional medicine practitioners in providing healthcare delivery to the local people.

It is obvious from the literature that none of the scholars focused on the state and practice of traditional medicine among the Ewe. The only study that came close was that of Senah but even with that, he did not focus on the state and practice of traditional medicine among the Ewe of Ghana. It is acknowledged that the scholars above have laid solid foundations in their research on traditional medicine but it is also acknowledged that much needs to be done to understand the dynamics of the practice of traditional medicine in other cultures. This study, therefore, fills this gap by adding new dimensions to the Ewe society

## RESEARCH METHODOLOGY

First of all, this study was part of a doctor of philosophy thesis of the researcher which was conducted from December 2020 to July 2022. The study adopted the qualitative approach. Qualitative research is that type of study that engages with interviews, case studies, personal experiences, introspective life stories, observation, historical, interactional and visual texts to describe a particular social phenomenon.<sup>32</sup> It is that approach that is grounded in the constructivist and interpretivist paradigms and epistemology. This approach adopts a rigorous and systematic method of producing meaning and subjectively interprets data. This method allows data to be collected in a natural setting.<sup>33</sup> The strengths of this method rest in the authenticity of information as data is collected in a natural setting.<sup>34</sup> For the purposes of this study, a sample size of sixty-four (64) participants was recruited. The sample frame included traditional medicine practitioners such as traditional bone setters, herbalists, diviners, and traditional birth attendants; orthodox medicine practitioners such as orthopedic surgeons and clinical nurses also participated in the study; other participants included traditional leaders, assembly members, opinion leaders, and ordinary members of the Ewe communities. In all, there were ten (10) traditional bone setters, eight (8) traditional birth attendants, fifteen (15) herbalists, six (6) diviners, two (2) assembly members, four (4) opinion leaders, ten (10) community members and nine (9) orthodox medicine practitioners (six clinical nurses and three orthopedic surgeons). These traditional medicine practitioners were sampled from *Hohoe*, *Dodome Dogblome*, *Akoefe Avenui*, *Mafi Wukpo*, *Mafi Kpedzeglo*, *Mafi Amegakofe*, *Sokpoe*, *Tefle* and *Akatsi*. The orthodox medicine practitioners were recruited from the Ho Teaching Hospital and Saint Anthony's Hospital, Dzodze, which are the two biggest hospitals in the northern and southern Eweland respectively.

Data was largely collected across the Eweland specifically in *Ewedome*, *Tongu* and *Anlo* areas. These participants were recruited using purposive and simple random sampling techniques. The reason for using the purposive sampling technique was to allow some specific people who have adequate knowledge about the subject matter to be included in the study. On the other hand, the reason for using the simple random technique was to give other people an equal opportunity to participate in the study. It is argued that with these two sampling methods, the data collected provided balanced information.

<sup>27</sup> Timothy Insoll, "Talensi animal sacrifice and its archaeological implications", *World Archaeology*, 42: 2(2010): 234-245. <http://dx.doi.org/10.1080/00438241003672856>

<sup>28</sup> Daniel Avorgbedor, "Bildung Dee Hoo! Sonic articulations in healing and exorcism practices of the Anlo-Ewe," *The World of Music* 42:2 (2000): 9-24.

<sup>29</sup> Kodjo Wiredu, "Morality and religion in Akan thought", In *Philosophy and cultures*, (Nairobi: Bookwise Ltd, 1983), 60 - 65.

<sup>30</sup> White, "The Concept of Diseases," 1 - 7.

<sup>31</sup> Desmond Ayim-Aboagye, "The function of myth in Akan healing experience: A psychological inquiry into two traditional Akan healing communities", PhD thesis, Dept. of Theology, Uppsala University (1993).

<sup>32</sup> Norman K. Denzin, & Yvonna S. Lincoln, (eds). *Handbook of Qualitative Research*, (Thousand oaks, CA: Sage, 994)

<sup>33</sup> Charles Owu-Ewie, "Enhancing the Thinking Skills of Pre-Service: A Case Study of Komenda Teacher Training College." Unpublished dissertation, Ohio University, 2008.

<sup>34</sup> Bruce L. Berg, *Qualitative Research Methods for the Social Sciences*. (Boston MA: Allyn and Bacon, 2004).

With the methods of ethnography<sup>35</sup> and phenomenology,<sup>36</sup> data was collected from participants. With the aid of an interview guide, face-to-face interviews were conducted on the field. This was supplemented with field observations.<sup>37</sup> Since this study involved human beings, ethical considerations were observed in the field of study. It is argued that research involving human beings is expected to show respect for ethical issues.<sup>38</sup> Approval for this study was therefore given by the Ethics Committee for Humanities, University of Ghana, Legon, under the Ethical Code ECH 272/21-22. With this approval, ethical principles such as voluntary participation, harmlessness, anonymity, privacy and confidentiality as well as respect for individuals were observed. Similarly, these principles guided the data collection, transcription and translation, interpretation, analysis, and general write-up of this manuscript.

## FINDINGS AND ANALYSIS

This section discusses and analyzes findings from the field. The section focuses on the Ewe concept of health, tracing the origins of the word 'health' and its philosophical underpinnings among the Ewe. The section further discusses the ethnography of diseases and disease etiology among the Ewe. The section further explores the various traditional medicine practitioners that exist among the Ewe, their area of expertise and the diseases that they manage. In addition, the state of the practice of traditional medicine occupies a central place in the findings and discussions. Finally, the challenges confronting traditional medicine practitioners in the Ewe society will be discussed. The importance of discussing these thematic issues is to look at the place of traditional medicine in contemporary times, placing much focus on the practitioners, the diseases that exist among the Ewe and how traditional medicine practitioners are able to deal with them. Similarly, the challenges confronting traditional medicine practitioners are of importance as they will inform policy measures to incorporate these practitioners into the primary healthcare sector of the country.

### The Ewe Concept of Health: A Brief Overview

Findings from the field indicated that in Ewe ethno-medical history, health is conceptualized as *Lāmesē*. The word *Lāmesē* originated from two Ewe words; these are *Lāme*- body (inside the body) and *sē* which denotes strong. Trans-literally, the word *Lāmesē* means strong body. This simply means that a person is described as healthy if he or she has a strong body. Again, it also means that if the body is strong, then the person is in good health. In Ewe cosmogony and cosmology, *Lāmesē* describes the state of wellness both in the spiritual and physical nature of individuals and their communities. This state of wellness and wellbeing manifests in the physical, psychosomatic, and spiritual dimensions of the people of the Ewe society. Similarly, this state of wellness must find harmony, cordiality, and solidarity with the environment and spiritual beings or entities such as ancestors, deities, and other supernatural beings. Interviews from the field show that the reason why *Lāmesē* (health) is, first of all, alluded to the physical body is that a strong body is characterized by no physical deformities, illnesses, diseases, or other ailments. The argument is that, if these physical features are present, then it means an individual is not healthy; the body is not strong. But if they are absent, then it means a person is healthy. On the other hand, the spiritual dimension of health is important as the society must find peace, unity, harmony, and serenity with the gods, deities, ancestors, and other spiritual beings who are believed to be closely knit to the people in their daily activities. In the traditional African

<sup>35</sup> David M. Fetterman, *Ethnography: Step by Step* (Thousand Oaks, CA: Sage, 1998).

<sup>36</sup> Arthur Kleinman, *Patients and Healers in the Context of Culture. An exploration of the borderland between anthropology, medicine and psychiatry*. (Berkeley: University of California Press, 1980).

<sup>37</sup> Malgorzata Ciesielska, Katarzyna, W. Bostrom and Magnus Ohlander, *Observational Methods*, 2018. <https://www.researchgate.net/publications/321806239>. doi:10.1007/978-3-319-65442-3\_2

<sup>38</sup> Julius A. Mollet, *Ethical Issues in Social Science Research in Developing Countries: Useful or Symbolic*, 2011. Retrieved from [http://www.austneth.net/transmission\\_proceedings/papers/Mollet.pdf](http://www.austneth.net/transmission_proceedings/papers/Mollet.pdf)

worldview, health and healing are connected just in the same way they are with the fundamental theme of life.<sup>39</sup>

Due to the mutual relationship that exists between the physical and spiritual worlds of the Ewe people, some scholars have described the religiosity of Africans in diverse ways which also reflects in their health. Mbiti holds the view that Africans are notoriously religious, and each person has his own religious system with a set of beliefs and practices.<sup>40</sup> Similarly, Parrinder asserted that Africans are incurably religious.<sup>41</sup> In the same parameter, Busia argued that Africa's heritage is intensely and pervasively religious.<sup>42</sup> In the Ewe society, Gbolonyo explained the importance of religion and spiritism in the life and culture of local people and that religion permeates their lives.<sup>43</sup> Fiawoo, on the other hand, observed that among the Ewe, streams, rivers, the lagoon, the sea, animals, birds, and reptiles as well as the earth are worshipped as divine and also described as the abode of divinities. He indicated that any traveler who enters the Ewe society for the first time is struck by the pervasive influence of religion and spirituality in the lives of the Ewe people.<sup>44</sup> These accolades about the African people indicate and reflect the extent to which the African people place religion at the center of their everyday activities including health and healthcare of which the Ewe is no exception. With this philosophy of health among the Ewe, it is believed that diseases, illnesses, and other deformities are caused by both physical and spiritual forces. Data gathered from interviews shows that the forces of nature such as the known and unknown divinities, the land, deities, gods and ancestors are noted to have huge influences on the health of individuals, families, clans, and the generality of the population. Interviewees, therefore, argued that "the health of the community is tied to both the physical and the spiritual." With this worldview of the Ewe people regarding wellbeing, *Lāmesē* (health) finds expression in proverbs (*lododowo*), festive celebrations (*azaḍuḍu*), greetings (*gbedoname*), songs (*hadzidziwo*), prayers (*gbedodoḍa*), libation texts (*tsifofodi*), and in taboos (*Ekonyinyi*).<sup>45</sup> With these knowledge systems about the concept of health, Ewes have been able to identify numerous diseases that affect the generality of the population.

### **The Ethnography of Diseases and Disease Etiology among the Ewe**

Interviews from the field indicated that Ewe people have traditional knowledge systems related to health as discussed above. Through these knowledge systems, various diseases have been identified as health problems that affected the Ewe people in the past and continue to affect them today. The disease etiology is connected to physical factors such as viruses, bacteria, fungi, and other related physical causes. Informants argued that the spiritual etiology of diseases includes manipulation by witches and other malevolent spirits, destruction of the abodes of deities and gods, violation of certain taboos, the killing of totemic objects, non-compliance with the dictates of gods and ancestors, and eating of forbidden or tabooed food/fruits by an individual among others.<sup>46</sup> All these activities have the potential to affect the health of an individual, family, clan, or the whole community if care is not taken. Data from interviews showed that more than fifty (50) diseases exist among the Ewe. These diseases are classified based on their peculiar characteristics. According to interviewees, there are sexually related

<sup>39</sup> Abdul T. Hamidu, "Contribution of Traditional Bonesetters in the Primary Health Delivery System in Tamale Metropolis." Unpublished Master of Philosophy Dissertation presented to the Department of Public Health, School of Allied Health Sciences, University for Development Studies, Tamale, 2018.

<sup>40</sup> John S. Mbiti, *African Religions and Philosophy*. (Oxford: Heinemann, 1990).

<sup>41</sup> Geoffrey E. Parrinder, *West African Religion*. (London: Epworth Press, 1961).

<sup>42</sup> Kodjo Abrefa Busia, *African In Search of Democracy*. (London: Routledge and Kegan Paul, 1968).

<sup>43</sup> Kofi J.S. Gbolonyo, "Indigenous Knowledge and Cultural Values in Ewe Musical Practice: Their Traditional Roles and Place in Modern Society." Doctor of Philosophy Dissertation presented to the Graduate Faculty of Arts and Sciences, University of Pittsburgh, 2009.

<sup>44</sup> Dzigbordi Kodzo Fiawoo, "The Influence of Contemporary Social Change on the Magico-Religious Concepts and Organization of the Southern Ewe-Speaking People of Ghana." Ph.D. Dissertation. University of Edinburgh, 1959.

<sup>45</sup> Field interview with a traditional medicine practitioner, Klefe Achatime, Ho Municipality, 10 March 2021.

<sup>46</sup> Field interview with an opinion leader, Sokode Lokoe, Ho Municipality, 14 June 2021.

diseases such as sexual weakness (*Gbɔdzɔgbɔdzɔ le ɲtsume*), prostrate (*Aɔuɔɔve*), barrenness (*Vimadzimidzi*), menstrual problems (*Asiɔoanyikuxe*), gonorrhea (*Nulɔɔ*), and infertility (*Kotsitsi*). In addition, skin diseases, also known as *Dtigbalemedɔ* exist. This category of diseases includes guinea worm (*Atɔ*), ringworm (*Zɔlili*), chicken pox (*Adibakudɔ*), measles (*Aklabi* or *Agbayi*), leprosy (*Ekpodɔ*), *Edzi* (eczema), and elephantiasis (*Dzɔbu* or *Zubo*), among others. Furthermore, diseases such as headache (*tadui*), stomachache (*fomeve*), heart attack (*dzidɔ*), rheumatism (*nuɔui/futomeve*), hernia (*akloloe*) and waist pain (*alidɔ*) all exist among the Ewe people.<sup>47</sup> Below is an extract from the field interviews:

There are numerous diseases that affect the Ewe people. These diseases affect both the physical well-being and the spiritual well-being of the people. The physical ones can affect the body, skin, eyes, and any other place. But the spiritual disease generally affects the soul and spirit of an individual and consequently has negative impacts on physical health.<sup>48</sup>

The healing of these diseases includes multiple methods such as divination and spiritual consultation, prayers and libation, animal sacrifices and incantations among others. Other methods include drinking herbal concoctions, ritual bathing and smearing and application of certain herbs to the physical body. Consequently, the presence of these varied diseases and the disease etiology is that which allows for the practice of traditional medicine among the Ewe in contemporary times. The essence is that there are some diseases that are not physical since they are tied to the belief systems of the local people. Religious rituals are therefore performed to heal and restore this category of healers back to normal life.<sup>49</sup> However, who are the specialists who deal with these diseases? The next session focuses on traditional medicine practitioners among the Ewe.

### **The Topography of Traditional Medicine Practitioners among the Ewe**

Data gathered from field interviews indicated that traditional medicine practitioners exist in Eweland and specialize in healing various forms of diseases. Based on their expertise, they can be classified into four broad categories. The first group of practitioners are generally described as *Nuwɔlawo* (general term for diviners). They include practitioners such as *Amegashie*, *Afakalawo*, *Bokɔwo*, *Hunɔ*, *Trɔsi* or *Trɔnuu*. These practitioners employ processes such as spiritual consultation, magico-religious rituals, and other forms such as sacrifices and rituals. The *Amegashie* in some cases employ the method of necromancy to deal with issues of ill-health. This group of practitioners includes priests and priestesses of various shrines located within many rural communities who deal with health issues. Some of these practitioners consult spirits such as dwarfs (*aziza* or *adekpui*) to ascertain the causes of diseases and also provide therapeutic measures as well. Some of these spiritual consultations are done using cowries as objects of inquiry, water contained in calabash or pots, the use of a mirror and other mediums such as the use of some peculiar birds to interrogate the problem of a client.<sup>50</sup>

The second group of traditional medicine practitioners according to interviewees are *Fuɲɲeblalawo* or *Nublalawo* (traditional bone setters). These are practitioners who specialize in dealing with bone fractures. They are located in a number of rural communities across the three Ewe divide (*Anlo*, *Tongu*, *Ewedome*) and attend to patients who suffer fractures of all kinds. With the use of special herbs and aids such as splints, shear nut butter, hot water, and local ropes, they mobilize the fractures of clients be it simple, complex, compound, or multiple and provide healing to these patients. These categories of healers have received wider recognition across the Ewe society due to the important roles they play in healing fractures.<sup>51</sup>

<sup>47</sup> Field interview with a patient, Ho Agortome, Ho Municipality 13 July 2021.

<sup>48</sup> Source: field interviews, 2021.

<sup>49</sup> Field interview with a patient, Hohoe Atabu, Hohoe Municipality, 12 December 2020.

<sup>50</sup> Field interview with a traditional medicine practitioner (herbalist), Akatsi Gadzekpo, Akatsi South District (5 January 2022).

<sup>51</sup> Field interview with a traditional medicine practitioner (herbalist), Mafi Kpedzeglo, Central Tongu District, (5 march 2021).



In addition, the third group of traditional medicine practitioners according to interviewees are *Vixelawo* (traditional birth attendants). These practitioners are experts in child delivery practices and assist pregnant women in both pre-natal and post-natal care. With knowledge of herbs and other skills, they assist women in the local communities to have a safe delivery of children. These practitioners are very common in rural areas where there are no modern healthcare facilities. Senah argued that these practitioners specialize mainly in the art of child delivery and issues related to pregnancy management.<sup>52</sup>

The final group of practitioners are herbalists. They are further classified as *Atikewɔlawo*,<sup>53</sup> *Gbedalawo*<sup>54</sup> and *Amatsiwɔlawo*.<sup>55</sup> It is clear from the above description that the Ewe people have a rich culture of traditional healers whose duty is to promote healthcare and delivery in the various communities. They are the gatekeepers of health in the communities. In an interaction with an informant, this was what he said:

The Ewe society has a rich culture of traditional medicine practitioners. From Ewedome, and Tongu to the Anlo areas, there are numerous traditional healers in many rural societies. These practitioners explore both the spiritual and physical domains to provide healthcare services to their clients. Most of these practitioners depend on herbs to attend to their clients, but others also depend on supernatural and divine beings to heal patients.<sup>56</sup>

The extract above bears eloquent testimony to the presence of traditional healers and their relevance in the Ewe society. What is the current state and practice of traditional medicine among the Ewe? The next section pays attention to this sub-theme.

### **The State and Practice of Traditional Medicine among the Ewe**

The practice of traditional medicine among the Ewe is informed first of all by the Ewe concept of health. Secondly, the practice is hinged on both the physical and spiritual belief systems of the people. In addition, the practice of traditional medicine hinges on the conceptualization of diseases among the Ewe. Finally, the practice of traditional medicine revolves around the specialists or traditional medicine practitioners who deal with such diseases and illnesses. Regarding the state of the practice, data gathered showed that many people continue to patronize the services of traditional medicine practitioners in both rural and urban communities. Interviewees argued that the reasons that account for this phenomenon stemmed from the health-seeking behaviours of these local people. Their choice of seeking services of traditional medicine practitioners is influenced by principles such as availability, accessibility, affordability, and acceptability.<sup>57</sup> Secondly, participants pointed out that these choices are influenced by the worldviews, philosophies, and ideologies of the concept of health. With the presence of traditional medicine practitioners in both rural and urban areas, people continue to patronize the services of these healers. An interviewee indicated:

Many people continue to use traditional medicine be it herbal concoctions, herbal ointments, dry herbs, powdered herbs, fresh herbs, roots, and twigs among others. These varied traditional medicines are used to deal with various diseases and illnesses in the various communities.<sup>58</sup>

<sup>52</sup> Senah, "Traditional and Modern Health Care Practices."

<sup>53</sup> *Atikewɔlawo*: these practitioners use the roots of trees to prepare herbs for healing. The term comes from two Ewe words: *ati* (tree) and *ke* (root); hence the name *Atikewɔlawo*.

<sup>54</sup> *Gbedalawo*: these are practitioners who use herbs to prepare herbs for healing. *Gbe* means herbs; hence people who use herbs to prepare medicine.

<sup>55</sup> *Amatsiwɔlawo*: *Ama* (leaves) and *tsi* (water); hence leaves water or herbal concoction. These practitioners use herbal concoctions produced from leaves to provide healing.

<sup>56</sup> Source: field interviews, 2021.

<sup>57</sup> Nausheen T. Hausmann-Muela, et. al. "Comparison of Fracture Patterns between Rural and Urban Populations in a Developing Country." 51, (9), (2003): 702-8.

<sup>58</sup> Source: field interviews, 2021.

Due to the increase in patronage of traditional medicine in the Ewe society, herbalists have formalized and standardized their activities. The activities of these traditional medicine practitioners especially the herbalists have received recognition and approval from the Ghana Foods and Drugs Authority as well as the Ghana Standards Authority. Interviews with some herbalists in the field indicated that presently, there are numerous herbal centers dotted around some communities and towns in the Volta Region of Ghana. These herbal centers in the region serve as avenues for patients and clients to seek treatment and relief regarding different health problems. The notable herbal centers in the region include Vola Herbal Center located at Aflao (Ketu South Municipality), ICE Herbal Center located at Ve Gbordome (Afadzato South District), Miracle Herbal Center located in Kpoglu (Ketu South Municipality), Ebenezer Adza Kofi Herbal Center and Mother's Candy Ventures, all in Hohoe (Hohoe Municipality), and Togbui Aziza Herbal Center, Ho (Ho Municipality).<sup>59</sup> Again, Agbeve Herbal Center which has its headquarters in Accra has also opened a center at Ho opposite the Regional Police Training School near Royal Hospital. These herbal centers provide solutions to health problems such as hernia, fibroid, hypertension, sexual weaknesses, measles, prostate, infertility, and barrenness among others. Some of the notable herbal concoctions produced by these herbal centers include Vola Mixture, Dominion Herbal Mixture, *Amawubo* Herbal Mixture and *Nɔliko* Mixture among others. Similarly, other herbal centers also produce balms and ointments such as *Gana* Balm, *Sisidedzi* Ointment, *Nɔliko* Beauty and *Nɔliko* Ointment. Interestingly, these balms and ointments are used to deal with health problems such as skin rashes, muscle and nerve pains, bodily pains, eczema, ringworm, and bone fractures among others. Sometimes, there is a combination of herbal concoctions, ointments, and balms to deal with a particular disease or illness.<sup>60</sup>

However, interviewees were of the view that due to the influence of social change, traditional medicine has undergone certain changes. The first noticeable change manifests itself in the packaging of products. Some herbalists have resorted to packaging their products in nice rubber bottles and other smaller containers; well labelled with their names, location addresses, and telephone numbers for marketing purposes. Again, some traditional medicine practitioners use radio stations to market their products; some others also use community information centers to engage in publicity and those who have made some financial gains have bought and branded mobile vans that move from community to community to sell their products.

### **The Prospects of Traditional Medicine among the Ewe**

Findings from the field showed that traditional medicine remains important to many rural and urban communities in the Volta Region of Ghana. This medicine serves as an avenue for alternative health-seeking to the local people in contemporary times. While there are many modern healthcare systems such as hospitals, clinics, health centers and many community health and planning services (CHPS compounds) dotted around Ewe communities, coupled with improved technology, there are some diseases that modern scientific medicine is unable to deal with. Spiritual diseases go beyond the remit of orthodox medicine practitioners. On the basis of this, traditional medicine practitioners continue to be useful to many people in the Eweland. Interviewees argued that traditional medicine practitioners serve as alternative avenues for seeking healthcare such as spiritual problems, bone fractures, child delivery services, throat problems, and eye problems. Secondly, traditional medicine men contribute to saving people from disability.<sup>61</sup> An interviewee narrated:

Traditional bone setters have played major roles in combating simple, complex, multiple, and compound fractures. These practitioners have gained recognition across Ewe communities for saving people from disability<sup>62</sup>

<sup>59</sup> Field interview with a traditional medicine practitioner, Dodome Dogblome, Ho West District, 7 April 2021.

<sup>60</sup> Field interview with a traditional medicine practitioner, Mafi Amegakofe, Central Tongu District, 5 June 2021.

<sup>61</sup> Field interviews with a traditional medicine practitioner, Akoefe Avenui, Ho Municipality, 15 May 2021

<sup>62</sup> Source: field interviews, 2021.

While the hospital also treats bone fractures, it is believed that traditional bone setters have contributed significantly to saving people from disability. In addition, the services of traditional medicine practitioners are readily available and affordable. The recent economic hardships with its attendant high charges at the hospital, many people continue to rely on traditional medicine to solve some problems of ill-health. For instance, indigenes who suffer diseases such as boils, bone fractures, stroke, prostrate and infertility issues prefer to seek the services of herbalists as their services are affordable and readily available. Finally, the transmission of knowledge on the use of herbs from the older generation to the younger generation provides greater prospects for the practice of traditional medicine. Field interviews showed that practitioners such as herbalists, traditional bone setters, eye and throat specialists, traditional dentists and traditional birth attendants have been training young ones to take over the trade from them. This phenomenon was observed at places such as Sokpoe, Mafi Wukpo, Mafi Amegakofe, Klefe Achatime and Dodome Dogblome all located in Eweland.<sup>63</sup> On the basis of this, it is argued in this study that traditional medicine has greater prospects irrespective of the influence of modern healthcare systems, western education, and Christianity.

### **Challenges Confronting Traditional Medicine Practitioners in Eweland**

Data gathered from the field indicated that one major challenge facing traditional healers is the problem of licensing. Many of these practitioners have not obtained licenses from government agencies to operate. Most of them are operating illegally in their communities which makes the regulation and supervision of their activities very difficult. Closely related to the above challenge is the fact that some practitioners have not received approval from the Ghana Foods and Drug Authority to develop and market their products. Similarly, these traditional healers do not have associations in the Eweland. Indeed, there are associations such as the Ghana National Psychic and Traditional Healers Association (GNPHTA) and the Ghana Federation of Traditional Medicine Practitioners Association in Ghana (GHAFTRAM). Interviews with some herbalists, traditional bone setters, and diviners showed that the Ewe healers do not belong to any of these associations. This creates a problem for them in terms of harmonizing their activities and making some demands on the government. There is also the problem of destruction of medicinal plants and herbs due to development activities such as road construction, construction of new buildings and bush burning by hunters and Fulani herdsmen. All these activities have a toll on the sustainability of herbs that are used by these traditional healers. A herbalist stated:

In recent times, our practice has been affected by the scarcity of herbs. This is due to the use of weedicides and other powerful chemicals for farming. Similarly, the bush burning activities of hunters and Fulani herdsmen has affected the availability of herbs for our practice. This is a major challenge to us especially those of us practicing in the Savanna belt of the Eweland.<sup>64</sup>

In addition, traditional healers face the challenge of infrastructure as their finances are unable to enable them put up infrastructure facilities to host or admit their patients. Patients, therefore, have to travel miles to visit these practitioners in their communities. Closely related to the infrastructure problem are financial constraints. Though some traditional medicine practitioners have made some financial gains, the majority of them continue to wallow in abject poverty due to the cheap nature of their services. These practitioners also face competition from other forms of medicine such as orthodox and scientific medicine. The final challenge as identified in the field study is the problem of dosage. Some participants argued that most of these herbalists do not give accurate dosages of herbal concoctions sold to their clients. This situation sometimes creates problems for users.<sup>65</sup> It is argued in this study that these challenges have affected the practice of traditional medicine among the Ewe. In spite of these challenges, traditional medicine continues to receive wider patronage from the local people.

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<sup>63</sup> Field interview with a traditional bone setter, Sokpoe, South Tongu, 4 April 2021.

<sup>64</sup> Source: field interviews, 2021.

<sup>65</sup> Field interview with a traditional medicine practitioner, Ho, Ho Municipality, 6 November 2021.

## RECOMMENDATIONS

This study recommends the following. First, the Traditional and Alternative Medicine Directorate of the Ministry of Health must register these traditional healers in order to regulate and supervise their activities. This will consequently integrate these practitioners into the primary healthcare system of the country. Secondly, the Food and Drugs Authority must intensify its activities by identifying operators who have not received approval to develop and market their products. There must also be education programmes on the need to eschew bush burning activities by hunters and Fulani herdsmen across the region to sustain medicinal plants. Finally, the Ministry of Health must implement the principles outlined in the Traditional Medicine Policy in order to give credence to the activities of traditional medicine practitioners in the Ewe society and across Ghana.

## CONCLUSION

The study found that the practice of traditional medicine is first of all informed by the Ewe concept of health. This is reflected in the Ewe conceptualization of health (*Lāmesē*) which manifests in proverbs, taboos, greetings, festivals, songs, prayers and libation. With these knowledge systems, the various diseases and the disease etiology are well defined by the Ewe and the various traditional medicine practitioners who deal with them. Healers such as traditional birth attendants (*Vixelawo*), traditional bone setters (*Fuŋeɲeblalawo* or *Nublalawo*), diviners (*Nuwɔlawo*) and herbalists (*Atikewɔlawo*, *Gbedalawo*, *Amatsiwɔlawo*) were identified in this study. Regarding the state and practice of traditional medicine, this study argues that many people in the rural and urban Ewe communities continue to patronize traditional medicine due to easy accessibility and affordability. Again, some herbalists have formalized and standardized their products through the establishment of herbal centers and received approval from government agencies to develop and market their products. Consequently, traditional medicine continues to play major functions in the Ewe society which gives it a lot of prospects. The practice, on the other hand, is bedeviled with challenges such as the problem of licensing, lack of association, destruction of medicinal plants, infrastructure and dosage issues. In spite of this, the study concludes that traditional medicine continues to play major roles in the primary healthcare delivery among the Ewe of Ghana even in the presence of modern healthcare systems.

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