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SPIRITUAL AND INDIGENOUS HEALING PRACTICES AMONG THE ASANTE PEOPLE OF GHANA: A TESTIMONIAL FROM TWENTY-FIRST CENTURY PRACTITIONERS AND RECIPIENTS IN KUMASE

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ABSTRACT

In their editorial, "Safety of traditional medicines, complementary and Alternative Medicines in Africa, C. O Adewunmi and J.A.O Ojewole have argued that plants have been used for medicinal purposes in Africa many centuries and African plants used medicinally are widely assumed to be safe but many are potentially toxic [1]. Yet Roland Van der Kooi and Sally Theobald include diviners and those who use bone throwing for diagnosis and herbalists as traditional medical practitioners [2]. Developed and developing countries have resorted to the use of not only orthodox medicine but also to herbal and other forms of alternative medicines. This study paid attention to the need to advance the growth and development of alternative and holistic medicine in Africa and Ghana in particular. This article pays attention to the roles of spiritual healers in twentieth century Asante and how they contributed to the healing and curing of persons within the period. It pays attention to evidence from archival, oral and secondary sources to suggest that spiritual healing has been an essential part of the medical practices of the Asante people of the Gold Coast and Ghana, hence the need not only to incorporate alternative/spiritual treatment into formal medical streams in Ghana but also the need to continue to look at practical ways of using holistic medicine (spiritual and physical cure).

Keywords: Indigenous Priest Healer (IPH); traditional birth attendants; herbalist; spiritual healing; orthodox/western medicine; witchcraft.

1. INTRODUCTION

Spiritual healing refers to the type of healing which no logical or rational explanation can be adduced to [3]. It is not dissociated from religion in the sense that both the Christian Priest and the African Traditional or Indigenous Priest Healer (IPH) offer some form of cures to diseases employing supernatural effects [4]. Orthodox medicine in this study refers to scientific medicine or medicines introduced by the Europeans into Asante.

In Ghana, including Asante, the concept of treatment of diseases has not been the preserve of only one medical institution in the sense that before the twentieth century, Ghana had been known to be medically dualistic, employing both spiritual healing and orthodox medicine. In their article "Developing

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Health Care systems in Ghana", Twumasi and Bonsi argued that medical systems have ties with the way of life of a people and that the institution of medicine has ties with philosophy, religion and belief systems [4]. This as it were, advances the argument that medical science transcends the realm of the biological. It is clear that with the invention of the microscope and antibiotics, several innovations were made in the field of orthodox medicine. However, there were instances when scientific /orthodox medicine was baffled or overwhelmed with certain diseases and until scientific research made giant strides in certain areas of medicine, the cures to some diseases remained in the abstract. In such problematic instances, those who relied on scientific medicine embraced what was not purely scientific. Nevertheless, in twentieth century Ghana, people of faith or those who belong to religious groups continued to rely on spiritual sources for healing even when biological or scientific medicines were enlisted [4].

In twentieth century Ghana, most treatments were regarded as part of the whole, which is spiritual and physical treatment. This also meant that good health was not only skewed to physical cures. The constitution of the World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity [5]. This definition emphasizes the indigenous Ghanaian notion of disease and cure. The traditional medical theory views disease in the light of social causation. However, as a result of contemporary social changes, namely, western education and religion, there has been a call for the development of a medical model which will articulate the medical needs for recipient societies [4].

In the twentieth century contemporary West-African societies, traditional beliefs about health were still prevalent. Thus, in considering health behaviour, one realized that the individual manifested a deep sense of order and perception in his relationship with others in both human and spiritual worlds. The individual tended to find security in the hidden forces of ancestral spirits or deities. He/she believed that deviations and disobedience at personal level and social levels could bring penalties from the spiritual world and that sicknesses and bad health were some of the inevitable consequences of such deviant behavior. The quest for longevity and well-being created a desire in the individual to search for and come to terms with both physical and spiritual forces in his environment [4].

It has been argued by Twumasi that some aspects of traditional medicine are oriented toward a religious-moral ideology and deal directly with guilt and anxieties associated with social living. Anyone who thinks evil of other men or commits any misdemeanor would be "caught by the fetish" and would become sick. If he confesses quickly and is cleansed, he recovers. If he refuses to confess, he dies of the "fetish caught" [6]. Cannon observed a similar process of dying in the voodoo death where the victim is left to wither away to death. It is possible to observe that guilty conscience and the rancorous thought of the offender are likely to result in emotional ailments. [7].[1] In most instances in present times, depending on the community, both medical/scientific and religious reasons assigned [6]. It is sometimes problematic when no valid scientific reasons are fully assigned to ailments including psychosomatic ailments. In Ghana and some West African Countries, people suffering from psychosomatic ailments are sent to shrines for spiritual healers to heal them. In certain instances, both the religious and the scientific are employed. The argument for spiritual medicine concerning mental health is premised on the belief of the people that mental ailment is caused by spiritual forces invoked by an opponent based on jealousy, competition or hatred. This belief is further enhanced when mostly orthodox psychiatric methods employed are unsuccessful.

A historical study of the people of the Gold Coast and Asante shows that witchcraft and witchcraft perceptions have been found to be one of the valid reasons why people resort to spiritual healing/faith healing. Key issues relating to this subject has been amply touched on by Kwesi Sarpong when he looked at the ministration of the TBA and also in McCaskie's work on anti-witchcraft Cults [8]. A study of witchcraft done by Samuel Adu-Gyamfi et al. [9], made reference to the work of Mitchell et al. who theorized the function of witchcraft as a release of tension within certain types of African social structure. Again, Field's case studies and analyses of so-called witches in Ghana showed how witchcraft is found in the psychological reactions of those suffering from sicknesses and misfortune [10]. It is therefore not surprising and misplaced to find Ghana and Asante in particular which was medically dualistic in the twentieth century society to have its indigenes aim at satisfying their health needs using what they deemed fit. Their medical options included orthodox/scientific and spiritual medicine. The subject matter of witchcraft might seem to saturate the discussions that would ensue; the proposition of this paper is first of all to present the historical evidence and also to ascertain the perceptions of the indigenes of Asante and Kumase in particular concerning the persistence of spiritual healing, which includes the traditional healers and Christian churches. It would be simplistic to argue

[1] *Ibid*

that all there is to spiritual healing in Ghana witchcraft. However, the existence of witchcraft in the Ghanaian and Asante cosmology in particular has not been amply assailed hence making it a fulcrum for several discussions in spiritual healing. It would be clear in this study that the tensions between European world view and the traditional world view as expressed in S. Adu-Gyamfi et al have also not been amply assailed [9]. In his article, British Colonial Administration's reform of indigenous medical practices amongst the Asante People of the Gold Coast, S Adu-Gyamfi argued that the indigenous medical practitioners sought to improve upon their herbal medical practice in particular whereas the British Colonial Administration collaborated with chiefs through licensing to validate the healing practices of indigenous healers, be it physical or spiritual cures [11].

Again, the paper aimed at falling on the testimonies of recipients of medical care (spiritual and orthodox) to reinvigorate the need for researchers, practitioners and recipients of medical care in the twenty-first century to have a holistic approach to medicine and medical care. The objective was to sketch in thematic blocks the responses of the people of twenty-first century Asante and Kumase in particular concerning the use of spiritual medicine in the twentieth century. The use of other secondary sources also proved useful.

2. METHODOLOGICAL ISSUES

The qualitative research technique has been found useful for this paper, using documentary and non-documentary sources of data. The exploratory nature of the paper required that open ended questions were asked during interview sessions. A sample size of hundred including persons in and around the Kumasi metropolis was used. Persons from the age of forty upwards were purposely selected. Practitioners were sometimes selected based on the testimonies of persons who have visited their health centres before and sometimes based on the known efficacy of their medications or healing prowess. Testimonies concerning the efficacy of their medicine were elicited from adult clientele whose rights were not frowned upon. Testimonies were most appropriate in the spiritual healing centres (shrines and healing churches) in Ghana. Apart from names from archival sources and that of Priests as well as other traditional healers or practitioners, the names of respondents who either went for treatment or sought for spiritual help to cure or free themselves from diseases or spiritual problems have been kept in anonymity as an ethical principle.

Two approaches, 'researcher acts as observer' [12], and Turner's 'Anthropology of Experience' [13] have been used in this research paper. In the first instance, the researcher had the opportunity of witnessing some occurrences in twentieth century Asante. In the second instance, the researcher studied the real life experiences of persons in relation to their medical experiences and health care choices with reasons and attestations assigned. Shrines and churches in and around the Kumasi metropolis were visited. A notable example was the *Antoa* shrine where persons were interviewed to find out their experiences and testimonies about how they were cured of their infirmities and relieved from curses referred to in Asante as *duabo*. Specific Christian groups that were visited included those categorized as Pentecostal, Charismatic and Spiritual Churches. Those interviewed included priests and persons who had been healed after using spiritual or herbal forms of medicine. In most instances they had medical reports to attest to their state before and after spiritual intervention. It was also significant to find out the essence of faith healing[2] even when people were undergoing orthodox medical treatment. Published articles in journals and books as well as Archival evidence from the Manhyia Archives of Ghana (MAG) and Public Records and Archives Administration (PRAAD) covering the first half the twentieth century have been sourced to corroborate oral sources and to further chronicle some examples of faith or religious healing practices in Ghana and Asante in particular within the twentieth century. It is important to state that the data gathered from our informants and the written sources have passed through a retrospective analysis to ensure that the narrative covers the period under review. In this paper, Traditional Birth Attendants and herbalists are part of spiritual healers because the experiences of Ghanaians and Asante in particular concerning the social and spiritual causation of diseases as well as the combination of supernatural support in the methods and healing practices of herbalists and TBAS have not been amply assailed by both twentieth and twenty-first century researchers and publicists.

3. DISCUSSION

3.1 The Indigenous Priest Healer (IPH) of Asante, Deities and the Question of Witches

According to Asante oral traditions, traditional priests or (IPH) were implored to intercede in events believed

[2]*Apologetics Index, http://www.apologeticsindex.org/462-faith-healing, cited 7th March, 2014. Faith Healing refers to healing that occurs supernaturally, as the result of prayer rather than the use of medicines or the involvement of physicians or other conventional medical care. Such healings are often referred to as miracles. The term is best known in connection with Christianity, but is also used in other religions.*

to be caused by supernatural forces. They cured diseases through incantations, spells, preparation of potions, exorcism, and mostly through the invocation of deities, which according to the indigenous people was the beginning of formal medicine [14]. Even with the introduction of scientific or orthodox medicine into the region of modern Ghana, the people of Ghana including Asante relied on *Adunsifo*, Herbalists and *Akomfo* who are referred to in this paper as IPH. They were persons schooled both physically and spiritually in the traditional art of healing for a period not less than four years [9]. The belief of the people in the supernatural causation of diseases both in the past and in present times still enjoin them to rely on the services of IPHs. The following is a historical narrative about the beliefs of the Asante people of Ghana carefully pieced together from archival documents and other documentary sources covering the twentieth century to suggest that the existence and the persistence of the IPHs, deities, and witches served as a pull factor for the indigenous people to opt for the services of faith or religious healers in the face of strong European medicine and presence in the region of Ghana and Kumase in particular. Most importantly, the testimonies of adherents who were cured in the first half of the twentieth century and beyond as well as some testimonies of some twenty-first century respondents in this narrative are of great importance.

According to Anyinam, the Twentieth Century saw the increase in the recruitment of priest-healers. The increase was attributed to the argument that "gods never die". The argument of Mensah-Dapaa accentuated the argument that "gods never die". Reference was made to the argument of the former Secretary of the Ghana Psychic and Traditional Healers Association that: "A herbalist very often dies with his medical knowledge but a priest-healer does not because he/she is but the temporary earthly mouthpiece of a power that lives from generation to generation". This argument is at a glance flawed by the fact that knowledge of the herbalist is passed on from one person to the other within the kin group. Such knowledge must be passed spirit-soul-body.

McCaskie has argued that the Asante in the twentieth century inhabited a cognitive universe saturated with apprehensions. To a large extent this had the proclivity to push the people to fall on spiritual sources to deal with their fears. Of great essence is McCaskie's extrapolation of the records of Dupuis where our attention is drawn to the events of 1818 and 1919, when the *Asnatehene* Osei Tutu Kwame gathered his priests to invoke the royal deity and perform the necessary orgies to ensure his success against the *Gyamanhene* Kwadwo Adinkra. These priests were said to have sacrificed thirty-males and eighteen females. The degree of beliefs in deities, ancestral worship and their associated practices in the nineteenth century flowed from the *Asantehene* to the ordinary members of society. Incidentally both the *Asanthene* as well as his subjects believed that their success and well-being was dependent on these deities. It was believed that in their anger they had to be appeased to ensure safety and to prevent destruction in the form of mayhem, diseases, pestilence and death among others. This view was not assailed during the first half of the twentieth century and beyond. Archival and oral sources show that the belief of traditional Asante societies in Ghana rested on the art of healing through deities (*abosom*). This practice is an ancient one and has persisted over time [15]. It was noted by the Ghana Psychic and Traditional Healers Association that the term *bosom* or deity in Asante consisted of medicine concocted of various materials thought to have special powers, such as clay from the sacred River Tano, certain herbs and roots, ancient beads, cowry shells, and neolithic celts. These disparate objects were compounded together, which was then placed in a brass basin [15,16]. In certain instances it was only sacred water from such sources as the headwaters of rivers including *Tanoboase* and *Afram* [17]. This medicament was made potent by calling down a measure of the universal power, which was caught by a skilled practitioner in a number of ways and forms [18]. Again, Swithenbank defined a deity as any material object in which a spirit or spiritual power is present. [18]. He added that it was some natural substances, which by their appearance had peculiar properties which appeared unusual [18]. He also included such representations as bones, stone or wood crudely carved into the likeness of some creature or brass bowls filled with gold dust, mystic herbs and sealed with wax or some ceremonial object or sacred relics [18]. Again, a deity was sometimes composed of several magical or non-magical elements such as pebbles, feathers, hairs, bones, twigs and beads that have a special virtue because of certain rites performed in the assembling of its parts [19]. Sometimes it involved a particular pattern, which was carried on the head, worn on a person, or planted in the house or business premise as a protection against evil forces [19]. By the 1900s the term *Suman* was used interchangeably to refer to a deity or an object, which could invoke supernatural help for the bearer. [18]. *Suman* was an object or carving, stems of trees that were believed by the people of Asante to possess certain supernatural powers that could bring good fortune including health to good people and was inimical to those who did evil [20].

"Medicines"[3] made from small objects and from herbs were sometimes swallowed or were inserted under the skin to increase their efficacy [19]. Further enquiries have shown that herbs were originally used as "fetishes" only but as time passed they were chewed, boiled, brewed and drunk not for the sake of its medicinal properties but in order that its spirit might thus be captured and held [19]. Guided by the spirits and through trainee tutelage, it was gradually discovered that some plants were more effective than others while some ailments responded to specific herbs [19]. Pharmacology was thus built up. Magic was the motive but medicine was the result. The existence of such forms of healing power was frowned upon in the twentieth century by the Colonial Administration when Asante was placed under British control [21].

Through Islamic influence the beliefs of the people were gradually moved from deities to the amulet [11,22]. The *amulet* was a small figure of gods, goddesses and sacred symbols cut from stones or molded from clay, baked and glazed [11]. These figures were nicely shaped so that they could be hanged about the neck on a cord. The amulets became a charm of protection against various spirits. Any spirit or witch that attacked the wearer was confronted by the likeness and power of a protecting deity [19]. With the introduction of Christianity into the country and specifically Asante, the *amulet* was equated to the crucifix worn by many Christians. J.E Kofie has argued that the crucifix was either an amulet or a symbol depending on the motive of the bearer. He noted, if the bearer believes that the symbol offered him protection, then the cross becomes an *amulet*. [19].

Significantly, it was believed that the amulet evolved into what was known as the *talisman*, a magical charm decorated with cabalistic formula or mystical design calculated to protect the owner against physical or metaphysical hazards [19]. Talismans of one class, which were shaped to resemble parts and organs of the body were worn to ensure or to restore health to the parts which they represented [19]. Such talismans were hanged in the temples of churches as votive offerings or as appeals for help [19]. Beyond this, the people of Asante still found the need to offer themselves the necessary physical, social, and psychological protection. This made deities significant in indigenous Asante society to the extent that sometimes deities were brought from different regions into Asante. In most instances they protected the particular families that brought them and to a larger extent, the communities in which they were situated [23].

In spite of colonialism, the first half of twentieth century Asante saw a priestly caste who seriously practiced indigenous medicine. Shrines and priests recorded a number of adherents [24]. The priests began to make profit as a result of the increasing population of their devotees. For instance, any person who wished to be a co-worshipper or subject to a said *Suman* had to slaughter a fowl and deposit a sum of one pound and six shillings and when it caught any witch or wizard the sum of one pound, three shillings was received [11,24]. It was also emphasized that in case of minor grievances the offender paid three pounds six shillings. In the case of witchcraft, the offender paid three pounds or the cost of a cow in the north [24]. According to McCaskie, *suman* and *aduro* were easily transportable goods in the historic commercial system linking Asante and the North. Their Asante owners purchased them brought them home and proceeded to capitalize on their investment by use of resale [25].

Witch finding significantly became a noticeable trait at some of the shrines that were dotted around Kumase. Much could be deduced from the words of Kwesi Abebrese, an IPH at Bokoso in Asante. He claimed that deities prohibited the evil practices of wicked persons, wrong invocation of supernatural or mystical powers or application of bad medicines and antisocial behaviour. [11,26] This invariably was to zero in on witches who were believed to be wicked persons who wrongly invoked supernatural or mystical powers to bring diseases and untold hardships on people. Clearly, if an individual's disease was noted to be of a spiritual source it was essential to suggest that within the period under review, patients who were sent to the European and Government hospitals were sent back home for spiritual healers to attend to them. Several of such sick persons whose diseases could not be cured were noted to have benefited from the ministrations of the IPH and sometimes from the activities of the Christian Churches. In the twentieth century, the people of the Gold Coast permitted anti-witchcraft cults and their Christian churches competitors to persist, sometimes leading to friendly overtures; sometimes suggesting that different problems required different solutions.

Again, the question of witchcraft is well situated in the historical construct of Asante. According to McCaskie, in the nineteenth century, witches made efforts to induce the death of *Asanthene* Osei-Tutu Kwame. This is the extent the issue of witchcraft was ingrained in the psyche and actions of the indigenous

[3] *"Medicines" as noted in the study also refers to Traditinal Medicine as defined by the WHO as pertains to Africa and Ghana in particular various forms of indigenous medicine, which include herbal medicines, animal parts and or minerals, and non-medication therapies including spiritual healing.*

people of Asante. The use of witchcraft to do harm in Asante knew no limit, but for lapses, the life of the *Asantehene* would not have been spared. The use of "imitative magic", this refers to the instance where a wooden image of the *Asantehene* was placed in a coffin and followed through the streets of Kumase by female mourners chanting what McCaskie has amply referred to as *mmomome* lamented as if Osei Tutu Kwame had been killed in a battle. According to McCaskie, the sanctioned manufacturers of royal funeral effigies were induced to make a figure of the *Asantehene* and the death custom of *Osora* was performed using this effigy [25]. To a large extent this also buttresses the Asante notion of witchcraft.

The secondary records posit that in Asante, to those troubled by the aggravated tensions of kingship relations they were offered protection by deities like *domankoma* against a teeming universe of threats including adultery, envy, theft, cursing, the bearing of false witness, poisoning and barrenness. These deities did not only offer medicinal reliefs but also promised enrichment in the emerging cash economy, they promised success, prosperity and protection against malfeasance and even guaranteed against bankruptcy [25].

Also, the need for priests and shrine devotees to increase the number of their adherents and to entrench themselves in the 1920s and 1930s in Asante urged them to trumpet the antidotes of their deities; this was the period European interest was against several forms of indigenous medical therapies. The priestly caste in Asante believed deities could cure certain infirmities including barrenness and impotence [23]. One of the priests, Kwadwo Num, who was resident in Kumase by 1940, attested that adherents or priests of deities were directed to efficacious remedies to treat ailments, which troubled the indigenous people of Asante [27]. It was also believed that the mystical powers of *Suman* could cure madness, "fainting fits" or convulsion, leprosy, blindness and also tell the fate of people.

Mostly, the indigenous people of Asante testified to the efficacy of the "medicines" administered by the IPHs. In a testimony, it was noted that one John Mensah, a blind soldier consulted a priest of Krachi Denteh and was told to mix the blood of a white cock with honey and anoint his eyes with this "indigenous ointment" for three days. He recovered his sight and gave thanks to the deity, Denteh [27]. Again J. E Kofie attested that a certain Johnson who had hemorrhage of the lungs consulted the priest of Kobi and was told to take pine nuts, mix them with honey and eat it for three days. He was also cured [28]. Significantly, in the first half of the twentieth century, some of these beliefs invariably helped curb certain antisocial behaviours and negative lifestyles that had repercussions on the physical and psychological or mental health of the people [28]. Adversely, those who were falsely accused or branded as witches were mostly scorned and rejected by their families and communities at large [11,20].

Emphasizing the widespread influence that the anti-witchcraft cults played in the rise of Prophetism in Ghana, Amanor refers to Larbi in *Pentecostalism: The Eddies of Ghanaian Christianity* (2000, Accra: Blessed Publications) an observation by Smith:

> It is difficult to estimate the importance of these cults in the total religious life of the people: they are active in many parts of Ghana and from time to time a particular one has gained sudden fame in a specific area or, as in the case of Tigare, over the entire country. Their rise has coincided with the decline in influence of the national and traditional *abosom* shrines and with the rapid development of the country on western European lines. Pastors' reports from 1922 to the present day mention the falling-away of Presbyterian Church members to take the medicine of one or other of them. In the nineteen forties the number of Christians lapsing to Tigare caused all the Mission Churches deep concern. Nkwantanan in Kwahu, the headquarters of the chief Tigare priest, became a place of pilgrimage attracting devotees, so-called pagans, literates and illiterates, Christians and Moslems, in thousands; special lories were hired for the last part of the journey up the scarp from Nkawkaw railway station [29].

Again, to emphasize the nature of the relationship between the IPH and Christian preachers, we can further draw our attention to a quotation in McCaskie's *Anti Witchcraft Cult in Asante* (1981):

In 1908 an IPH in Ntotroso in Ahafo, told a Christian Preacher you are not doing bad. The IPH hinted " For both of us are working for the welfare of the people, by my office I take away bad things and evil spirits from people in order to get good health; and on the other hand you are advising them for good behavior and love to one another, so we work hand in hand". This epitomizes the indigenous belief concerning supernatural influences the moral order. It seemed that to ensure cooperation, peace and holistic well-being, the Indigenous Priest Healers co-habited with Christian priests. This, to the past and present Christian mind was not much to be desired.

3.2 Christianity, Spiritual Forces Including Witchcraft Perceptions

From the 1940s, affluent cocoa farmers in Asante sought refuge in spiritual churches for fear of witches

inflicting them with incurables diseases. Some of these spiritual healers came from the Cherubim and Seraphim Churches in Asante. By 1940 the *Asantehene* had had some correspondence with the spiritual Leader of the Cherubim and Seraphim Church. The leader of the Twelve Apostles Churches also referred to as *Nakaba* had made contacts with the *Asantehene's* Secretariat within the period under review [30]. Persons whose diseases were incurable so far as western medicine was concerned as well as those whose diseases were attributable to an invocation of a curse or based on the activities of witches or malevolent demons were presented before the priests and severally, the priestesses of the *Nakaba* churches. These priests from the ranks of the spiritual churches were also believed to have certain spiritual abilities to identify witches from the communities and possibly exorcise them. These exorcists were found at almost every corner of Ghana especially during the first half of the twentieth century [31]. The focus of the Pentecostal churches in Ghana with their associated deliverance ministry according to Opoku Onyinah aimed at breaking down demonic powers by the help of God and setting people free from their torment [32]. At the initial stages especially in the 1900s a majority of the Christians in Ghana still patronized what has been referred to by Amanor as anti-witchcraft cult shrines [33]. However, by 1924, the story changed in Asante especially with the increase of Pentecostalism from persons like Samson Oppong whom the Basel Mission was weary of as Bartels confirm, Oppong's evangelizing mission was so successful. According to Amonor,

> The Basel Mission regarded Oppong as a fetish priest and would not let him preach in their Churches. But the Methodists were less inclined to distrust an emotional revival, and were able to make use of the movement as a basis for more enduring evangelical work. The effects in Ashanti were so marked that the District Synod changed their plans, so that in 1924, their Wesleyan Training College was opened in Kumasi instead of in the colony, with financial support from Fanti Methodists [32].

The Zionist Aladura Prophets of the 1920s are also worth mentioning. Within the scheme of affairs, they were also noted to have played a role in providing spiritual solutions to the health needs of the people of the Gold Coast including Asante. Significantly, the 1970s saw a revival of the Pentecostals with their renewed Charismatics. They have played an important role in faith medicine countrywide. The late 80s and early 90s saw the emergence of new churches founded by indigenous people that could be referred to as the neo-Charismatics. This category included The Ebenezer Miracle Worship Centre founded in the 90s, International God's Way Christian Centre among others. These Neo-Charismatics who are also known to be prophetic churches in both twentieth and twenty-first centuries have been involved in healing persons who have been sent out of hospitals based on the incurable nature of their diseases. Some of the members and persons who were healed in these churches in the twentieth Century in Asante have been interviewed. Their testimonies were corroborated with the medical reports and X-Rays that they presented at the time of their admission to the churches. Some have been healed of incurable sores. Respondents name medical facilities like the Police Hospitals, Komfo Anokye Teaching Hospital and Korlebu Teaching Hospital among other medical facilities where medical doctors gave up on them and as a result of that they had to resort to faith medicine. At the Ebenezer Miracle Worship Centre, Pastor Kennedy attested to the fact that their church, its founder, Prophet Ebenezer Adarkwa Yiadom who goes by the accolade *Opambuor* (The one who sews stones) and *Prophet One* in Asante has been used by God to heal those who are sick. In parodying the words of Jesus Christ in Luke 7:22, he attested that '*The blind are able to see, the cripples walk and the deaf hear. Several cases are presented to us. We give them anointing oil and directions.'*

Though the ability of the healer matters in the healing process of the sick, the study found out that the faith of the individual mattered in the healing process. That determined the number of times an individual would visit the healing centre before he/she is healed. Priests' respondents suggested that faith would be required whether there is a demonic/ witchcraft element or not. In attempting to situate instances when science gives way for faith healing, logic gives room to the illogical, respondents argued that orthodox or scientific medicine ultimately gives room for faith medicine only when there is spiritual sickness. However, it still remains problematic to give a working definition of what spiritual sicknesses are. They must be those that are caused by disease demons or witches or that which is revealed to the Priest by God. One of the respondents hinted:

> 'It takes the Lord's anointed to identify spiritual sicknesses in people. When such a person approaches the man of God, it may not even take the patient any explanation; everything will be seen spiritually by the man of God.' When the sickness is not spiritual the man of God will simply ask you to see the doctor or he can also heal you if the direction so comes from God.'

Some diseases were also classified as spiritual especially when they are known to have occurred as a

result of *duabo* (curse). According to respondents, there are so many kinds of curses; some are pronounced by the devil whilst others are pronounced by men of God. God can curse you as well as the devil. According to respondents, the difference is that, when you are cursed by the devil, God can reverse it but when God curses no one can reverse it. God through the priests can reverse curses such as those of the *Antoa* shrine, as a number of cases from the shrine have been reversed. But this depends on the level of anointing that is vested in the man of God. The *Antoa* shrine near Kumase in the Ashanti region hosts visitors who visit for their curses and the effects of the *Antoa medicine* to be revoked to prevent death. According to a respondent the one invoking the antoa deity against another might crush an egg or pour a drink accompanied by the statement that the Antoa deity should vindicate him/her if he has done no wrong and kill or cause a misfortune to befall the one who has wronged him/her. He/she might say among other things 'perforate the intestines, swell his stomach and give him edematous feet but if he is not the one such ills should happen to the real offender'. The effect of this invocation could be swift or slow. Sometimes it is instantaneous. It could also take days, weeks or months for the effect to fully manifest. In most instances such persons are sent to hospitals, where they are given drugs but eventually upon several laboratory and medical consultations doctors in Ghana sometimes encourage patients to also seek spiritual help else they died while taking medicine [33].

3.3 Childbirth and Twentieth Century Influences

Anyinam reports from P.R Ulin (1975) that neither daughters nor relatives of midwives nor others have the desire to continue this traditional function. He refers to Ulin's observation in Bostwana where traditional healing in the 70s was said to be declining because fewer new recruits were entered the occupation, the credibility of the healer was said to be declining and the development of scientific health care deprived healers much of their former prestige and patronage. Again, Anyinam emphasizes Ulin's position that the role of the indigenous medical practitioners were threatened by formal education which was perceived to be incompatible with traditional medicine as an occupational choice [34].

Again, G.M. Foster and B. G. Anderson (1978) are reported to have suggested that as bio-medicine becomes more accessible and as education makes it more acceptable, the practice of traditional medicine would disappear [34]. The above notwithstanding, Anyinam argued that inquiries in some African cities indicated that urban places in the 70s were vigorous areas of traditional medicine. He further referred to Good (1980) that the urban setting represented an area of growth in indigenous medicine in Kenya [34].

In Asante, procreation is considered essential for the continuation of one's genealogy. Therefore, to be childless was disastrous [8]. However, the social impact of the childless woman was mitigated when it was found out that the childless woman once carried a fetus but could not carry it to full term as a result of miscarriage or death of a child [8]. Child birth was closely watched by the TBAs who were experts. The TBAs who were mostly old women were part of the kin group who were noticeable experts in caring for people and had knowledge of herbal application [35]. These older women were the sole providers of midwifery care prior to the introduction of European forms of medicine.

The support which was given to women during childbirth was purely indigenous, especially during the period 1902 when the British had fully taken over Asante. European influence was then not dominant in Asante. Hence, it was believed by both practitioners and adherents that all children were to be born through natural means. [35]. Disregard for surgical operation to aid child birth persisted in traditional Asante society even until the 1920s and 30s. It should be pointed out that even if they had been in favour of surgery, they did not have the skills to carry out surgical operations. However, the argument in the 1940s and 50s to defend the stand against such operations was based on the belief that a woman was likely to be operated upon during subsequent deliveries if she was operated upon during the first time of delivery, stressing that it could deteriorate the health of the woman and create deleterious future consequences, even death [35]. In fact traditionally, the Asante abhorred body mutilations including male circumcision and piercing of ears [36]. Beyond that there was the belief that witches could wreak havoc against the woman being operated upon and eventually lead to her death [35].

In Asante, pregnancy was termed as warfare. This was not because they did not want the unborn child but because child birth could result in death [35]. They were noted to be one of the avenues through which witches wreaked havoc on their helpless victims [8]. It was therefore the responsibility of the pregnant woman and the TBA from the stage of conception to do everything possible to ward-off any disaster and to have easy childbirth. The antidote was found in the use of herbs, bark of trees, seeds and special foods as anti-natal drugs. Such practices were repeated in post-natal care. [35]. According to Kathryn Guerts, the twentieth century rural Ghana, the process of

modernization did not have a lot of impact in the domain of childbirth. Guerts' interest though was on the Anlo-Ewe of Ghana the lessons drawn are not totally dissimilar countrywide in the twentieth century Ghana. The question of the integration of midwives into an official medical system managed by the Ministry of Health in Ghana and how the exclusion of some of the Traditional Birth Attendants who were sidelined persisted in spite of modern influence and disregard for some of the practitioners. We have been amply schooled on the history of the evolution of the Ghana Health Service and the Ministry of Health. Referring to Twumasi (1975), Guerts rehashes the fact that the Government of Ghana built first rural health centres and by 1963 there were forty-one such outposts in operation. The development of health centres included a plan for increased attention to maternal and infant health as neonate mortality figures indicated that during the late colonial period the death rate may have been as high as two hundred and fifty for every thousand live births. [37] In 1960s Ghana followed Kenya by establishing an official population policy and to set in motion a formal programme.

Efforts were made to train TBAs and to further utilize their services. The first was DANFA comprehensive and rural health family planning programme superintended by the Medical School of the University of Ghana, Legon-Accra. An evaluation report on this projected suggested that it had an impact on the midwifery care provided to women and that TBAs worked effectively as motivators of family planning. Another programme inaugurated in the 1970s was the Brong Ahafo Rural Integrated Development Project, which aimed at making healthcare Programme which aimed at making healthcare delivery the responsibility of the community [37]. In 1979, the primary healthcare training for indigenous healers' project was implemented in Techiman in the Brong-Ahafo region. It was intended to augment the knowledge and skills of indigenous healers and bring about closer cooperation and understanding between indigenous and western-oriented health workers [37]. These three programmes represented the efforts of the Ministry of Health to acknowledge the vital contributions made by TBAs and to include them as active participants in the delivery of healthcare services throughout Ghana [37]. The 1980s goals for the national training programmes included training in delivery skills and equipping them to perform certain pre-natal and post-partum care tasks. Also, they were trained in healthcare topics such as family planning, immunization and oral rehydration therapy. The national programme for this training was fully effected in the country in 1989 [37]. These progress made in modern strategies advanced the position of the TBA in delivering help to rural women in Ghana and Asante in particular. To a large extent, it ensured a co-existence of the indigenous practitioners and the western-oriented practitioners in Twentieth Century. However, there was a struggle for control in relation to competition for power and for command over medical resources in modern Africa [38].

3.4 Herbal Knowledge and Practice

Generally, in Asante, herbal knowledge was not acquired through formal structured learning. By the turn of the twentieth century, herbal knowledge was the preserve of the kin group. Information about the efficacy and the use of what type of herbs or leaves, roots, stems, fruits and seeds of trees or plants relevant to cure specific kinds of diseases was with the kin group [39]. Mostly, it was the elderly women and men who had such knowledge since it was passed on to them from their parents and grandparents. The mode of acquisition of such knowledge was basically through connection and relationship between the young and the elderly whose storehouse of indigenous herbal knowledge could sometimes not be easily opened at the bidding of people they did not trust and have close relationship with [39]. This class of herbal practitioners or physicians was not necessarily hewn out of the priestly class but was born into a worldview that is quite dissimilar from what was seen in the latter part of the twentieth century. Amongst the indigenous practitioners was the belief that the blessing of the Supreme Being *Onyankopon* or Creator known in Akan as *Oboadee* should be invoked at every opportune time and mostly in instances when one received visitors [39]. Growing up in the court of the *Asantehene*, in the 1950s, Daniel Amponsah learnt that in several of the villages of Asante, *Nyamedua* "Tree of God" was planted in front of several houses. Pots that had collected rainwater and dew, which dripped from the *Nyamedua*, were fetched and sprinkled on visitors to such households especially when they were leaving as a sign of invocation of the blessing of *Onyankopon*.

Significantly, the chief medicaments were only considered potent when the indigenous healer who might not be from the priestly class or an *Obosomfo (*that is subject of a deity), acknowledged the Supreme Being - *Aduro a mereye yi se Onyankopon hyira so a ebegye wo* - meaning "if God blesses this medicine I am giving you, it shall cure your sickness" [39]. This buttresses the point that the results achieved after using the medicine of the herbalist was not only based on natural efficacy of the concoction or decoction but rather the supernatural force or the spiritual pronouncements made on the potion before it is applied. Traditionally the individual who uses such a drug had to understand that the benefits he/she derives from the concoction or decoction came as a result of

the spiritual potency or force backing it, a force which is inherent in the *Oboadee* (the Creator of all things) and His intermediaries, the deities.

An interviewee who is a member of the Ghana Psychic and Traditional Healers Association hinted that members of their association since its inception in the 1960s have been treating cases ranging from diabetes, stomach ulcer, constipation, malaria and typhoid among others at their healing or medical centres. He among other respondents hinted that from the 1940s onwards there have always been the possibility of having a patient undergo treatment using herbal medicine and orthodox medicine but in such instances the medical doctor will advise the time intervals the drugs should be taken.

To a large extent herbal medicine went through some form of testing to ensure that they were good for human consumption and also reduced the element of quackery. Yet, it does not suggest that the activities of laboratorians reduced the spiritual content found in the beliefs and the prayers said before the leaves, stems, branches or roots were plucked during auspicious times. Interviewees hinted that some have been engaging in Palmistry and fortunetelling [40]. These accompaniments in the practice suggest that the focus of their medicaments was and is still not only in herbs or plants but also to ascertain spiritual root causes of diseases and afflictions. They were and are still able to give us a hint whether the medicine or potions they are administering would be efficacious or not. In most instances certain forces or persons are propitiated to give room for the paste or potion to achieve its pharmacological objectives [40]. However, practitioners admit that ignorance and unhygienic conditions have been found to be the major causes of sicknesses and diseases in Ghana. This supports the argument that not all diseases are spiritual, some are pathological (Pathology: The precise study and diagnosis of disease).

Twentieth Century Asante herbal medicine embraced counseling as an important element in curing diseases. Practitioners believed that some sicknesses required that the patient is counseled. If that was not done the patient would not be cured and sometimes the emotional or psychological impact of the disease on the person could lead to several problems including death [40]. Asafua argued:

> 'In cases like impotence, you need to counsel the person for him to have a balanced mental condition. Some peoples' sicknesses are caused by stress as well as family problems. They need counseling to get well. Patients can therefore combine both medication and counseling at a go but that should not be done under compulsion.'

In 1987 Charles Anyinam agreed with Foster and Anderson (1978) that one aspect of African culture that has undergone considerable change is the traditional medical system, that is, the health knowledge, beliefs, values, skills and practices of the indigenous people including all clinical and non-clinical activities, institutions and other activities that relate to health needs of the people [34]. Significantly, in Ghana it has been argued that for most healers practice was secondary. Some were farmers, a handful were retail traders or government workers. In Twentieth Century Kumase, several of the practitioners including faith healers were full time practitioners. The urban areas experienced an increase in the number of faith healers and herbalist. In the twentieth century, it was noted that forces influencing the level of recruitment of the indigenous medical practitioners in Kumase in particular was varied. The major internal and external factors have been noted to be the beliefs and values of the people, the introduction of Western institutions like education, bio-medicine and Christianity, the transition from subsistence to a monetary economy and the changing lifestyle of the people [34].

A significant issue which accounted for the decrease in recruitment into the herbalist profession in Twentieth Century Asante was the fact that the profession was less financially rewarding. Practitioners could redeem few of the pledges from patients who recovered from aliments that were brought to them. Again, somatic ailments were referred to different medical streams [34]. Although Kumase housed different practitioners, rural Asante like elsewhere in Ghana continued to have young people trekking to urban areas to seek for prospects in other professions or endeavour instead of continuous engagement in the herbal practice which fetched them little or nothing in their rural enclaves. Also cult healers disappeared with the death of original owners. Some became members of the Catholic Church who were asked to destroy their cult paraphernalia in the presence of the congregation [34].

3. CONCLUSION

Both oral traditions and documentary sources show that traditional Ghanaian societies including Asante and Kumase in particular believe that sicknesses are caused by either a misdemeanor on the part of individual(s) or based on an activity of malevolent demons, invocation of the powers of deities or curses and sometimes witches. The study has shown that counseling formed a serious part in the medical practices within the period under review. The absence of counseling in certain instances could cause one to die while taking medicine.

Indigenous medical milieu and the traditional communities embraced Indigenous Priest Healers, their deities and associated practices. They saw many die irrespective of the fact that they took medicines. The cause of their treatment was only a success when certain deities or persons were propitiated. The efficacy of a drug was not only in the paste or potions. It was not only in the concoction or decoction but also in the beliefs and the associated prayers that were said before their preparation. Although persistent observation and practice have taught those of the herbalists class that several of the twentieth century diseases in Asante was as a result of negative lifestyle and unhygienic conditions, they could not easily delink the spiritual from the practical.

The Prophets of the Aladura churches, Twelve Apostles, Apostolic, Pentecostal, Charismatic and the Neo-Charismatics in twentieth century Asante played a part in the Healing process. The study has confirmed that when persons were sent to hospitals for diagnosis and treatment but still did not get better, they were referred to these healers who prayed for them to recover. Attestations have come from persons who went to some of these churches in the twentieth century with their medical reports. Orthodox medical practitioners who are either Christians, Muslims, traditionalists have confirmed that there were instances within the period under review that every physical method of treatment were applied on patients of which they saw no improvement in the cases of those patients. Sometimes with caution and disbelief they allowed these patients to seek spiritual help. Some of them, they attest recovered. There were instances they gave up on patients on sick beds but while continuous prayer was said for them they saw them suddenly respond to treatment. Some respondents refer to that as psychological and emotional rather than spiritual, yet they admitted that proper emotional and psychological balance had the tendency to aid or support the healing process.

The 1930s and 40s saw the appearance of cults like Tigare. Although these cults were licensed both by District Commissioners and *Amanhene* (Paramount chiefs), they were forcefully stifled by the Missionary bodies who were very active during this period. In fact they were in stiff competition with them. It borders on tautology to stress that twentieth and twenty-first century views on medicine and medical discoveries have not shifted fully the belief of the people of Asante from faith/spiritual healing. The argument of Anyinam stresses that "The meeting of religious needs, healing, divining and prophesying and in particular the integration of religion with healing makes the indigenous African churches more attractive to many people who have problems adjusting to new socio-economic situations, coming to terms with misfortunes and also finding solutions to illnesses, to social problems like love, marriage and insecurity as well as to spiritual emptiness".

COMPETING INTERESTS

Author has declared that no competing interests exist.

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