

ASSESSING THE IMPACT OF RELIGION AND SPIRITUALITY ON MEDICINE  
AND

HEALTH CARE IN GHANA: A CASE STUDY OF SOME MAJOR HOSPITALS  
IN  
THE KUMASI METROPOLIS.

BY

ERIC MANU

(BACHELOR OF ARTS)

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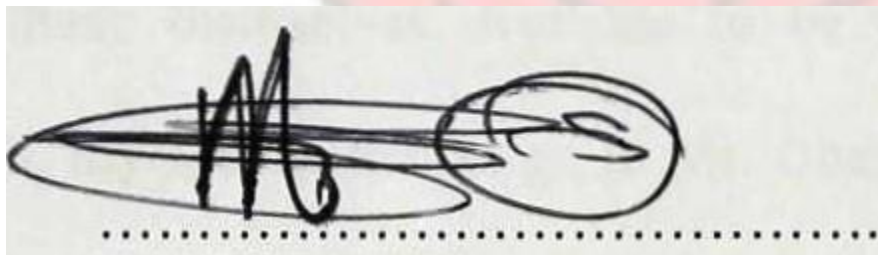
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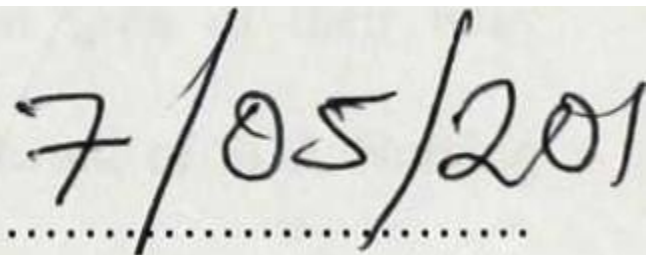
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STUDENT

ERIC MANU  
(NAME)



(SIGN)



(DATE)

STD. NO.; 20252909

EXAM NO.; PG6281211

CERTIFIED BY

SUPERVISOR

REV. FR. JOHN KWAKU OPOKU  
(NAME)

S.-----vC-----  
(SIGN)

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HEAD OF DEPARTMENT

REV. DR. NATHAN L-S-

AMWINI

(NAME)

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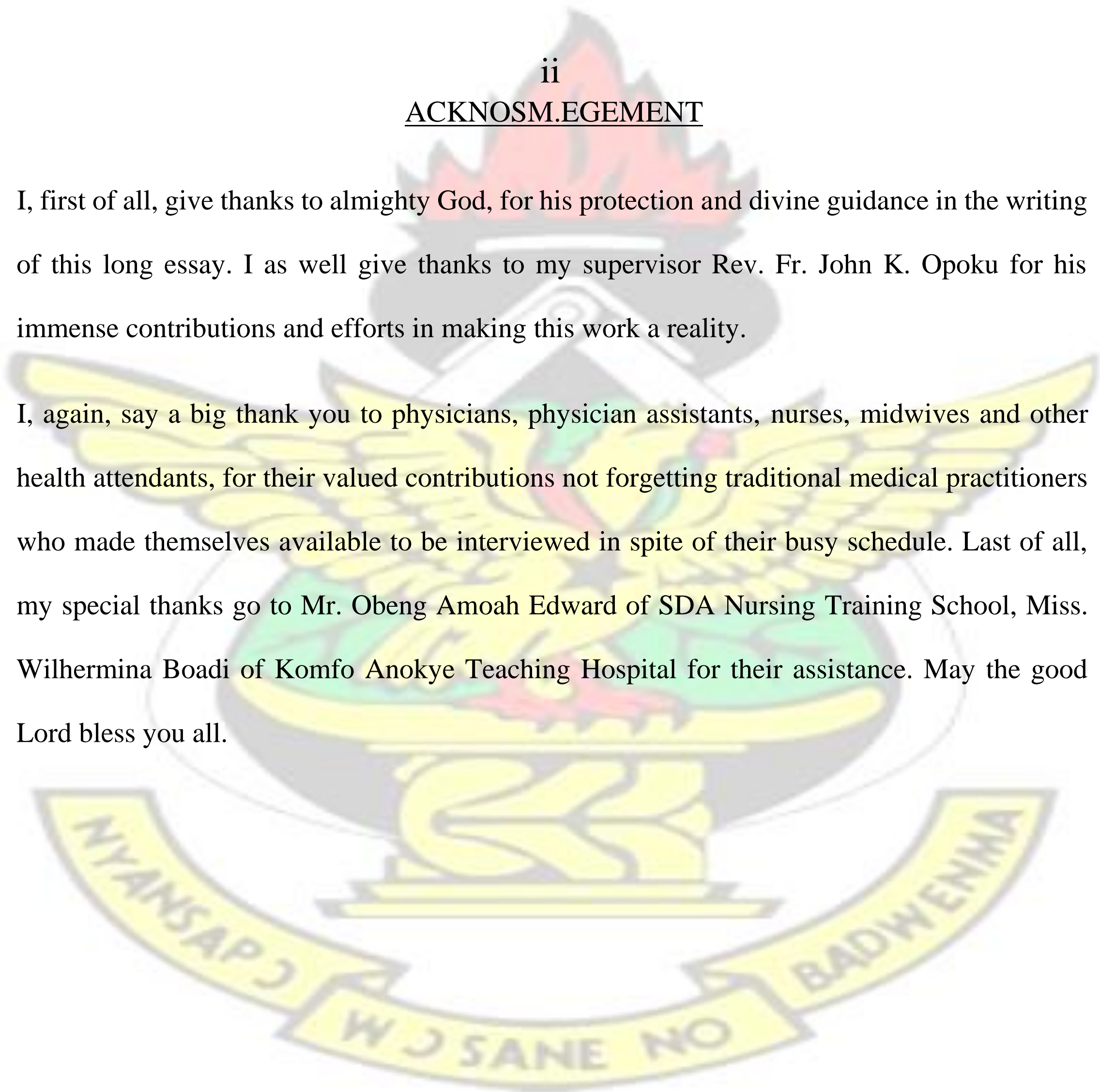
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# KNUST

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## DEDICATION

This work is dedicated to my beloved family, especially to Lucy Afriyie and Francisca, for their prayers and support. It is also dedicated to Mr. Kofi Oppong Manu.



## ABSTRACT

The research work in its totality presents an investigation into the connection between religion, spirituality and medicine. It gives a presentation on the impact of the relationship between religion, spirituality and medicine in health care in Ghana. Over the years, medicine has been the main means by which injuries and infirmities which affect the physical body are treated. Religion and spirituality, on the other hand, have existed hand-in-hand to espouse the liaison between humans and the supernatural. Though the study of this relationship between religion and medicine has most often been considered impossible due to their distinct nature (in many scientific minds), the research work significantly illustrates their connection and influence on disease treatment and healing in the contemporary Ghanaian society. The research throws light on the existing role of spirituality and religion in contemporary medicine and health care. In its chapters, it explains the various terms such as; religion, spirituality, medicine and health care. It espouses the relevance of personal religious faith and spiritual relationship to the physical health. The reality of health disorders (diseases and illness) cannot only be seen as a defect but also as a great medium for inner spiritual enhancement. It is of great significance to appreciate the role of personal faith and spirituality in all aspects of human life, particularly in that of medicine and health care. The research therefore points out that religion and spirituality are an important part of the healing process which the human body goes through. In that sense, pointing out the particularity of the role of religion and spirituality in modern medicine and health care can only highlight the existentiality of the contributions of religion and spirituality to human development.



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### LIST OF ABBREVIATIONS

BC	Before Christ
CPE	Clinical Pastoral care Education
CS	Christian Science



GHS	Ghana Health Service
I-IBP	High Blood Pressure
HIV/AIDS	Human Immuno-deficiency Virus Infection/Acquire Immuno-Deficiency Syndrome
HO	Hippocratic Oath
KATH	Komfo Anokye Teaching Hospital
10TH	Korle-Bu Teaching Hospital
KJCM	Knights of Jesus Christ Ministry
KNUST	Kwame Nkrumah University of Science and Technology
MOH	Ministry of Health
NRSC	National Road Safety Commission
NTC	Nursing Training College
PLP	Peace and Love Palace
RSM	Rhema Salvation Ministry
SDAC	Seventh-Day Adventist Church
—SDAH	Seventh-Day Adventist Hospital

SM                      Staff Midwife

TCM                    Traditional Chinese Medicine

University Hospital WFM

Word-Faith Movement WHO    World Health

Organisation

YHC                    Yaba Herbal Centre





## CHAPTER ONE

### GENERAL INTRODUCTION

#### 1.1 Introduction

The research work is presented to expound investigations made into the impact of religion and spirituality on medicine and health care in Ghana, mainly the Kumasi metropolis. This is in respect of the fact that religion and spirituality exist relevantly among humans in addressing many life issues. It is so much in diverse ways "interwoven with people's daily lives that it would be impossible to isolate it in any discussion of development. This is particularly the case in the health sector" (Ter Haar 2011:9). As well, medicine has proven to be relevant in solving many life issues particularly, health related issues. Religion and medicine, hence, can be said to exist purposely to resolve human needs. However, drawing a direct link between both fields in addressing the health needs of humans may seem problematic in many scientific minds. The chapter at hand, therefore, gives an outline of the general introduction to the entire research work. It discusses the background to the study, problems necessitating the research, objective and relevance of the study along with the methodology used in the research. It again discusses the scope and area of the study and its limitations as well as the literature review and the organisation to the entire research work.

#### 1.2 Background to the Study

In discussing religion and medicine, we attempt to enter into two distinct fields of knowledge which may well be understood either by separation or integration. The study of the relationship between religion and medicine has always been comparable to that of religion and science (i.e. faith and systematic observation). The debate between faith and science dates as far back as the



10-17<sup>th</sup> centuries BC, which according to scholars marks the emergence of modern experimental science (Gyekye 2008:3). On the other hand, the study of the connection between religion and medicine in higher institutions, according to Koenig (2008) in his epilogue, has a long history particularly among ancient civilizations. Menyeh (2008:24) writes that, the interplay which made them great allies is as well old, for instance, in ancient civilizations like Egypt, Babylon, China, Rome and Persia.

The term 'Religion' is from the Latin 'religare' which means 'to tie' or 'to bind'. Earlier writers like Cicero connected the word with the term 'relegere' which also meant 'to repeat, to read over again' or, most likely, 'religionem' which means 'to show respect for what is sacred' (Mark, 2009). The term has also been explained to mean an organized system of beliefs and practices revolving around, or leading to, a transcendent spiritual experience. Religion (which, in ancient times, is indistinguishable from mythology) concerns itself with the spiritual aspect of the human condition, gods and goddesses (or a single personal god or goddess), the creation of the world, a human being's place in the world, life after death and how to escape from suffering in this world or in the next. Religion crosses so many different boundaries in human experience. Joshua J. Mark (2009) observes that there is no culture recorded in human history which has not practiced some form of religion. Though religion is

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difficult to define, many attempts have been made, however, and while every theory has its —  
—limitations, each perspective contributes to our understanding of this complex phenomenon.

According to Ibrahim (2008:72), religion can literally be defined as "recognition on the part of man of a controlling superhuman power entitled to obedience, reverence and worship". It may also be defined as the conviction by a man or a woman of a higher being that is believed to sustain lives and activities. Irrespective of the above definitions, religion is understood and distinctively explained by people in different communities. Ibrahim opines that;



Religion can hardly be defined precisely as it admits of the widest diversity of interpretations, because of the entirely personal nature of the experience which it entails. It has to do with what is vital in the feeling, belief and performance of actions of every human being. Religion seems to be a phenomenon, which controls the attitude of each individual towards life, 'primitive' and modern. Even in one man's lifetime, his conception of what religion is may change from one definition to another (Ibrahim 2008:72).

Religion plays a vital role in the life and activities of all communities in which it is practised. Ter Haar (201 1:9) affirms that "religion is a powerful motivation for many people to do what they do". It is a pervasive and almost a universal phenomenon in all human societies. "In no doubt, in more serious moments [in our human life] religion and Christianity continue to provide working people with solace and meaning. The vitality of popular and major religions that provide meaning to existence has been carried over to all spheres of life" (McKay, Hill, Buckler 1995:798). This brings to light the bearings of religion on the major spheres of our human life which may include medicine and health care. Significantly, faith is needed for religion to establish itself positively in the realm of medicine which is one of the major spheres to humanity.

Spirituality, on the other hand, refers to "the experiential integration of one's life in terms of one's ultimate values and meanings" (Muldoon and King 1995:330). Though both words are closely related, religion represents the community as well as the institutional aspects of spirituality, while spirituality simply connotes a personal relationship to the transcendent. According to Reed (1987:336), "Spirituality is a broader concept than religion or religiosity". And that the "indicators of spirituality", he mentions "include prayer, sense of meaning in life, reading and contemplation, sense of closeness to a higher being, interactions with others and other experiences which reflect spiritual interaction or awareness". Reed further posits that the intensity of spirituality may vary according to developmental level and life events.



Like religion and spirituality, medicine and health care are also closely related and are sometimes used interchangeably. Medicine commonly refers to the drugs for treating illness; the general treatment of illness (the diagnosis and treatment of illnesses, wounds, and injuries) involving the usage of drugs rather than surgery and, in recent times, the medical profession, that is, the profession of treating illness as a doctor. Health care, on the other hand, refers to the activities to maintain health. Thus, the provision of medical and related services aimed at maintaining good health, especially through the prevention and treatment of disease. Health care implies the service of providing medical care (Oxford Advanced Learner's Dictionary).

The above definitions indicate that medicine and health care are uniquely different from religion in nature and in practice as the latter deals exclusively with faith. This is to say that while religion deals with matters of the spiritual realm, medicine entails the scientific treatment of diseases. There is no doubt that religion and science, for that matter medicine, are two distinct human endeavors. However, in their variant forms, religion and science coexist in the lives of patients to bring about healing. In spite of their co-existence in the life of a patient, Bour (2008:69) espouses that religion shares one advantage over medicine when he states that, "Perhaps one advantage of religion over science (and modern medicine) is the resources of miracle and faith available to the former, especially in the area of health which is a bane of human development". That notwithstanding, Keefauver (2009:21) cautions against allowing enthusiasm for faith healing to stir up false hopes "so that a sufferer [sick person] stakes all his or her [trust] in miraculous healing To him, the power of modern scientific medicine should not be underestimated by the believer who suffers illhealth.

The research therefore seeks to investigate the impact of religious faith or faith in God, held by individuals, on the healing process in Ghana, since health issues have been of utmost significance to every being in the world. Medical institutions and centers which once were more



narrowly focused on the physical aspects of healing are gradually broadening their scope. It

has come

to include the emotional, psychological as well as the spiritual factors which extensively contribute to physical well-being. Be as it may, it is evident that a more —quality and ideal health is preferred by all to ill-health. According to Bour (2008:69), "[Good) Health is a vehicle for achieving development and also an end of development" . Human beings in their original state or condition, as created by God, are supposed to obtain good healthy conditions. It is these healthy conditions that enhance development in the life of the individual and society at large.

### 1.3 Statement of the Problem

Within the human society, including the medical society, are problems influencing the research at hand. The topic was chosen due to the fact that a large number of Ghanaians who are religious by nature do not play with issues concerning their health. This creates a sense of curiousness as to how influential their religion and spirituality can be on their physical health with respect to the treatment of diseases.

Nevertheless, many health professionals, within the health sector, disregard the relevance of religion and spirituality in diseases treatment in Ghana. They find supernatural intervention (that actually reverses natural laws governing the human body) extremely rare in scientific medicine. These medical personnel differentiate between natural laws (science) and spiritual laws (religion). They are of the view that science is science and religion, religion and posit that the two are worlds apart and must not be integrated. This position by some health professional in a way highlights the view of Jeremy Bentham that public problems (including diseases and ailments) ought to be dealt with on a rational and scientific basis. By this, Bentham proposed that only a rational scientific method must be applied to the treatment of diseases and-i-



FFëälĖđonditions (McKay, Hill, Buckler 1995:798). This notion by such (health) professionals antagonises the position of spirituality in medicine and health care. This therefore has affected the position of religion and spirituality in patients' health care across the country and also in the line of work of health professionals.

Again, many wealthy individuals are of the view that spirituality works in the health care of the poor who seem to depend mostly on religion. They assert that spirituality has no role in situations realized in the physical world of those who are well-to-do. Such affluent people fail to involve themselves particularly in positive religious and spiritual activities. Several studies, in recent years, have revealed an existing maximum decline in church attendance and church activities on the part of the affluent class (McKay, Hill, Buckler 1995:798). This indeed postulates religion as an opium for the poor. Many Ghanaians hold unto this notion and fail to consider spirituality when dealing with several social issues that confront them. In this sense, the impact of religion and spirituality on medicine and health care is less considered. As a result of this, the influence of spirituality and religion on medicine and health care is negatively accepted to be only among poorer generations.

Finally, some development theorists in Ghana think of religion and spirituality as an obstacle to progress inasmuch as they suppose religion to stand in the way of rational view of the world and thus to hamper scientific and material progress. According to them, religion is a medium sustaining embedded cultural attributes that are inimical to development. They posit that there is and has-TfëVëFbđđn any significant or scientific basis for the inclusion of religion in the development of treatment and other medical activities. This notion has in diverse ways hampered the impact of spirituality and religion on modern scientific health



care in Ghana. Furthermore, they assert that the relationship that may exist between religion, spirituality and medicine has the tendency to provide only negative effects on individuals who seek health care in Ghana. It is, therefore, in the light of these problems that the impact of religion and spirituality on medicine and health care is assessed in the Kumasi metropolis.

#### 1.4 Research Questions

The questions the research seeks to answer are as follows:

- What is religion and spirituality?
- What is medicine and health care?
- In what way is the concept of religion and spirituality different from medicine?
- What is the impact of the relationship between religion, spirituality and medicine in the realm of modern scientific health care?
- How significant is religion and spirituality to the development of medicine and health care in terms of disease treatment and the processes of healing?

#### 1.5 Objective of the Study

Primarily, the objective of the research is to investigate whether religion and spirituality have a role to play in medicine and in ensuring good health or not. To achieve this objective, the research aims at providing an overview of the relationship between religion, spirituality



and health care. It is also to investigate the conditions necessary for this relationship. The work aims at analyzing the commonalities and disparities between religion, spirituality and medicine in healing of diseases and injuries. It is aimed at identifying and appreciating religion-medicine relations in health care in Ghana.

Finally, the research is further aimed at exploring not only the impact of religion and spirituality in the life of patients but that of medical professionals as well. It answers questions such as; 'Can an individual's faith interfere in his daily life activities or line of work?'

#### 1.6 Relevance of the Study

An investigation into the impact of religion and spirituality on medicine has the following significance. The research elucidates the interplay between religion and medicine as well as facilitates integration between spiritual and mundane health care. It significantly supports readers to realize and appreciate the functions of religion and spirituality in disease treatment. Again, as taught by Sue Wintz (Chaplain, St Joseph's Hospital and the Barrow Neurological Institute, Arizona), an investigation into religion and medicine does not prove vital for only the patient and doctor but the family of the patient as well (Koenig, 2008).

The research work is also a book for all involved in the health care industry and beyond. It further promotes an understanding of religious faith and spirituality as a key to good health and the process of healing. Lastly, it offers particular suggestions and recommendations in—addressing issues militating religion-medicine relations in Ghana.

#### 1.7 Methodology

In this work, both the qualitative and quantitative methods of research are used in obtaining data. The researcher uses the qualitative approach to gain insight into the relationship between religion, spirituality and medicine as well as the impact of the relationship on each other and



on the Kumasi metropolis. The research again made use of both primary and secondary sources of data collection.

A total of two hundred (200) questionnaires were distributed to a section of the populace in the metropolis which included patients in the three selected hospitals. The method of random sampling was used in selecting informants/respondents from the Komfo Anokye Teaching Hospital (KATH), Seventh-Day Adventist Hospital (SDAH) and the University Hospital (UH) —KNUST -within the Kumasi metropolis. In all, a total of thirty individuals were interviewed including physicians, physician assistants, nurses, midwives, religious leaders and traditional medical practitioners. Particularly, the methodology for the analysis of the data collected on the field is descriptive in form.

### 1.8 Scope/Area of the Study

The research is based on religion-medicine relations in Ghana. It studies this relationship from the perspective of some major religions in Ghana. It focuses on their spiritual impact on patients' health and the line of work of health professionals. The area of the research study is the Kumasi Metropolis in the Ashanti Region. Kumasi is chosen due to its diverse —forms of medical and health care provisions as well as its cosmopolitan nature. It is also chosen as a result of the various forms of medical care and practices aimed at promoting the health of humans.

Again, the city has for long witnessed variant sects of religious groups exhibiting different levels of spirituality. The research was conducted in some major hospitals within the Kumasi metropolis. It was conducted in three major hospitals, which are; the Komfo Anokye Teaching Hospital (KATH), University Hospital (KNUST) and SDA Hospital. These hospitals are



considered as result of the fact that they share a great history and enormous reputation with respect to the provision of quality health care in Ghana and Kumasi, in particular.

### 1.9 Limitation to the Study

The research work encountered some constraints which affected investigations in one way or another. The first of the constraints was realized in the fact that the research work bases only on the Kumasi Metropolis and the major religions. It is again limited in that the time frame for the research work, which is only a year, provided limited room for further investigations.

Another limitation to the work was the unwillingness on the part of some health professionals and resource personnel to provide information since issues pertaining to medicine according to them were meant to be treated confidential. And even when they did,

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resource personnel assigned a lot of caution. Again as a young field of study, there were limited written documents in the study area which hindered the writing of the long essay.

Through investigations it was realised that the lack of written documents were as a result of some practitioners (of both traditional and orthodox medicine) inability to document cases on faith or spiritual healing, particularly, in our part of the world, unlike the Western world.

### 1.10 Literature Review

Much about the research at hand has been dealt with by scholars of different academic backgrounds including sociologists, theologians and medical professionals. In their various works, they have discussed the purposive connection between religion and medicine which make them great allies in the quest for good health. A number of these works are reviewed below to better understand the topic at hand.



Turner (2009) in his book shares his own metaphysical experiences as a medical doctor. The book throws more light on faith and mysterious cases in the process of healing. In his first chapter he discusses his personal encounter with divine intervention in medicine and health care. He explains that when he felt incapable in saving the life of one of his patient, he needed to connect with a supernatural force which he realized possible. Having been trained as a physicist, Turner affirms that he doubted the significance of prayer and was skeptical about the existence of God. He had no interest in religion and spirituality for that matter. For him "Armed with the expertise in physics and neuroscience, everything was in place to understand [only] the mind/body connection [and not spirituality]" (2009:13). However,

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after fifteen years of training in science and medicine, a spiritual pathway began to unfold, some involving patient care and others in the duties of health attendants. The inevitable relationship between religion and health care is greatly realized in Turner's work. In this, it





can be said that the impact of religion on medicine, particularly on medical professionals and patients is thoroughly made evident in Turner's work. Though religion plays a vital role in medicine and health, how and to what extent it can be realised?

Again, Koenig (2008) in his work the connection between religion and medicine as the focal point where science and spirituality meet. In his discussions, he provides an overview of the relationship between religion and medicine. He tries to bridge the distortions between health and well-being on one side and spirituality and religion the other. The work gives scientific bases for the possibility of such a relationship while providing compelling stories introduce and establish the interplay between health and faith. In his third chapter, Koenig argues that stress and negative emotions affect the physical health and cause deficiencies in the physical body, which may lead to diseases or illness. In dealing with such an abnormality, the writer opines that "People have sensed this in every time and culture, and they have often turned to a common antidote: religion". To him religion is a universally powerful coping behavior (2008:54).

Koenig emphasizes that coping with religion in time of illness, misfortunes and uncertainty is wide in western societies like the United States. He continues that "and in some areas of the United States, nearly one-half of hospitalized patients indicate that their religious beliefs and practices are the most important way that they cope with illness and life

illness" (2008:55). The above suggests that religion is able to influence medicine due to its role in human life. With the above, the impact of religion on medical care therefore becomes evident. It serves as a source of social support, behavioral modifier,

a pro-social agent and an element of healing. Individuals therefore relied on religion to cope with loss of health. However, the research seeks to find out the relevance of religious beliefs and practices on health care in Ghana.



In his work, *SPIRITUALITY, HEALING AND MEDICINE*, Aldridge (2000) emphasises on the correlation between spiritual healing and medicine. He explains that both science and religion are ways of knowing. He writes that discernment as a term does not only include the technical ability to understand the psychological and social needs of the patient. In this sense both religion and medicine should help us to understand the needs of patients. To this, Aldridge expatiates that we can further add dimensions geared towards discerning the spiritual needs of patients (2000:30). Aldridge quotes Moerman as saying that while medicine may try to work and look like a natural science and is sometimes scientific; it may not be scientific in its practice and delivery. By this the author tries to point out the fact that there is a possibility of a relationship between faith and modern medicine. He therefore builds a sense of connection between religion and medicine in the lives of patients. On the other hand, the research seeks to find out the relationship between religious faith and medicine in promoting health.

Levin (2001) in his work *GOD, FAITH, AND HEALTH*, explores the latest compelling evidence on the connection between health and an array of spiritual beliefs and practices, including prayer, attending religious services, meditation and faith in God. With examples from spiritual traditions as diverse as Christianity, Judaism, and Yoga, he looks with an open mind at the many ways that religious involvement and belief can prevent illness and promote health and well-being. Drawing on his own and other published studies, Levin shows how religion's emphasis on healthy behaviors and supportive relationships influences one's health and how the optimism and hopefulness of those who profess faith promote the body's healing responses. Levin mentions that, "Frequent prayer, whether public or private, is associated with better health, emotional well-being and lower levels of psychological distress". He states that indeed the evidence for a religious factor in health is overwhelming. He affirms clearly and comprehensively that belief or faith does matter in the healing process. This is to establish the fact that spirituality and faith are powerful medicine in the healing processes. Levin's book



therefore affirms the influence of religion on medicine but how relevant is this influence on modern medicine and health care.

Levin (1994), again, brings together key scholars and scientists from several fields to advance epidemiologic (the historical study of health events, characteristic or determinant in a population) and gerontological (the study of the social, psychological and biological aspects of aging) research into the role of religion in physical and mental health, psychological well-being, and other psychosocial and health outcomes. The first part of this work provides a theoretical context for this field and addresses such issues as hope, forgiveness, the psychodynamics of faith, belief, and coping. It makes a cogent study of religious involvement among older African Americans. Levin argues that the healing

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profession and the social scientists who study attitudes toward health and illness tend to overlook a major dimension that should be in their scope: the religious involvement of people. He therefore appeals for theoretical and methodological resources to support a

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growing body of research on the interactions among religion, aging, and health. It can be stated for a fact that the author appreciates the impact and role of religion in the health care sector. However, the question is that, is it possible to appreciate the position of faith in disease treatment and longevity.

Bour (2008) also discusses the existing relationship between religion, modern scientific medicine and health care in his articles 'Religion, Science and Development' presented in the Reflections on Religion and Science. According to him, the relationship between religion and medicine seems not prevalent among many Ghanaian individuals. He argues that notwithstanding the strife by medical scientists to promote the standard of health of patients, there still exists the need to accept the connection between religion and health care in the



country. He opines that for several years medical science is battling with issues of disease and infirmity. It is for over twenty-two years, battling with the problem of HIV/AIDS for which a solution is still far-fetched. Bour opines that "In the bible are hundreds of instances of miraculous healing and even the resurrection of the dead. We could recount Jesus' healing of the servant of the Roman Centurion (Matt. 8:5-13); of Peter's mother-in-law (Matt. 8:14-15) and of the woman suffering from hemorrhage (Matt. 9:18-22)."

This is however not to over-rule the potency of modern medicine. These supernatural acts were demonstrated beyond human understanding, defying science. But the point here is that religion permeates all sort of health e which included mental health —a dent on medical technology. The impact of spiritual or faith healing is considered thorough because Bour (2008:70) exclaims that it is assumed to be carried out by the agency of God, who Himself is a creator. From the above one realizes the impact of Christianity on medicine and health care.

Moreover, Askitopoulous et al, (2002) outline the relationship between religion and medicine in their work. In their work, they emphasis that in ancient civilizations like Egypt, Greece, Babylon, India and China medicine shared close relations with religion. They write that in ancient Greece, medicine was not separated from religion and that in the process of healing a patient in ancient Greece, ] patients enter a dream-like state of induced sleep known as 'eukoimesis' t. . . ] in which they were either cured by surgery or received guidance from the deity in a dream" (2002: 11). This is to say that deities and religious figures impacted the healing of diseases which they saw inevitable from sickness. It is therefore significant to recognize that religion and medicine are great allies. They are inseparable from each other and that healing was only possible when religious assistance was sought.

Though there were several applications in the treatment of diseases, religion stood tall. However, Askitopoulous et al, fails to identify the dangers posed by the exclusive role of religion in medicine for it is most often held that such a role may lead to deterioration in the



recognition for medicine as the main means for treatment. The research at hand therefore seeks to identify the problems posed by religion in the medical services in the Kumasi metropolis.



In the same vain, Risse (1990) acknowledges the relationship which existed between religion and medicine in the past. He writes that the ancient Greek temple known 'as the

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Aclepieia Temple symbolized religion-medicine relation. Religion controlled and pervaded many aspects of ancient life of which medicine was inclusive. As the temple of the healer god, it also functioned as a center for medical advice, prognosis and healing. This therefore updates the fact that religion and medicine shares a connection which was aimed at bringing comfort to humanity. His work once again supports the fact that indeed religion shares some kind of impact on health care and medicine. This relationship and its impact on human life according to Riise is not a recent phenomenon. This research work therefore seeks the history of the relationship between religion and medicine in health care in Ghana to identify whether it is a recent phenomenon or not.

Twumasi (2005) brings to light the neglect of spiritual make up of patient as represented in traditional medicine. He outlines some criticisms in scientific medical and health care delivery in Ghana. He states that the main criticism to be stated here is the fact that there seem to be an absolute concentration or emphasis on the scientific form of health delivery at the neglect of and less or no inclusion of spiritual delivery and impersonal approach. In his work, he establishes the fact that while the traditional healer works holistically, it is said that hospital care (scientific medical/health care) is split into several parties. The medical doctors rely on the results produced in a laboratory or an examinations leading to an indirect diagnosis. And



patients find it more difficult to establish a direct rapport with the busy overworked medical officer while such a rapport is essential in the traditional belief system

to regain complete health. This is to point out the fact that religion or spiritual in several instances seems inseparable from medicine either scientific or traditional. It is to buttress the point that religion or spirituality shares a role in medicine and health care. However, this



work seeks to emphasise the religious nature of humans when considering their treatment scientifically.

According to Sloan et al (1999), religion as a putative antecedent to health outcomes, has been measured in several ways in many studies. This has sought to provide empirical evidence to the connection between religion, spirituality and medicine. They write that church attendance, prayer, dimensions of religious experience such as the comfort it may provide, is imperative to difference in health standards among religious people. Through this, the authors bring to light the imperativeness of the relationship between religious faith and health care. This is to point out the impact of religion on medicine and disease treatment. Significantly, they further explains that confounders such as behavioral and genetic difference and stratification variables such as age, sex, education, ethnicity, socioeconomic status and health status may have the central role in the association between religion, health and medicine. In their view, when medicine is fused with, for instance religion and spirituality, devout health professionals may view their work as an extension of their religious beliefs. They state therefore that the impact of religious beliefs on health care is valuable because it is sensitive to all aspects of medical life. However, the research at hand is set to discover the negative inputs of religious beliefs on medicine that seem unmentioned.

John Young (2008) in his work HEALTH, HEALING AND MODERN MEDICINE, gives a demonstration of the relationship between modern medicine and religion. According to him, the restoration of health after a short illness does not lay only in the province of modern medicine but religion as well. This is to say that the relevance of religion to health restoration lays supreme



in the lives of humans. Irrespective of the above, Young posits that religion has often been sidelined in modern health care. This in his view has only been lately rediscovered. He therefore traces healing to religion and spirituality, particularly to the power of God. He further posits that though it is essential to provide medicine on major instances, it is also appropriate and completely essential to include religion and to invoke the spirit of God (spirituality) in healing the physical body. This he claims leads to holistic treatment. However, the author like several others fails to outline the impact of such a relationship particularly the negatives on medical institutions. The research at hand therefore seeks to reveal some of the negative impacts of religion-medicine relations on medical institutions and the services they provide.

Again, Linder Hale (2006) re-establishes the need to realise the essential relationship between religion and medicine in her work. She believes that both religion and medicine exist to help humans. However, she asserts that as technological and scientific treatment is rising to take a leading position in disease treatment across the world, religion has been put on one side. This she says should not be the case. According to Hale, the spiritual and mental aspects of healing cannot and must not be underpinned. She posits that they (the spiritual and mental aspects) must receive higher recognition among healers. She

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summarises her work by saying that it is of great importance to recognise and appreciate as well-as understand that man has a mental and spiritual make-up which makes spirituality and religion relevant when considering treatment. In her view, all treatment of diseases can be spiritually considered. Hale, however, does not dichotomise between diseases which may require religion or medicine. She believes that both fields are relevant to human life particularly



in the healing process. The research at hand therefore investigates whether all diseases affecting many individuals in Ghana can be spiritually treated or not.

Also, T. N. O. Quarcoopome (1987) discusses the association shared by religion and traditional medicine in terms of disease treatment. In discussing magic, medicine and witchcraft in his work, Quarcoopome points out that in the traditional society medicine is closely associated with religion. He states for a fact that the act of healing and treating diseases in the traditional society cannot be separated from spirituality and religion. He further adds that the act of healing relates religion in the sense that it exists in the possession of the divine healer who may dispense it through the agency of a priest. This therefore makes it difficult in separating religion and spirituality from medicine. This is to say that the existence of one is dependent on the other. In this sense, the author brings to light the validity of the existing relationship between religion and medicine particular in the traditional society. The research at hand therefore seeks to identify the validity of the existing relationship between traditional religion and medicine in Ghana. It also identifies the influence of this relationship on scientific and modern medicine and disease treatment.

In the same-vein, S. Cie-Post-(T998) in the HANDBOOK OF RELIGION AND MENTAL HEALTH, discusses the essential role of spirituality in the quality of life many individuals seek to achieve. He also discusses duty of religion and spirituality in the line of work of 'caregivers'. He presents in his work the picture of how several people have dealt with physical bodily disorders including mental disorders. He affirms the fact that caregivers on several instances



prayed for patients in order to improve their health. This, he says, is to refute the idea of Sir Francis Galton, who in 1883 proposed that prayer was ineffective in disease treatment. However, Post explains into details the significant role of prayer (spirituality) in addressing many life issues of which health is at the center. Through his work it is realised that the inevitable contributions of religion and spirituality indeed penetrate modern medicine and health care. It is to be stated that health situations in diverse ways are influenced by spirituality and religious affiliations. The researcher therefore seeks to identify the purpose of religious faith and practices to the establishment of spiritual healing in the Ghanaian medical sector.

These contributions by scholars in respect of the relationship between religion and medicine in a more significant manner set the tone for the research at hand. Though their works were conducted elsewhere their immense contributions to this particular work cannot be overlooked. It is therefore imperative to say that a review of literatures in connection to the theme of this research buttresses the point set to be established in the research.

### 1.11 Organisation of the Study

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The research work is organized in five chapters with the first chapter as its general Introduction. It comprises the introduction, statement of the problem, research questions, objectives and significance of the study, methodology, scope and limitation to the study and the literature review. The second chapter discusses the concept of health, medicine and health care. It looks at the nature of medicine and its various forms as well as their core purpose in our social life.

The third chapter takes a look at the concept of religion, spirituality and medicine. It observes some of the significant roles of religion and spirituality in respect of medicine and disease treatment. The fourth chapter presents the report on findings obtained from the field. The final chapter, which is the general conclusion, also gives a presentation of the summary, observations and suggestions indicated in the research.



## CHAPTER TWO

### MEDICINE, HEALTH AND HEALTH CARE

#### 2.1 Introduction

Diseases, ailments and injuries over the years have been a major problem affecting humanity because they have been a challenge to human health and development. In the preceding chapter, it was realised that the purpose for the introduction and use of medicine was for the general



treatment of diseases. This present chapter therefore explains how developments in medicine and health care have sought to harness the problems posed by diseases and other factors which affect the physical health. This chapter explains the major terms, such as medicine, health and health care. It discusses some concepts held with respect to medicine, health and health care. It further discusses some forms of medicine and health care practised in Ghana with particular preference to scientific and traditional medicines in the provision of quality health care. It is indeed certain that almost all manner of diseases and infirmities in Ghana cannot be dealt with without the use of medicine.

Significantly, the chapter finally elucidates the contributions of medicine and health care as an institution to the socio-economic well-being of individuals within the country. In all, it seeks to riposte questions such as; 'What role does medicine and health care play in the maintenance and restoration of the physical health?' 'And can medicine be described as a good or a bad thing?' It is therefore of this chapter to identify the centrality of medicine in disease treatment and health--úëfiií@éneral.

## 2.2 Health -Meaning and Purpose

There are different views as regards the definition of health. Its concept may vary from people to people at different points in time. Health basically refers to mental and physical well-being. According to the constitution of the World Health Organisation (WHO) (1946:3), health connotes a state of complete physical, mental and social well-being. This is to indicate that the health of an individual implies his/her entire bodily and spiritual makeup. It emphasises a totality in being. "Such a definition", according to Macionis and Gerber (1999:506), "seeks to posit that (good) health is as much a biological as well as a social issue which requires a wider attention".



The Family Word Finder Dictionary (1990) explains health as a general physical condition in the sense of freedom from diseases and ailments. The word according to the dictionary comes from the old English words 'hal' and 'halan' meaning 'whole' and 'to make whole' respectively. It represents a complete and unabridged condition of the human person and not an ailing and incomplete state of life. Primarily, diseases and illnesses have been a major contributor to the decline of health.

In popular minds, health and medicine work hand in hand. Medicine irrespective of its form plays a vital role in the maintenance and promotion of health. Many societies across the world have made and continue to make use of pills, herbs, shrubs, roots and branches in the treatment of-diseases. ~~This may be done~~ alongside other healthier life style to maintain health. This is to say that the use of medicine warrants good health which promotes societal growth. However, to maintain good health in order to warrant societal growth, much has to be done to promote health and prevent diseases and injuries (disorders) which affect the human body, It is in the light of this, that complete physical health can be realized as "a vehicle for human development" (Bour 2008:69).

### 2.3 Factors Affecting Health

Several factors within Ghanaian societies have proven to disrupt healthiness and well-being among humans. The research takes a look at some of the major factors which affect the health of many in recent years. Major among these factors discussed below include; diseases and ailments, accidents and injuries, social, psychological, economic and spiritual factors.



#### a) Diseases and Ailments

Diseases, as noted earlier, have been and still continue to be one of the major causes of deterioration in health among individuals in many societies. It is a condition in humans, plants or animals that results in pathological symptoms and sometimes not the direct result of physical injury. It is basically a disorder in humans with recognizable signs and often having a known cause. The word 'diseases' is from the old French word 'desaise' meaning 'lack of ease'. It is that which causes discomfort (Family Word Finder, 1990). According to Ventevogel (1996: 15), disease is seen as "a painful thing" reflecting a disturbance in the harmony between the elements of mental and physical life. Some examples of diseases and ailments include; HIV/AIDS, tuberculosis, malaria, measles, hypertension, diabetes, cancer, jaundice, hepatitis, syphilis, cholera and chicken pox among others. It may be caused by a number of factors such as poor sanitation and contamination. However, in a traditional society like Ghana, the cause of a disease is understood as a combination of both social and supra-natural events. Health, diseases and ailments are parts of the whole magico-religious fabric as observed by Twumasi (2005:8).

#### b) Accidents and Injuries

Through countless and diverse forms of accidents, (domestic, industrial and motor) the health status of many people who enjoyed good health are challenged or impaired. As a result of these different forms of accidents many individuals are crippled, made impotent, blind, dumb and bed-ridden. According to the National Road Safety Commission (NRSC 2011) road accidents, which form the highest percentage of accidents in Ghana and serve as the major cause of injuries, affect the physical well-being of individuals thereby waning contributions to national



development. The impairment and mortality caused by accidents far out-weigh that of malaria and other diseases in Ghana. Indeed accidents and injuries stand out among the major factors that impair physical health.

#### c) Social Factors

There is growing evidence that social activities and occurrences have been contributive elements affecting health. P\_1E-what Koenig (2008) terms as social factors when he observes that there are also powerful social mechanisms [that] can have positive or negative effects on the body". As a destructive force to health, Koenig explains that social factors can emanate from the size of social networks, marital status (marriage), presence of confidant and social support. He adds that irrespective of its cause, these factors may affect the body either positively or negatively (thereby causing bodily disorders). Indeed, when negative, these factors have a high probability of affecting the immune functions, endocrine and metabolic functions, neurological functions and cardiovascular function leading to diseases in the body (Koenig 2008:45-48). For instance; lack of social support, absence of a confidant, loneliness, social status and marital problems is set to affect the psychological and physiological make-up of individuals within the society.

#### d) Psychological Factors

Psychological factors are those which affect health as a result of changes in the brain chemistry (Llewellyn-Jones 1998:345). These factors emanate from the mind and may affect the brain



while providing adverse results on the body. They may occur as a result of psychosocial behaviors, that is, the behavioral patterns which emanate from mental attitude and relationship. According to MacGregor (1986: 147), psychosocial behaviors such as; emotional disturbances, alcoholism, smoking and doping, have proven to produce adverse effects on human health. For instance, human studies have shown that heavy alcohol use adversely affects immune functions". However, it is worth indicating that positive psychosocial behavior promotes good health -both mentally and physically, while negative ones destroy it (Hunter and Linn 1980:205-213). The health of many Ghanaians immensely suffer depression, fatigue, insomnia, emotional disturbances, menstrual disorders, dementia, miscarriage and sexual imbalance (Llewellyn-Jones 1998:353) because of the psychological changes they encounter.

#### e) Economic Factors

These are the factors that affect health due to the enormous economic challenges (finances, production and distribution of wealth and resources) that confront individuals within the community. The challenges posed by the financial and material pursuit have sought to impact health and physical well-being. In recent years, poor economic conditions and its challenges resulting in poverty, lack of capital, unemployment, debility in business and other professions have contributed to the dwindling status of health among many Ghanaians. As a matter of fact the health of many persons including parents tends to be sickening due to their inability to pay fees and bills because of economic hardship. This is to say that the economic situation at a point in time adversely affect the physical well-being of individuals causing headache, insomnia, nausea, dementia and anaemia.



#### f) Spiritual Factors

In the traditional African worldview, it is believed that the super natural world shares a greater impact on the activities of the physical/natural world. In popular mind, diseases, calamity, accidents and evBBh\_ are attributed to spiritual forces such as witches, gods, ancestors and other spirit beings. Pobe (1979:28) observes that there are a host of spirit beings that surrounds humans who are able to influence the course of a man's life for good or bad.

According to Quarcoopome (1998:43) "spirit beings may cause havoc to both the body and mind through spiritual cannibalism". In this framework, he observes that the cause of a disease is sought in witchcraft, bad medicine, misfortune or spiritual forces and scarcely by natural forces alone. However, a few of these spirit beings may use it for a benevolent purpose but the majority engage in anti-social and other health-affecting activities and thereby making them bad. This is to posit that events that affect the physical health of humans are attributed to spirits and metaphysical beings. And indeed these spirit beings are believed to be the forces which operate behind curses, bareness, impotence, accidents, diseases and indeed all the major factors discussed above.

#### 2.4 Health and Society

The inter-relationship between 'health' and 'society' is realised in most settlements across the world particularly in Africa. This relationship is realized because society is seen as an insurer of good health and health the assurer of development in all aspect of societal life. Scholars like



John Macionis of Kenyon College and Linder M. Gerber of the University of Guelph attest to the health-society relations when they posit that the society in several ways

informs and shapes health of individuals (Macionis and Gerber 1999). Both institutions share some impacts on each other which need to be realized, understood and appreciated.

According to them, people judge their health as compared to others. For instance, they aver that the early twentieth century saw a contagious disease in sub-Saharan Africa which Africans themselves considered normal because their neighbors also had it. Health among some individuals is therefore a matter of having the same disease as one's neighbor (Macionis and Gerber 1999:506). In this way the impact of society on health had an effect or was established. This is also to say that the society then determined the state of health of individuals who lived in it.

Again, people conceptualize health with what they hold to be morally good, thus, what the society accepts to be morally right or good. This is because members of societies, particularly in Africa, consider a competitive way of life to be 'healthy' since it fits their cultural mores. Bad or wrong deeds in their view affect human health negatively. It is believed that good cultural and social norms contribute to the standard of health in different societies (Macionis and Gerber 1999:506).

There is, again, the inter-relationship between health and society's technology. This reflects the way of doing things within the society. This is to say that technological know-how in societies affects health. Infectious diseases are rampant as a result of poor societal technology in



sanitation and nutrition. This is not to overlook the threats of industrialization in societies. Poor sanitation, insufficient supply of clean water and malnutrition weakened the population and tropical diseases like malaria, worm infestation, yaws and tuberculosis have become common (Twumasi 2005: 66).

Finally, health issues bring about social inequality, because all societies do not equally distribute the resources that promote personal well-being. The mental and social health of wealthier people is by far better than that of poor people. In Ghana, health care in urban areas are as well developed than that of the rural areas. This is to say that the provision of health is not the same. Some categories of Ghanaians however enjoy far better health care than others. From all that has been discussed above, it is therefore clear that some social and physical events like morality, status among other activities within the society have the tendencies of affecting health. Indeed these factors influence and affect people's concept about health in relation to their society. Significantly, it is also worth noting that the concept of health may vary from individual to individual and society to society.

## 2.5 Epidemiology in Ghana

Many Ghanaians are faced with various health challenges which obstruct their day to day activities as well as their contributions to national development. According to the health survey carried out in 2003 and confirmed by official figures in 2005, the main health problem in all age groups is malaria (35 to 55% of all consultations), followed by acute respiratory infections in younger age and hypertension in the group above 45 years (Ghana Statistical Service, 2003). More than 70% of the disease burden is caused by communicable diseases like influenza, and respiratory infections (Songsore, 2004:19). Several environmental factors indeed contribute to



the transmitting of diseases in many Ghanaians. Akiwumi (1992) therefore states that there is the need to be forward looking and anticipating to the signs in regard to changing health patterns and needs.

For 20 years, the incidence and prevalence of HIV/AIDS have increased, posing new challenges to patients and health workers. The contraction of HIV/AIDS and its menace has had a lasting effect on many societies in Ghana. The rise in health status and changing life styles have brought along new diseases like high blood pressure (hypertension), diabetes, obesity, arthritis, cardiovascular and behavioral diseases and various forms of cancer (Amoah et al. 2006). In the urban centers, two diseases; hypertension and diabetes, are on the increase. Hypertension also known as High Blood Pressure (HBP) occurs when an individual's blood pressure remains at or above 160/95 mmHg on three different occasions. It comes about when the heart exert much pressure in pumping blood to parts of the body as a result of less elastic and stiffer arteries (Llewellyn-Jones 1998:415). Several factors including; stress and emotional disorder may also contribute to hypertension and may as well lead to other diseases like stroke, headache and body weakness. There seems to be no correlation with age, income and education, but the rise of hypertension is also linked with obesity and multiple pregnancies. Less than 50% of the already diagnosed women reportedly take regular medication and seek medical check-ups. Chronic and untreated hypertension can lead to ischemic cardio-vascular and renal diseases. On the other hand, Diabetes which has to do with an increase in body glucose level as a result of liver mal-function has been a threat to humanity. The low level of awareness and treatment of hypertension and diabetes is alarming. For instances untreated cases of diabetes may lead to other diseases like partial blindness, poor healing of wounds (gangeren) and kidney failure (Amoah et al. 2006).

There seems the fact that, many Ghanaians share little awareness of the causes and effects of diseases. Undoubtedly, many efforts are being put forward to harness all these challenges

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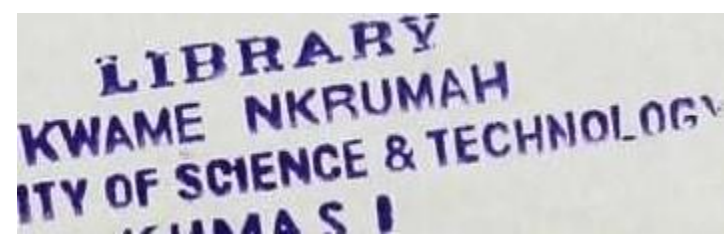
(diseases and biological disorders) which affect humans. And in ensuring that these diseases are no more the worry of many Ghanaians may require a special treatment and medication, whether modern or primitive, though such problems are mostly treated scientifically. It is suggested that the trend of urbanisation has become a major threat to health alongside modernisation. However it is to be appreciated that all these health problems require the use of medicine and special health care in one way or another to restore health.

In providing quality health care delivery to harness problems posed by diseases and infirmities, several structures have been put in place within the country. Currently, Ghana has over 45,000 health and medical workers in over 3,200 health facilities (Ghana Health Service, 2010). In all there are over 2,033 medical doctors and over 24,974 nurses. The Director of Health Service for Greater Accra region (Dr.) Linda Van Otoo has decried the doctor-patient ratio in the country. She mentioned that the huge numbers of patients that a doctor treat daily has in several ways contributed to the reduction in the quality of care they are supposed to give. Ghana's doctor-patient ratio is approximately one doctor to 15,259 patients in a year. According to Van Otoo, physician assistants also see about 38, 000, patients in a year while midwives and nurses attend to about 6,000 and 1,400 patients, respectively, in a year (<http://www.citifmonline.doctor.patient/ratio/alarminhealth.director htm>. Accessed on: 8/8/2012).

In the Western region, for instance, are hospitals with only one doctor. And when there is only one doctor, it does not matter his/her background, thus, whether he is a specialist or not. Anything that comes to the hospital has to be dealt with by the doctor thereby having



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one doctor looking after adults, children and going to the theatre, doing cesarean sessions. Also, in other places, however, there are two or more doctors that run shifts from time to time ([http://www.citifmonline.doctor-patient/ratio/alarming—health.director\\_htm.](http://www.citifmonline.doctor-patient/ratio/alarming—health.director_htm.)). This has raised several concerns about the quality of care Ghanaians receive from doctors working in public hospitals. Some have attributed this situation to brain-drain and a lack of investment in sector.

## 2.6 Medicine and Health Care

Among many cultures, medicine and health care convey almost the same meaning and purpose. They are often used inter-changeably to refer to the practices involved in the treatment of the physical body. These terms are used with respect to the treatment of diseases and maintenance of good health. In popular minds, they have been used to refer to the services patients receive during treatments from health institutions (hospitals). They basically encompass the treatment of the physical body of its disorders. This is to say that medicine and health care share a similar purpose. Nevertheless, there still exist some differences in opinion as to what medicine and health care really are.

## 2.7 Definition of Key Terms

### 2.7.1 Medicine

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Basically, medicine is commonly understood to be the drugs or herbs for treating illnesses.

Secondly, it is understood in terms of the general treatment of illnesses (i.e. the diagnosis



and prognosis of illnesses, wounds and injuries). It involves the usage of drugs rather than surgery. The word 'medicine' is derived from the Latin words 'medicus' and 'medicina' derived from the verb 'mederi' which means 'to heal' (Family Word Finder Dictionary, The word is used in recent years to signify remedy, drugs or curative substances.

Quarcoopome (198':147) explains that medicine has a aim of preserving and life. According as is to prevent diseases and to preserve and restore health. HC avers that. ••SWicine deals with the preservation and restoration of health. Its agxcts be in the tha it helps the bcxiy raun to its normal state after a paiod of t\*ief illness. It is also preventive in it tones up the of the body therebyup resigmcc againg infections". With this, Quarcoopome prov•s a bask sia•tific explmation for medicine. From his interpretation, it is quite clear tha whether modern scientific or trxiition•i, hu a basic of preserving and restoring

Again. M•cionis and Gerber (1999:516) posits tha, "Maicine is an institution concerned with combating disease and imrgoving health it) anaves as a social as societies become more productive". By this it is implia tha the social function of medicine is makes a »cial According to Leenwen and Kimsma(199').

medicalFetics to exig as a bunxx to provide comfort, relief and sometimes to cure. Historically, medicine and its practices have existed in almost all societies whether

modern or primitive and that its provision has been the responsibility of families and individuals alike. The history of medicine and health care dates back into antiquity long before writing and reading were introduced (pre-historic periods). They trace the beginning of medicine and health care from the laws of Moses (Bible) to the healthful living in ancient Greece and Rome. They mention that ancient civilizations gave priority to medicine and



healthy life styles that prevent bodily disorder. Medicine in its essence is geared toward the treatment of diseases with the prime purpose of preserving and restoring health. However, its side effects or negative impact cannot be over-looked (Macionis and Gerber 1999:517).

### 2.7.2 Health care

Generally, health care refers to the activities and provisions to maintain health. Thus, the provision of medical and other health related 'services' aimed at ensuring individual wellbeing, especially through the prevention and treatment of disease. It is sometimes referred to and used inter-changeably with the term 'medical care'.

Health care consists of two main words; 'health' and 'care'. As noted earlier, 'health' basically has to deal with the state of being whole and sound in body and mind respectively. 'Care' on the other hand, connotes an idea of protecting, safeguarding, keeping and defending something important. 'Health care' therefore implies the services provided to safeguard, cure, maintain and protect individual's well-being. In the Oxford Advanced Learner's Dictionary, health care implies the services in providing medical care.

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Linder Vornick (201 1) describes three types of health care and its providers in medical treatment which include primary care, nursing care and specialty care. Primary care refers to the first care received for check-ups and health problems. Nursing care is the health care provided by qualified nurses who have graduated from a nursing program, have passed a state board examination and licensed by the state to care for the sick. Specialty care on the other hand is the kind of health care provided by specialists in the various specialties necessary such as; anesthesiology, gynecology, endocrinology, dermatology and neurology among others.



### 2.7.3 Relationship between Medicine and Health care

Following from above, it is realised that medicine and health care share a singular purpose.

This purpose lies in their quest to promote health by preventing and curing diseases. However, both fields as well exhibit some differences that make them difficult to be conceived as one.

While medicine involves the drugs and treatment of diseases as well as its practitioners, health care involves the general services and processes in medical/health delivery. Individuals who practice medicine serve as major stakeholders in health care delivery. This brings medicine into the sub-set of health care. Health care therefore is the general set under which medicine is practised.

### 2.7.4 Treatment of Diseases

Significantly, medicine and health care as an institution has a primary responsibility to ensuring treatment to bring about healing or wholeness. The word 'treatment' according to the Family Word Finder has several meanings and context. The word generally refers to the

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manner of dealing, handling and managing challenges that confront humans. It is also used with respect to health to imply medical care, cure, remedy, therapy, regimen, medication and antidote. The treatment of diseases therefore refers to the processes in the application of medicine and special health care aimed at restoring the physical body to its natural state of health. The treatment of diseases is realised when medicine applied on a patient cures his/her physical disorder. Indeed medicine and health care have proven to be the major tools in the treatment of diseases and disorders of various kinds.



## 2.8 Types of Medicine Practised in Ghana

There are many types of medicine and for that matter health care in Ghana. Prominent among them include; Herbal Medicine, Scientific Medicine, Acupuncture, Hydropathic, Allopathic, Ayurveda and Chinese Medicine. Much attention is given to herbal and modern scientific medicine though these forms of medicine seem prominent among many Ghanaians. Described below are some of the forms of medicine listed above.

### a) Scientific Medicine

Scientific Medicine refers to Western medicine, hospital-based medicine (the kind of medicine practised in hospitals and other health institutions) and sometimes biomedicine. It has its root from Ancient Greece where from a high priority was placed upon healthy lifestyles (Carr 1998). It involves the use of chemically made drugs, surgery and laboratory investigation in correcting bodily disorders. It is also termed 'conventional medicine'

because it is the most widely accepted common and orthodox form of medication. In 300 BC. and afterward in the Hellenistic period, Greek doctors worked out for the disease. They —oy ot kk«if observation and lotk 10 Ppe the causes of diseases and what individuals could do about them. This form of medicine has its roots in the works of Hippocrates (father of modern medicine) and has developed over several centuries and civilization to become what it is today (Carr 1998).

### b) Traditional Herbal Medicine



Herbal medicine which is also called botanical medicine or phyto-medicine refers to usage of seeds, berries, roots, leaves, bunnies of plants. Total medicinal plants— Herbal has a long tradition of use outside conventional medicine. It is common to the process of its improvements in analysis and quality control. Studies with in research show the value of herbal medicine in treating and preventing disease. It refers to natural herbs in treating diseases and injuries. Traditional medicine (also known as indigenous or folk medicine) comprises knowledge systems that developed over centuries within various societies. Note the use of phyto-medicine. World Health Organization (2008) defines traditional as the health practices, approaches, knowledge and beliefs incorporating plant, mineral-based medicines, spiritual therapies, manual techniques exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being.

### c) 'Ayurveda'

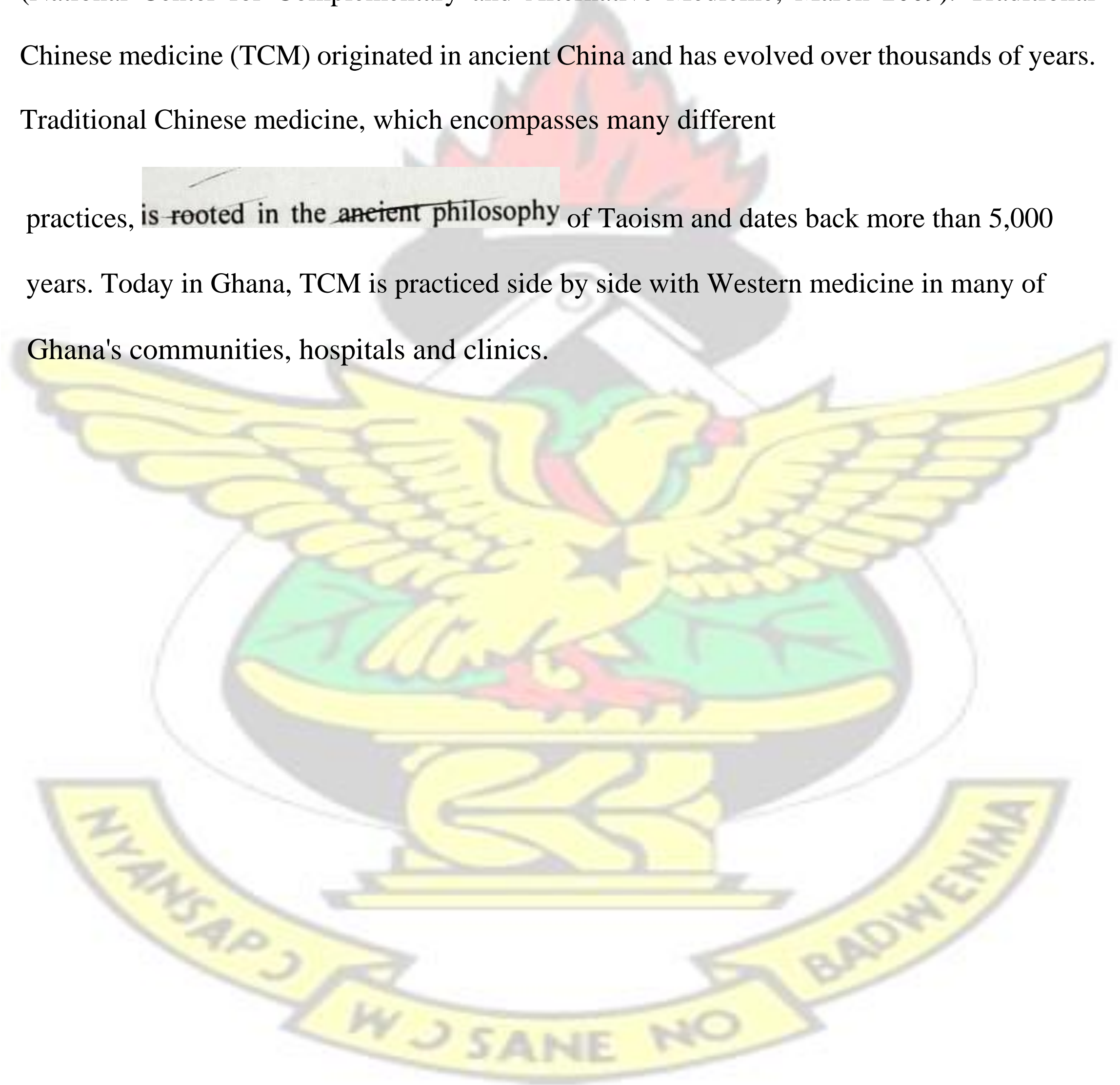
It is an ancient Hindu (Indian) system of healing. Ayurveda is a traditional system of healing that assesses an individual's constitution (make-up) and lifestyle and recommends treatment based on herbal preparations, diet, yoga and purification. It has many branches one of which is 'Kaphavata'. It is one of the three humors (bodily fluids) in Ayurvedic medicine derived from earth (soil) and water. The humors basically represent the bodily fluids which influence the state of mind. They include blood, phlegm and cholera (bile). The humors are believed to combine to determine an individual's normal temperament and balance for good health. Ayurveda is from the words in the ancient Indian language (Sanskrit) 'Ayu' and 'Veda' meaning 'life or vital power' and 'knowledge' respectively.

#### d) Traditional Chinese Medicine

This is also known as the Chinese herbology. Traditional Chinese medicine (TCM) is a broad range of medicine practices sharing common theoretical concepts which have been developed in China and are based on a tradition of more than 2,000 years, including various forms of herbal medicine, acupuncture, massage (tui-na), exercise (qigong) and dietary therapy (National Center for Complementary and Alternative Medicine; March 2009). Traditional Chinese medicine (TCM) originated in ancient China and has evolved over thousands of years.

Traditional Chinese medicine, which encompasses many different

practices, is rooted in the ancient philosophy of Taoism and dates back more than 5,000 years. Today in Ghana, TCM is practiced side by side with Western medicine in many of Ghana's communities, hospitals and clinics.





## e) Acupuncture

According to Merriam Webster Dictionary, acupuncture is a system of complementary medicine that involves pricking the skin or tissues with needles, used to alleviate pain. It is an alternative medicine methodology originating in ancient China that treats patients by manipulating thin, solid needles that have been inserted into acupuncture points in the skin (Singh and Ernst 2008:39-90). Acupuncture is a method of encouraging the body to promote natural healing and to improve functioning. It is done by inserting needles and applying heat or electrical stimulation at very precise acupuncture points. The modern scientific explanation is that putting needles in acupuncture points of the human body stimulates the nervous system to release chemicals in the muscles, spinal cord, and brain. These chemicals will either change the experience of pain or they will trigger the release of other chemicals and hormones which influence the body's own internal regulating system (American Academy of Medical Acupuncture, 2006). It is interesting to note that this form of medicine has received wider attention and patronage within the Kumasi metropolis.

## 2.9 Treatment of Diseases by the Use of Medicine in Ghana

Until the introduction of Scientific Medicine, Traditional Medicine which basically involves the use of herbs has been the indigenous means for the treatment of diseases among Africans. It served as the main means by which Africans healed diseases of various kinds. Hawe (1962'—15) summarisgs-that-during the European advent in the Gold Coast the scant knowledge of tropical fevers and the crude form of surgical practice then known to the European doctors proved hopelessly inadequate vis-a-vis traditional herbal medicine.



The treatment of diseases scientifically began when the Basel Mission, out of which the Presbyterian Church of Ghana evolved, sent their first medical doctors in the 1830s to the Gold Coast, but most of them died within a short time of fever or malaria (Schweitzer 2000). Around 1882, after a dispute over whether dispatching medical services showed religious weakness or displayed Christian responsibility to mankind, another group of missionary doctors travelled to and through the Gold Coast and built the first missionary hospital in Aburi, in the hills north of Accra, and later in Agogo. Thus, in addition to preaching the gospel, they attended to the sick through the establishment of hospitals. Treating the sick was understood as part of the missionary work aimed at converting the Africans to Christianity (Schweitzer 2000). In spite of this, Mary Kingsley (2003:41) describes that health conditions were still poor by the end of the 19th century. Twumasi (2005) posits that it was in the 1878 that an official or formal medical work began in Ghana, specifically Accra. During this period, huts were erected to serve as medical posts for the government forces. Twumasi further adds that in 1880, the Gold Coast Medical Department was established to organise and supervise preventive services like vaccinations and sanitation. In 1899 the first British nursing sisters arrived and started nursing in Ghana (Twumasi 2005:65).

However, the traditional system opposed the concept and practices of Western scientific medicine that was so different from the traditional cosmological order. Patterson (1981:15) writes that, "The colonial physician was often a puzzling figure for Africans. He was usually a white male stranger who had to use an interpreter. He often asked impolite questions, demanded, for reasons unknown to the patient, samples of blood, urine t. . .] and sometimes cut open the bodies of the dead". Nevertheless, in spite of the resistance by indigenes, by the



beginning of the 20th century, there were few hospitals, mostly in the bigger towns and almost exclusively for Europeans. A few local men were finally trained as orderlies to assist in washing the sick, dressing the wounds and in administering the drugs (Patterson 1981:15). According to Janzen and Feierman (1992:243), it was recognised that the success of the colonies depended on the health of both Europeans and Africans, leading also to the end of segregation.

Sir Francis Guggisberg, Governor of the Gold Coast between 1919 and 1927, laid the foundations of institutionalised health care. He introduced a ten-year development plan for the Gold Coast and his impact on the sanitation and health improvements cannot be overemphasised (Buah 1998: 1 11). During his time, the country underwent political, social and economic developments. Next to the construction of the harbour in Takoradi and the expansion of highways and railways, were country-wide steps to improve the sanitation and mass disease eradication programmes. Guggisberg aimed at catering for the whole population and started to plan the building of hospitals in the whole country (Addae 1996:28).

After independence, Korle Bu Teaching Hospital (KBTH) became the model for a general hospital for the whole nation. In Kumasi, the Komfo Anokye Teaching Hospital (KATH) also provided relevant special health care programmes that catered for the health needs of the people in the region and the northern part of the country. The government presented a public health policy and implemented large parts of it. The expenditure on health services varied between 15 and 18%, the highest ever (Addae 1996: 54). Indeed, this period can be seen as a golden age in colonial health policy, with the building of hospitals and improvements of



general sanitation. As a matter of fact, medical discoveries in Ghana brought new insight in illness causation and disease prevention and offered new treatments for Ghanaians.

It is to be stated that the prevention and treatment of diseases in Ghana is done solely by the use of medicine though others may seek spiritual assistance. However, in view of the above, it is realised that the use of medicine serves as the main means by which diseases are treated in Ghana. In this frame work, the use of medicine became the highly recognised and accepted and has become the sole means of treatment of diseases for the people of Ghana. Before and after independence, the use of medicine has developed to cater for the health needs of the Ghanaians. It provides solution to the various health challenges or problems which affect the physical health. Unlike traditional medicine, little or no consideration was given the spiritual aspect of the patient in scientific medicine (Buah 1998).

#### 2.10 Perceptions on the use of Medicine

There are two schools of thought in respect of the use and significance of medicine. This brings to mind the divergent opinions as to whether medicine should be practised or not. The first among the two proposes that though the use of medicine is bad, it is not bad in its application per-say but its side effect. With this they stipulate that the side effects which emanate from the use of medicine are what make it unpleasant and for that matter bad. A survey conducted by the World Health Organisation (WHO 2003) across the world mentions that the side effects of medicine are real. The survey does not make mention of any particular form of medicine. Instead it establishes that the side effects of medicine are enormously



realized when medicine is wrongly dispensed, inappropriately sold and wrongly measured/dosed. The survey, according to the WHO (2003), again has it that the overuse and misuse of medicine had harmed a lot of people and wasted many resources. On this basis therefore natural methods of preventing and curing a disorder like; regular exercising of the body, nutritional diet, good water and fruits in-take are recommended.

On the contrary, others are of the view that all medicines are good due to the purpose or objectives for which they are applied (to prevent, maintain and promote health). Quarcoopome (1987:147) observes that "[Every] medicine deals with the preservation and restoration of health [and that] 1. . .] it helps the body to return to its normal state after a period of brief [or long] illness". It must be said however that the goodness of medicine will be fully realized when it is rightly prescribed, dispensed and measured (as in dosage). In anyway, it must be understood that like any other aspect, medicine may result in some effects which may render it good or bad. However, the quest for the goodness or badness of medicine lies among its users. The fact still remains that, medicine is used across societies for a good purpose which is to restore health and promote well-being of people (Quarcoopome 1998).

## 2.11 Significance of Medicine and Health care in Modern Ghana

The introduction and use of medicine has exhibited tremendous effects on humanity. The use of traditional herbal and modern scientific medicine has tremendously affected the health and well-being of many Ghanaians across the country. The activities of modern scientific medicine seem more prominent among the urban folk who seem to be abreast with scientific and technological development of this age. However, the activities of traditional medicine reside



mostly in the rural areas of the country. This contradicts the motive of the health service of the country. It is the aim of the Ghana Health Service to extend medical provision to all persons irrespective of the location or status in life. In the rural areas, malaria and communicable diseases are still the main causes of illness and death and call for more medical and nursing staff in addition to the traditional medical practitioners (Twumasi 2005).

Significantly, the prime motive of medicine/health care in almost all societies is to provide people with healthy bodies and sound minds. Firstly, medicine shares a significant role in the promotion of good health. It ensures this through the prevention and treatment of diseases. As a branch of the health sciences and a sector of public life, medicine is concerned with maintaining or restoring human health through the study, diagnosis, treatment and possible prevention of disease, injury and other damage to the body or mind. Ghana now has teaching hospitals (in Tamale, Accra and Kumasi) in addition to 9 regional hospitals, 92 district hospitals, 11 poly clinics, 3 psychiatric hospitals, 156 private hospitals and about 1,250 health clinics and posts, providing more than 22,000 hospital beds for over 24 million Ghanaians (Ghana Health Service, 2010). There are over 45,330 health professionals in Ghana, comprising of 1880 medical officers, 31 Dental Surgeons, 1129 pharmacist, 464 medical Assistants, 9775 professional nurses and 6857 auxiliary nurses among several others working in these hospitals to promote the well-being of the people (Ministry of Health, 2010). While these numbers represent an increase, the provision of health care facilities and professionals has not kept pace with the growing population of the country. This indicates that the country's doctor-patient ratio is far below the standard set by the World Health Organisation (WHO). Studies in the years 2011 and 2012 have shown that Ghana's doctor-patient ratio is



approximately one doctor to 15,259 patients in a year. Physician assistants also see about 38,000, patients in a year while midwives and nurses attend to about 6,000 and 1,400 patients respectively in a year. Statistics indicate that the doctor-patient ratio in Ghana is far below the WHO global standard pegged at 1:5,000. This has served as a challenge to the significant role medicine plays in preserving and promoting health of many Ghanaians (<http://www.moh-ghana.org/pdf>: Accessed on 21<sup>st</sup> April, 2014).

Secondly, medicine provides employment and income. The 2000 census counted more than 1,100 doctors and 13,000 nurses of whom one-third (1/3) worked within the major cities, like Accra and Kumasi (Nyanotor, 2004). Also, the Ministry of Health in 2010, indicated in their publication —the health sector in Ghana: facts and figures that there is over 45,000 health workers\_in- Ghana (Ghana Health Service, 2010). Though, more medical staff are needed to supplement this number, it is to be mentioned that the health sector of the country have provided many with jobs. This has sought to decrease the unemployment rate within the country and thereby providing income.

Thirdly, medicine has promoted socio-economic development. It has inadvertently promoted socio-economic advancement in the medical and health sector of the country. This provides patients with proper medical care. Again, the study of medicine and other sectors of health have for several ages provided knowledge for both practitioners and patients. It is considered by others as a subject that disciplines the mind. Medical education is considered as one of the oldest activities in the world. In Ghana, persons who receive medical education, both traditionally or scientifically, are revered and held in high esteem. Many people aspire to be in a profession of this caliber.



But there are also some criticisms to medicine and health care in the country. The main criticism to be stated here is the fact that there seems to be an absolute concentration and emphasis on the scientific form of health delivery at the neglect of and less or no inclusion of spiritual delivery and impersonal approach. While the traditional healer works holistically, it is said that hospital care (scientific medical/health care) is split into several parties. The medical doctors rely on the results produced in a laboratory or an examinations leading to an indirect diagnosis. And patients find it more difficult to establish a direct rapport with the busy overworked medical officer though things might have changed with time. Meanwhile such a rapport is essential in the traditional belief system to regain complete health (Twumasi 2005).

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## 2.12 Conclusion

It can be said that medicine and health care have a prime purpose and objective of preserving and promoting health among members of the Ghanaian society. It provides remedy for the various disorders that affect health and physical well-being. Both traditional and modern scientific medicine have developed through time to meet the health needs of Ghanaians and have become the main agent in the treatment and curing of diseases of various kinds. The people of Ghana share a respectable history with respect to the practice and use of medicine. They have employed the use of medicine to ensure good health. Indeed, for a society to develop, it is imperative to ensure good health through the use of medicine and provision of quality health care.



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## CHAPTER THREE

### RELIGION, SPIRITUALITY AND MEDICINE

#### 3.1 Introduction

In the previous chapter, it was studied that as an institution, medicine (health care) plays a vital role (in the life of humans) with regard to the maintenance and promotion of health. It has served as the ultimate means by which diseases and other bodily disorders are treated. This is to point out the fact that medicine has a primary role of restoring and promoting health while preventing and curing diseases and other factors which affect the physical body.

Many scholars like Bentham have questioned the possibility of religion/spirituality in a scientific activity and realm like medicine and health care (Mckay, Hill, Buckler 1995:798). However, according to Montefiore (1992), John Young in his work; Health, Healing and Modern Medicine, posits that the work of healing to bring about health restoration lay within the province of religion though it has often been neglected and was only rediscovered lately. He avers that according to the Christian gospel, healing the physical body involves relationship with God. He writes that "it is not enough to treat people of their diseases by giving them a pill, a bit of acupuncture, and perhaps only a little bit of religion". Rather, it involves the full relationship with God (religion and spirituality). This he stipulates is the truth behind "whole person medicine", thus, the holistic treatment of person (Montefiore 1992:157). Today the ~~question as to whether~~ religion and medicine have anything in common, or are mutually exclusive still persists and it appears this perception will continue for some time.



However, this chapter attempts to discuss the relationship and impact between religion, spirituality and medicine. It explains the various key terms that make up the chapter to ascertain their meanings and differences. Particularly, it identifies the relationship between religion and spirituality as well as spirituality and medicine. It further discusses the impact of religion and spiritual faith on scientific medicine and health care. The chapter therefore seeks to discover whether religion and medicines are compatible or not. It is also to determine the influence of each institution on each other as well as the potential factors possible for their relationship or otherwise.

## 3.2 Explanation of Key Terms and their Relationship

### 3.2.1 Religion

As noted in the introductory chapter, the term 'religion' is derived from the Latin 'religare' and 'relegere' which mean 'to tie/bind' and 'to repeat/read over again', respectively. Servius and others, for example, held that it came from the root 'lig', which means 'to bind' (Stroup, 1968:6). Religion in this sense would signify a relationship —the binding relationship between man and God (Stroup, 1968:6). According to the philologist Max Müller, the root of the English word 'religion' (the Latin, religio) was originally used to mean only "reverence for God or the gods, careful pondering of divine things and piety -which Cicero further derived to mean diligence" (Müller, 1889:33). The word religion is sometimes used interchangeably with faith, belief-system or sometimes set of duties (Kant, 2001 : 177). Many languages have words that can be translated as 'religion', but they may use them in a very different way, and some have no word for religion at all. For example, the Sanskrit word 'dharma', sometimes translated as 'religion',



also means 'law' (Kuroda and Stone, 1996). Throughout classical South Asia, the study of law consisted of concepts such as penance through piety and ceremonial as well as practical traditions. Medieval Japan, at first, had a similar union between 'imperial law' and 'universal or Buddha law', but these later became independent sources of power (McMullin, 1984).

Ibrahim (2008:72) opines that "religion can hardly be defined precisely as it admits of the widest diversity of interpretations, because of the entirely personal nature of the experience which it entails". Religion, according to the Oxford Advanced Learner's Dictionary (1995), is the belief in the existence of a god or gods, especially the belief that the god(s) created the universe and gave human beings a spiritual nature which continues to exist after the death of the body. Gyekye (2008: 1) defines religion as "the awareness of the existence of some ultimate supreme being held as the origin and sustainer of this universe and the establishment of constant, generally worshipful, ties with the being". He postulates that religion would evolve and maintain a system of beliefs about the totality of human experience.

According to Koenig (2008: 1 1) religion represents;

A system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship communicate with, or approach the sacred, the divine, God (in western cultures), or Ultimate truth, reality or nirvana (in eastern religions). Religion usually relies on a set of teachings that describe the meaning and purpose of the world, the individual's place in it, the responsibility of individuals to one another, and the nature of life after death. Religion typically offers a moral code of conduct that is agreed upon by members of the community, who attempt to adhere to that code.

Religion has been part of humanity for all culture since time immemorial. Menyeh (2008:22) therefore quotes Templeton and Herrmann (1994) as saying that "religion as a belief in the



existence of a god has been part of human experience from the very beginning and it remains the most general characteristic of humans in every culture —whether highly developed or relatively primitive". It basically comprises the beliefs and practices of a given community. Religion exhibits nothing either than a belief and an association in the world of the sacred and spirits. According to Menyeh the main thrust of every religion is to let people know about their spiritual relationship to a supreme god and also to inculcate in them the spirit of morality. The end results of religion, he states, is a spiritual transformation leading to inheriting a pure and everlasting life even after death (Menyeh 2008:24).

Significantly, religion, which expounds beliefs and practices, closely involves faith -which is a profound concept in religion and often the basis of religion. Bour (2008:69) espouses that religion shares one advantage which perhaps is miracle and faith over other institutions in human societies. Indeed faith is needed for religion to establish itself among humans. Marcionis and Gerber (1999:458) therefore state that religion is a matter of faith (belief anchored in conviction rather than scientific evidence). The Bible, for instance, describes faith as "the assurance of things hoped for, the conviction of things not seen (Hebrews I I : 1) and exhorts Christians to "walk by faith, not by sight" (2Corinthians 5:7). Faith, according to the Dictionary of Philosophy (2004), is the acceptance of ideals that are theoretically indemonstrable yet necessarily entailed by the indubitable reality of freedom. For Kant, in religion, God is the chief antidotes of faith or practical belief. It is a non-rational belief in objects encountered in action.

In Ghana, there are three major religious faith (Christianity, Islam and Traditional religion) aside which are other minor faiths such as; Hinduism, Buddhism, Taoism, Confucianism and



Judaism. But for the purpose of this research, the chapter focuses on the Christian faith and spirituality. All religions have major components made of the sacred/supernatural, belief system and rituals that constitute its nature. Religion serves several functions such as social cohesion, emotional support and social control to the adherent, according to Asuamah (2009:11). He posits that in the face of human failings, diseases and even death, religion provides an enormous function to the believer. He observes that in religion, prayers and rituals occasionally seek divine intervention in the here and now, and may have such magical component as vision and miracles.

#### a) Some Basic Characteristics of Religion

From the above, the term religion can be understood to have many definitions. None is agreed upon by everyone, but certain common aspects and implications of religion can be observed. The first of them is that, religion is a universal phenomenon. McDowell and Stewart (1982:10) write that wherever man lives he is found giving some recognition to a power or powers beyond himself. They quote Joseph Gaer (1963: 16) as saying that;

As far as we can determine, religion has existed in every society, from the most primitive to the most culturally advanced. The more keys modern science finds with which to open the locked doors of the past, and the more we learn about the early days of man on earth, the — more evidence>s-that-all these societies in the past had one thing in common —some form of religion.

- Some of these early men were more advanced than others. And while some progressed continually in an upward trend, others remained stationary after reaching a certain stage of development. Still others retrogressed. Yet all of these early men, whatever their rate of development or whatever their difference, left behind unmistakable signs that they had each practiced a religion of their own.



This is to relevantly posit that the presence of religion in many, if not all, societies is of ancient origin and that religion cannot be separated from society. Richard Cavendish (1980:2) however, observes that religion is not only universal, but also one of the features separating man from the animal world. He adds that there is no group of human beings ever discovered to be without religious beliefs.

Secondly, religion meets (human) needs. The function of religion has an indispensable aspect in all human life and that it is those higher beliefs or ultimate concerns which keep us all going (McDowell and Stewart 1982: 11). Robert Hume (1959:3) in outlining the functions of religion explains that religion gives to a person what he can obtain from no other source — a confidence in the outcome of life's struggles through a personal connection with the superior power or powers in the world. Indeed every religion does many things for the religious individual and also usually for society. Hume mentions that religion functions as a means to provide the individual with added power and satisfaction; helps him to bear the troubles of life uncomplainingly; offers a solution to the problem of evil; improves the quality of this present life; outlines an ideal society and sets a working plan of salvation. The distinguishing function of religion in contrast with that of philosophy and ethics, or any of the idealizing or cultural activities—according to Hume, is to give to human being the supreme satisfaction of his life through a vital relationship with what he recognizes as the superhuman power, or powers in the world.



A common conception is that all religions are basically saying the same thing or that all religious 'paths' eventually reach the same summit —God. However, Bhagavan Das (1966) have thought otherwise. He states that all religions are not the same and that men throughout history have followed the religious faith of their own culture, and have accepted their own faith as the only embodiment of truth. According to him, it is not true that all religions are basically the same, although similar teachings do occur in more than one religion. John B. Noss (1969:2) asserts that all religions imply in one way or another that man does not, and cannot, stand alone, that he is vitally related with and even dependent on powers in nature and society external to himself.

### 3.2.2 Spirituality

The term 'Spirituality' refers to a condition connected with the supernatural, spirits, sacred or religious things (Oxford Pocket American Dictionary, 2002). The word spirituality is derived from the Hebrew 'ruach' which had a range of meanings including spirit, breath, wind and that which gives life and animation to something. It is explained as that which animates a person's life of faith. According to Stringfellow (1984:22), in his work *POLITICS OF SPIRITUALITY*, spirituality encompasses 'the whole person in the totality of existence in the world, not some scrap or incident of a person'. Also, McBrien (1994:1058) in his work *CATHOLICISM*, writes that "spirituality has to do with our experiencing of God and with the transformation of our consciousness and our lives as outcomes of that experience" ([http://www.kairos2.com/Christian spirituality.htm](http://www.kairos2.com/Christian%20spirituality.htm); November, 2012). The above explanations may significantly emphasise the point that spirituality involves the



(body, mind, soul, relationship) and an experience of the supernatural.

According to Toupin (2004) the term spirituality may connote several meanings. He posits that the first thought that comes to mind when spirituality is mentioned is religion; but religion is only an aspect of spirituality. In defining spirituality, Koenig (2008:13) writes that;

The definition [of spirituality] is based in every person's inherent search for ultimate meaning and purpose in life. That meaning can be found in religion but may often be broader than that, including a relationship with a god/divine figure or transcendence; relationship with others; as well as spirituality found in nature, art, and rational thought. The concept of spirituality is found in all culture and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and/or belief in God. ...

Spirituality is a complex and multidimensional part of the human experience. It has cognitive, experiential, and behavior aspects. The cognitive or philosophic aspects include the search for meaning, purpose, and truth in life and the beliefs and values by which an individual lives. The experiential and emotional aspects involve feelings of hope, love, connection, inner peace, comfort and support. .. The behavior aspects of spirituality involve the way a person externally manifests individual spiritual beliefs and inner spiritual state.

From the above definition Koenig seeks to posit that spirituality reflects a sense of meaning, purpose, inner peace and comfort, feelings of wonder and awe. From the definition, it is also realised that spirituality does and may not have to involve religion or transcendence alone. Thus, it can be—secular in purpose and nature. Koenig (2008:13) therefore asserts that spirituality may be "defined by however a person chooses to define it, but it always means something good."

Also, P. C. Hill and Ken Pargament define spirituality in a more unique way to help distinguish it from other related concepts. They aver that;

A polarization of religiousness and spirituality, with the former representing an institutional, formal, outward, doctrinal, authoritarian, inhibiting expression and the later representing an individual, subjective, emotional, inward, unsystematic, freeing expression.... [S]pirituality can be understood as a search for the sacred, a process through which people seek to discover, hold



on to, and, When necessary, transform whatever they hold sacred in their lives... This search takes place in a larger religious context, one that may be traditional or non-traditional... the sacred is what distinguishes religion and spirituality from other phenomena. It refers to those special objects or events set apart from the ordinary and thus deserving veneration. (Koenig 2008: 14)

According to Hill and Pargament, it is the idea of the sacred (concepts of God, divine, ultimate reality and transcendence) that distinguishes spirituality from other phenomena. They see spirituality as a search for the sacred which is the most central function of religion. Therefore for the purpose of the research, 'Spirituality' may be defined as the search for and connectedness with the sacred (that set apart from the ordinary, worthy of reverence). In a gist, it can be understood to refer to the domain of the spirit(s): God or gods, souls, angels and even demons.

David Hufford asserts that "when spirituality refers to something either than the above, it is by metaphorical extension to other intangible and invisible things..." (Koenig 2008:15).

Spirituality can be valuable in that it points out that the physical world is not all there is. Human beings are not only material, but also possess a soul -spirit. There is a spiritual world around us of which we should be aware. The true value of spirituality is that it points to the

fact that there is something and someone beyond this physical world to which we need to connect-with. There are several factors important in shaping spirituality. These factors may

include theology (beliefs and values; dogma and ethics), personal issues, religious or denominational issues and attitudes to the world, culture and history (McGrath 1999).



### 3.2.3 Relationship between Religion and Spirituality

Though, it may also represent other secular concepts like; music and the art, a set of values and principles or through a quest for scientific truth, spirituality shares a close relationship with religion, thus, through their relationship with the sacred. However, Hufford argues that spirituality is simply a "personal relationship to the transcendent" and religion, "the community, institutional aspects of spirituality" (Koenig 2008:16). Koenig writes that it is difficult to distinguish between religion and spirituality. He expresses that whenever he is to give a talk on religion and health related issues, he tries to avoid one thorny topic in particular thus; defining the differences between the words, religion and spirituality. He believes that an attempt to distinguish between the two "can easily alienate significant proportion of the audience because each of us has our own definition for these words which we hold onto quite dearly" (Koenig 2008:9). For this, he opines that there is no significant reason to distinguish between them. There is no universal agreement on the more nebulous term like spirituality, likewise religion. For the purpose of this work, religion and spirituality therefore may be defined as having a singular nature and form, thus, a connection with the supernatural. In that sense they can be understood as existing in the same domain in that religion retains its historical ground in spirituality.

Significantly, spirituality exists in many if not in all religions (Islam, Christianity, African Traditional Religion and the like) across the world. In other words, it is the bed rock of all religions. In Christianity, adherents show much reverence to God, Jesus, Holy Spirit and angels. This serves as the basis for Christian spirituality. Through spirits beings adherents of the Christian faith in Ghana connect with the supernatural. According to Khan (2009), Christianity maintains that man embodies both spiritual ascension and physical yearning and that life includes both the materialistic and the spiritual aspects. He further posits that in



Christianity, spirituality is found in discussions that take place between people who believe in the existence of God and articulate the effects of the creator.

Spirituality among Muslims, on the other hand, represents a belief and relationship with Allah, the creator of the universe. In recent times, Muslims in Ghana have exhibited a high level of spirituality irrespective of their sect. That notwithstanding, Adnan Khan (2009) avers that the first time spirituality was discussed among Muslims was when they encountered Hindu Philosophy which advocates ascetism and renunciation of the world. This does not represent the fact that earlier Muslims did not have or exhibited spirituality in the faith. Khan continues to assert that the issue of spirituality in Islam can only refer to two matters, either the reality of the created (i.e. who created all things and the relationship between the creator and the created) or the 'ruah' translated often as 'soul' and sometimes spirit. Spirituality in Islam is defined as the linking of actions to the purpose of life. Among Muslims in Ghana, spirituality does not stand aloof. Khan posits that a Muslim is he who does actions to ssgk the pleasure of Allah. By this definition Khan is explained to mean that

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all actions undertaken for t e pleasure of Allah are spiritual because they link the material actionwith the purpose of life.

According to Doumbia and Doumbia (2004) the contemporary West African culture harbors rich and meaningful spiritual traditions. The importance of spirituality is as important as life to the African. In the African Traditional Religion, spirituality serves as its focal point. Spirituality in the traditional religion involves the indigenous forms of the traditional way of life to discover and connect to the Supreme Being and the spirits. The spirituality of the traditional Akan society exists within beliefs and practices which affect their way of life and



relationships. It involves the belief in a supreme reality (God), lesser gods, ancestors and other spirit beings celebrated through songs, rituals and symbols. It can be said that the African way of life is an epitome of his his/her relationship with the supernatural.

### 3.2.4 Medicine

In the preceding chapter, medicine was understood to inculcate the practices involved in the prevention of diseases while preserving and restoring health through the use of pills, herbs and other curative substances. It is explained, on the whole, to mean the general treatment of diseases (i.e. the diagnosis and prognosis of illnesses). In an attempt to sustain and promote health, many individuals appeal to the use of medicine, both scientific and non-scientific. Medicine as an institution has been the focal means by which diseases and other bodily disorders which affect the physical health are treated.

Of divergent forms, medicine is sought by patients at hospitals, clinics, shrines and health centers to cure-the the physical body. It helps the body to return to its normal states after a period of brief illness. There are various forms of medicine such as acupuncture, Traditional Chinese medicine, Ayurveda, herbal medicine, scientific medicine and aviation medicine



among others. Significantly, it is to be mentioned that all forms of medicine are geared towards disease treatment and prevention and for that matter health restoration.

### 3.2.5 Religion and Spirituality vis-a-vis Medicine

In an attempt to link spirituality and medicine, the question about their attuned nature may be asked. The question as to whether spirituality and medicine are compatible still remains unsolved among many individuals. From the definitions given earlier, it is clear that spirituality and medicine are two distinct fields. While spirituality concerns itself with matters of the supernatural, medicine entails the practices involved in maintaining and promoting health. They are therefore realised as two different entities, parallel in nature but with purposes capable of merging them. Though divergent in nature, medicine was not separated from religion in many ancient cultures and civilization. They both exhibited ties that inter-related them in spite of their differences. For instance, as indicated earlier (on page 16), the ancient Greek temple known as the Aclepieia Temple symbolized religion-medicine relations in that, as the temple of the healer god, it also functioned as a center for medical advice, prognosis and healing (Risse 1990:56). As scientific progress brought great advances in medicine, Hale (2006) opines that, the spiritual and mental aspects of healing was put on one side. However she adds that it is of great benefit to be aware and understand that man has a mental and spiritual aspect.

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The-same can be said about the nature of traditional medicine. Traditional African medicine is a holistic discipline involving the use of indigenous herbalism combined with aspects of African spirituality. Many Ghanaians rely on traditional medicine for their basic health needs.



In some cases, traditional medicine is the only health care service available, accessible and even affordable. Due to the physical and spiritual make-up of man, traditional medicine is held in high esteem because of its holistic nature.

In spite of the hard work by medical scientists in the twenty-first century to promote the standard of health, there still exists the need to realise the connection between medicine and religion. However, the relationship between religion, modern scientific medicine and health care seems not prevalent among many individuals in Ghana today. Bour (2008:69) therefore observes that for several years medical science is battling with issues of disease and infirmity. And therefore there is the need to acknowledge the relationship between medicine and spirituality (religion). He writes that;

It [medicine] is for over twenty-two years, battling with the problem of HIV/AIDS for which a solution is still far-fetched. In the Bible are hundreds of instances of miraculous healing and even the resurrection of the dead. We could recount Jesus' healing of the servant of the Roman Centurion (Matt. 8:5-13); of Peter's mother-in-law (Matt. 8:14-15); of the woman suffering from heamorrhage (Matt. 9:18-22); of the dumb and deaf (Matt. 9:32-34); etc.

(Bour 2008:69-70)

This is, however, not to over-rule the potency of modern medicine but to acknowledge religio-medical relations which have for long existed. These sacred and supernatural acts were demonstrated beyond húaGãðrstanding, defying science (medicine). For Bour, religjpn permeates all sorts of medicine and health care which includes mental health—a dent on medical technology. The impact of spirituality is therefore thoroughly considered because Bour (2008:70) observes that it is assumed to be carried out by "the agency of an Ultimate



Reality, who Himself is a creator". This is to say that in spite of their distinct nature spirituality and medicine relates each other in the quest to restore and promote health.

#### a) Differences and Similarities between Religion (Spirituality) and Medicine

Although religion and spirituality may exhibit distinctive characteristics over medicine, their point of connection cannot be discarded. Some of these basic differences and similarities are expressed below. First among the differences is that while religion and spirituality are institutions concerned with the sacred and supernatural aspects of human life, medicine deals practically with physical bodily disorders. The second is that while medicine is practiced in a secular atmosphere and uses secular methods to understand the human self, spirituality and religion basically involves the belief in an ultimate reality and supernal events and their effects on human life. Again, medicine deals practically with the treatment of diseases by the use of drugs, herbs, and pills among others but religion and spirituality may use psychic methods in dealing with matters of both spiritual and physical nature.

On the other hand, Quarcoopome (1987) posits that the commonality among the two divergent aspects is that whereas spirituality refers to the supernatural, the practice of medicine may as well have a supernatural dimension as expressed in the traditional society.

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He argues that traditional medicine possesses some form of connection with supernatural or divine: Also, religion and spirituality may deal with healing just as medicine, because they have the propensity to affect health, both positively and negatively. According to Bour (2008), it is the hope of religious adherents that dedication to the cause of the truth and spiritual things



could revive the manifestation of supernatural powers on health particularly in the area of disease treatment. He therefore asserts that religion and medicine share the conviction that the human is incomplete with short comings and disorders that need to be taken care of. Significantly, they both attempt to deal with "cause and meaning" (Bour 2008:64, 70).

### 3.3 Concepts of Disease and Sickness among Ghanaians

Many Ghanaians however share two basic views with respect to the origin and cause of sicknesses/diseases. First among the views is that in the African perspective nothing happens by chance and that sickness among other things has a supernatural cause either than chance. It is understood as the work of witchcraft, sorcery or magic and sometimes as punishment from the ancestors and deities for a wrong done (Pobee 1979). The African seeks to find 'who' caused the sickness rather than 'what' caused it. Sicknesses or diseases, in fact, are not considered natural but a manipulation by forces in the spiritual realm or a god (Mbiti 1991). Secondly, diseases are given a rational scientific explanation in that it is seen as having a natural cause. It is scientifically the results of poor sanitation, malnutrition, contamination or a biological disorder. Therefore, scientists attempt to give rational interpretations to the cause of sickness rather than blaming it on the supernatural. However, irrespective of the cause of a sickness medical treatments are proposed to bring about healing and for that matter the restoration of health.

In the book of Genesis (1:3 1), good health as a natural condition is affirmed when it states that, "God saw ail that He had made, and it was very good". Asante explains this as that "Man [humanity] in his natural state is good [in terms of health]", and adds that to maintain this



original healthy condition given by God, "faith through prayers is [important] to bring man to good health". A deterioration in the original condition (good health) may come as sickness which is as a result of the fall of man in the Garden of Eden (Gen. 3:1-24). For Asante, sickness is sometimes seen as a punishment and even this punishment is therapeutic, in the sense that, it is to bring the sick back to his natural condition, which is good health (Asante, 2011). Other scholars share different views on what sickness means to them. In the view of C. S. Lewis (British Scholar and Novelist; 1898-1963) pain (sickness) is God's megaphone by which he gets our attention (<http://www.thinkexist.com>; November, 2012). Lewis appears to affirm that sickness/pain can be dealt with through faith in God which many religionists exhibit through prayers. This guarantees the possibility of faith in medicine and health care. This is to posit that illnesses can either be treated medically or spiritually or both. Also the spiritual cause for diseases gives way to spiritual healing which is not fully recognised in scientific treatment of diseases.

### 3.4 The Concept of Spiritual Healing

As noted earlier that the idea of spirituality refers to a moment of connectedness with the sacred or spirits. -It—refers to a state of being spiritual. The word healing on the other hand according to the Merriam-Webster Dictionary is explained as follows; to make sound or whole, to restore health, to restore original purity or integrity and to cause an undesirable condition to be overcome. Though it may have diverse interpretations, the word spirituality is often used to refer to the restoration of the physical body, as in the healing of a disease or injury, mental, psychological and emotional disorder. Healing (making sound and whole) from the religious perspective, is explained or defined to include the spiritual dimension of life, as well.



Therefore spiritual healing connotes a restoration of the body through sacred or spiritual means. Healing in the religious sense is a spontaneous event that comes about through a kind of grace and can happen at anytime and anywhere. Notably, it may also be referred to as supernatural healing, divine healing, faith healing and miraculous healing. In Christianity the term 'faith healing' refers to the belief of some Christians that God heals people through the power of the Holy Spirit and may often involve the laying on of hands on the sick.

Spiritual healing according to the Bible is often associated to God (Jehova-Rapha -I am the Lord your physician or I am the Lord that heals you) and the ministry of certain specific individuals like Elijah, Paul, Peter, John and Jesus. According to Cherry (2011), faith healing in Christianity is a pathway of healing in which God uses both the natural and the supernatural to heal. This is to posit that in faith/spiritual healing, physical elements alongside supernatural elements can be used to heal and restore health (<http://www.thepathwaytohealing.com/about>; January 2013).

### 3.5 Connecting Spirituality and Medicine

Several researches conducted in various parts of the world outlines the fact that spiritual faith can assist individuals who receive medical care while helping them recover from diseases. In an article Spirituality and Health, Eisenberg et al (1993:246-52) note that 25 per cent of all respondents interviewed reported using prayer as medical therapy. This points out to the fact that religion by way of prayers shares a part in the treatment of diseases among many individuals. According to King and Bushwick (1994:349-352) most hospital inpatients wanted their physicians to pray for them. They needed their physicians to consider their religion and spirituality when providing for the medical care.



Many individuals assert that within the medical communities in Ghana, there is a considerable interest in connecting spirituality and medicine in health care. This is to say that some level of attention is given to the connection between spirituality and health. Though many of such cases within the country over years have received little or no documentation, many people who receive medical care continue to seek religion and spiritual faith as alternative therapy. According to Benson (1996) faith in God which is the basis of (all) religions has a health promoting effect. Larson and Mathews as quoted by Sloan et al (1999:664) argue in favor of religion and spiritual interventions in medical care and practice hoping that the "wall of separation" between medicine and religion will be torn down. They further write that "the medicine of the future is going to be prayer". This points out to the

fact that in recent years there is the realization of a level of difficulty in connecting religion and medicine and that the boundary separating medicine from religion and spirituality for that matter needed to be broken.

It is, however, significant to note that in Africa and Ghana in particular, traditional religion and spirituality cannot be separated from medicine. In the view of Quarcoopome (1987:114) the religion of the African plays an important role in medicine. In the traditional society, medicine men played significant religious functions in the well-being of the sick. Quarcoopome describes the African as having a spiritual or supernatural conception of medicine and its application.

In many studies, according to Sloan et al (1999:664), religion as a putative antecedent to health outcomes, has been measured in several ways. This has sought to provide empirical evidence



to the connection between religion, spirituality and medicine. Significantly, they write that church attendance, prayer, dimensions of religious experience such as the comfort it may provide is imperative to difference in health standards among religious people. However, they state that "Confounders [confounding variables] such as behavioral and genetic difference and stratification variables such as age, sex, education, ethnicity, socioeconomic status and health status may have an important role in the association between religion and health [medicine]" (Sloan, Bagiella and Powell 1999:665).

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According to Sloan et al (1999:666), medical practitioners who link spiritual faith and medicine do so appropriately and in ways that do not depend on "utilitarian expectations" of better health. When medicine is fused with religion and spirituality, for instance, devout health professionals may view their work as an extension of their religious beliefs. They state that irrespective of the practitioners' beliefs (religion), respectful attention must as well be given to the impact of patient's beliefs on his/her health care. They therefore opine that such a connection between spirituality and medicine is valuable because it is sensitive to all aspects of medical life (Sloan, Bagiella and Powell 1999:666).

In relation to the above, Larry Dossey (Medical Doctor) acknowledges that, "at a time when healthcare seems so chaotic and confused, it is great to be reminded of this side of healing" (Turner 2009). The unseen and unappreciated role of religion and spirituality must be thought of when medical practitioners attempt to provide medication to patients, who are in reality, religious beings (Homo religios). It will therefore be appropriate to consider the spirituality of the Ghanaian during disease treatment because the Ghanaian (Homo Ghanensis) is described



as a religious being due to his/her religious ontology and epistemology. Most of his/her communal activities and social institutions are inextricably bound up with religion and the spirit world (Pobee 1987:44).

### 3.6 Impact of Religion and Spirituality on Medicine

In popular minds, medicine and health care in the 21st century is a scientific activity. However, Moerman (1998) opines that while medicine may indeed try to look like a natural science and sometimes scientific in practice and delivery, it may also share ties with religion/spirituality. It is through these ties that the impact of religion and spirituality on medicine is realised. Though distinct in nature the effects of the impact religion puts on medicine cannot be overlooked. He posits that modern scientific medicine has grown to appreciate the role of religion and the presence of a divine healer. It is therefore not surprising that a high point of reference is given to religion and spirituality in modern medical practices.

According to Quarcoopome (1987:114) the average West African considers medicine (both traditional and scientific) as having a share of the supernatural. In his view, the basis for medicine, particularly, traditional medicine is religion. He states that;

In the traditional understanding medicine is closely associated with religion, because it is the possession of the divine healer who dispenses it through the medium of a priest. The general belief is that the knowledge of medicine came directly from God and it operates through the tutelary divinities of spirits. The Akan proverb 'If Onyame gives you sickness,



he also gives you medicine", means God is the author and source of medicine' (Quarcoopome, 1987:147).

Therefore, Sommerville (2010), a professor of History at the University of Cambridge, recommends for the treatment of diseases through, faith, spirituality and miracles since diseases may also have a spiritual cause ([http:// history.wisc.edu/people/faculty/sommerville.htm](http://history.wisc.edu/people/faculty/sommerville.htm); January 2013).

However, Levin (2001 :256) in *GOD, FAITH AND HEALTH* posits that until recently, exploring the relationship between religion, spirituality, and health was not exactly the best way to advance in scientific medicine. As a social epidemiologist, Levin appreciates the inevitability of spiritual faith in the lives of individuals who seek medical care. He writes that religious beliefs and practices are important in the lives of many patients seeking medical care, yet many physicians are uncertain about whether, or how, to address spiritual or religious issues. He reiterates that often physicians are trained to diagnose and treat disease and that they have little or no training in how to relate to the spiritual side of the patient. Levin further stipulates that the physician's ethics requires that he does not impinge her beliefs on patients who can be particularly vulnerable.

Indeed, when illness threatens the health, and possibly the life of an individual, that person is likely to come to the physician with both physical symptoms and spiritual issues in mind. Through these two channels, medicine and religion, humans grapple with common issues of



infirmity, suffering, loneliness, despair and death while searching for hope, meaning and personal value in the crisis of illness.

People may hold powerful spiritual beliefs, and may or may not be active in any institutional religion, but may bring their spirituality to bear on their daily life events. Many individuals including physicians and nurses have intuitive and anecdotal impressions that the beliefs and religious practices of patients have a profound effect upon their experiences with illness and the threat of death and dying. It is generally accepted that religious affiliation is correlated with a reduction in the incidence of some diseases such as cancer and coronary artery disease. For patients facing a terminal illness, religious and spiritual factors often figure into important decisions such as the employment of advance directives (the living will and the durable power of attorney for health care).

In courses such as the 'Introduction to Clinical Medicine', in Europe, medical students learn the various components of the doctor-patient interview, often beginning with a history of the present illness, a psycho-social history, and a review of systems. Students-in-training are often hesitant to ask questions regarded as intrusive into the personal life of the patient until they understand that there are valid reasons for asking about sexual practices, alcohol and tobacco use. Religious beliefs and practices fall within that of the 'personal' category that students-in-training often avoid. Nevertheless, when valid reasons are offered for obtaining a spiritual history, students can learn to incorporate this line of questioning into the patient interview. The spiritual history can be incorporated into what we may now want to call the 'psycho-social-spiritual' patient history (Anandarajah and Hight 2001 :81).



A patient's faith and spirituality may indeed serve as a major comforting factor in the face of a life-threatening illness. However, beside faith and spirituality, religion as an institution has impacted the health care of several individuals. Some parents and patients have described gratitude to their church community for bringing meals to their families while at the hospital with a sick child. Others spoke of a visit from a priest, a rabbi or a minister during their hospitalization as a major source of comfort and reassurance. Nevertheless, patients who do not practice any religion, described their initial surprise at a visit from the hospital chaplain which turned into gratitude as they found in the chaplain a skilled listener with a deep sense of caring to whom they could pour out his feelings about being sick, away from home, separated from their family, frightened by the prospect of invasive diagnostic procedures and the possibility of a painful treatment regimen (Anandarajah and Hight 2001 : 81-88).

The presence of the chaplain serves as a justification of religio-medicine relation. The chaplain is a helpful resource in providing or arranging for certain rituals that are important for patients under particular circumstances. Some patients may wish to hear the assurances of Scripture, others may want the chaplain to lead them in prayer and still others may wish for the sacrament of communion, baptism, anointing, or the last rites, depending on their faith system. The chaplain may provide these direct services for the patient, or may act as liaison with the patient's clergy person.

The role of religion and spirituality in medicine and health care is made evident in a survey by Anandarajah and Hight (2001). They state an example of a surgeon who called for a chaplain to consult with a patient who was inexplicably refusing a life-saving surgical procedure. The chaplain gently probed the patient's story in an empathic manner, leading the patient to confess



to a belief that her current illness was God's punishment for a previous sin. The ensuing discussion revolved around notions of God's forgiveness and the patient's request for prayer. In this case, the chaplain became the 'embodiment' of God's forgiveness as he heard the patient's confession, provided reassurance of God's forgiving nature, and offered a prayer acknowledging her penitence and desire for forgiveness and healing. In another case, the neonatologist summoned the chaplain when it became apparent that a premature infant was not going to live and the parents were distraught at the notion that their baby would die without the sacrament of baptism. In this case, the chaplain was able to discuss the parent's beliefs, to reassure them that their needs could be met, and to provide an infant-baptism service with the parents, the neonatologist and the primary nurse all in attendance. The chaplain also notified their home town pastor and helped make arrangements for the parents to be followed back home in their grieving process.

The point established above is that religious beliefs and spirituality are important to the lives of many individuals and for that matter medicine. Some physicians attest to a sense of being called by God to the profession of medicine, a definite sense of vocation in the religious sense of a calling. In fact, in a much earlier time in the history of the world, the priest and the medicine man were one and the same in most cultures, until the development of scientific medicine led to a division between the professions. Modern physicians wonder whether, when and how to express themselves to patients regarding their own faith. This in a way reveals the element that connects medicine with the supernatural. There is therefore the need to appreciate the ties both institutions share together as well as the effects of their relationship on the society.



### 3.7 Effects of Spirituality-Medicine Relations

A relationship between religion/spirituality and medicine is bound to have several divergent effects on the human community. An article in the Journal of Medical Ethics posted on the internet asserts that doctors with 'stronger religious faith' were less likely to talk with patients about treatment options that could shorten their lives, such as prescribing powerful

pain medicines with adverse double effects. This relationship allows patients to receive full health while making physicians exhibit their full potentials as healers. They were also less likely to keep patients in continuous deep sedation or to support legislation allowing doctor-assisted euthanasia (<http://www.losangelestimes.com>; 12 December, 2012).

The majority of doctors think that religion and spirituality play an important role in influencing patients' health. And the more religious a doctor is, the more likely he or she is to have a positive view of the impact of religion and spirituality on health. Spirituality-medicine relations have the tendency of producing these effects on the entire society and its people. First of all, it ensures holistic treatment and healing in patients. Secondly, such a relationship will help patients who tend to be religious appreciate the need for medical care whenever there is disorder within their bodies.

Thirdly, Spirituality-medicine relations help to promote physician-patient relationship which allows the physician to treat a patient while considering his/her belief systems that do influence their personal events. This goes a long way to ensuring proper health care which in the end facilitates development. Finally, recognition of such a relationship leads to absolute



commitment to religion and its convictions and practices which are believed to influence medicine and health care in the area of disease treatment and prevention.

### 3.8 Some Common Perceptions-about Spirituality-Medicine Relations

There are divergent views, either negative or positive, about spiritual healing. Some are of the view that it is not right for people with high spiritual nature to see the doctor or apply medicine. This provides a platform for the separation of religion from medicine. However, the point here is that in the Christian Bible for instance, physicians and their role to humanity are emphasised on several occasions. There are many verses that speak of using "medical treatments" such as applying bandages (Isaiah 1:6), oil (James 5:14), oil and wine (Luke 10:34), leaves (Ezekiel 47:12), wine (1 Timothy 5:23), and salves, particularly the "balm of Gilead" (Jeremiah 8:22). Also, Luke, the author of Acts and the Gospel of Luke, is referred to by Paul as "the beloved physician" (Colossians 4:14).

In spite of the numerous studies that examine the relationship between religion and health, there is an entrenched debate and disagreement about whether there is any of such relationship, says Curlin (2008). He states that a reason why this debate will not end is because the debate is not just about the data; it is about the frames of mind people bring to the data. He further argues that the majority of doctors believe that religion and spirituality influence patient's



health. The influence mostly helps patients cope with illness and gives them a positive state of mind.

There is also the belief that religion and spirituality can have a negative influence on medicine and health care. Curlin (2008) writes that sometimes, these beliefs can lead patients to refuse or not go along with medically recommended therapies. Curlin notes that most doctors do-not believe that-religiodhas an influence on hard medical outcomes -like heart attacks and infections. The influence or effects of spirituality on medicine is realised through coping with an illness. In the study, published in the April 9 issue of the Archives of Internal Medicine, Curlin and his colleagues sent a survey to 1,820 doctors in the United States and 1, 144 representing 63 per cent responded. Questions included in the survey were about the doctors' religious beliefs and attitudes about the positive and negative influence of religion and spirituality. The researchers found that two-thirds of the doctors believed that illness often or always increases patients' awareness of religion and spirituality. In addition, 56 per cent thought religion and spirituality had a significant influence on health. Also, 54 per cent believed that, sometimes, a supernatural being intervenes.

Physicians are not God and should not be viewed as such. They can sometimes help, but there will be other times when all their efforts will be in vain. There are some Christians who believe that seeking medical attention is a demonstration of lack of faith in God. For instance, in the Word-Faith Movement (WFM), consulting a doctor is often considered a lack of faith that will actually prevent God from healing you. In other groups such as Christian Science (CS), seeking the help of physicians is sometimes viewed as a barrier to using the spiritual energy



God has given us to heal ourselves. The logic of these viewpoints is sorely lacking. If your car is damaged, do you take it to a mechanic or wait for God to perform a miracle and heal your car? If the plumbing in your house bursts, do you wait for God to plug the leak, or do you call a plumber? God is just as capable of repairing a car or fixing the plumbing as He is of healing our bodies. The fact that God can and does perform miracles of healing-does not mean we should always expect a miracle instead of seeking the

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help of individuals who possess the knowledge and skill to assist us.

Indeed spiritual healers may also be described as true scientists who have come to the conclusion that behind every creation a Creating Genius is at work. Therefore, they assert that their patients can be healed by turning to that Creating Genius through devotion, contemplation and recollection of His name. White (1978), a renowned neurosurgeon, is one of many scientists and physicians who, through their research came to the conclusion that human beings did not just come together, but are the handiwork of an all-knowing Creative Genius who influences human life. According to White, he is convinced that the brain is the repository of the human spirit, the soul. The practice of medicine and religious faith are inextricably interwoven. For him, he prays a great deal especially before and after surgery. He finds prayer satisfying and feels there are immense resources behind him. White therefore opines that logic lead inescapably to faith in the supernatural (White, 1978).

### 3.9 Conclusion

Significantly, it can be said that religion and spirituality exist within the same realm. They are concerned with events and matters of the supernatural and sacred realm. Though spirituality may have various shades of meaning, it is said to represent something good. However it is to



be realised that religion and spirituality are distinct from medicine in nature and purpose. While medicine is directed towards disease treatment and prevention, religion and spirituality may serve as a coping behavior to help individuals deal with their daily life events, both physical and non-physical. Irrespective of their parallel nature, it is to be realised that spirituality and medicine share some common characteristics capable of merging them for a mutual purpose. Both are capable of existing together as far as





treatments of disease and health restoration are concerned. In ancient civilizations, medicine existed and shared close relationships with religion and spirituality. Indeed, the same can be said of traditional medicine. In a gist, it can be said that religion and spirituality plays a vital role in disease treatment and have contributed in diverse ways to restore health across the world. The next chapter therefore seeks to investigate religion and spirituality and its impact on medicine and health care in Ghana and Kumasi to be precise.



CHAPTER FOUR



## DATA PRESENTATION AND ANALYSIS

### 4.1 Introduction

In the previous chapter, the relationship between religion, spirituality and medicine was discussed. In the discussion it was realised that medicine and spirituality (religion) are two different entities with peculiar characteristics. In spite of their distinctiveness it was again realised that both share common elements capable of bringing them together on one platform. This commonality between them may be realised in matters relating to health. Significantly, they may exist together in the process of healing to maintain and promote human health.

Nonetheless, this present chapter presents findings received from respondents with respect to the impact of religion and spirituality on medicine in the three selected hospitals which included the KNUST Hospital, Seventh-Day Adventist Hospital (SDAH) and Komfo Anokye Teaching Hospital (KATH) and a section of the general public in Kumasi. Nonprobability sampling technique was used to select the respondents. In all, a number of thirty individuals were interviewed and a number of two hundred questionnaires administered to solicit for views of the general public. The interviewees included some members of the medical staff (mid-wives, nurses, physicians, physician assistants, health assistants) in the selected hospitals as well as some traditional medical practitioners and religious leaders. They were chosen as a result of their extensive number of years in their profession (which was not supposed to be less than five years) as well as their direct contact with patients and experience in disease treatment and healing. Out of the two hundred (200) questionnaires distributed, the researcher was able to retrieve a hundred and forty-five (145) of them.

Therefore the total number of correspondents used is a hundred and forty-five (145).



Particularly, the chapter outlines the various explanations given to medicine, religion and spirituality by respondents within the area of study. It also presents views with respect to the effects of the impact of spirituality and religion on medicine and on the society as well as respondents' views with regard to the future of spirituality-medicine relations. It again presents some personal experiences shared in the area of spiritual healing as reported by some informants. The chapter responds to notions and problems posed by the relationship between religion, spirituality and medicine to ascertain their relevance in health care delivery in Ghana and Kumasi to be specific.

#### 4.2 Analysis of the Demography of Respondents

Out of the total number of respondents, 57.9% were males and 42.1%, females. The percentages for the age ranges of respondents were 4.1%, 49.6%, 29.7%, and 16.6% for 13-19 years, 20-34 years, 35-54 years and 55 years and above, respectively. They included health personnel (20%), religious leaders (15.2%) and others (64.8%) which included; account officers, national service personnel, teachers, drivers, traders and students. Among respondents were 57.2% who were singles, 28.3% in marriage and 14.5% who had separated or divorced. The majority of 44.8% had received tertiary education, followed by 35.2% for secondary and 12.0% for basic education. There were a minority of 4.8% who had received no form of formal education. In all, respondents included Christians, Muslims and traditionalist with distinct percentage figures of 72%, 26.8% and 1.2%, respectively.



### 4.3 Respondents Understanding of Key Terms

From the data collected, a majority of 97.3% of respondents indicated that they had an idea of what religion, spirituality, medicine and health care are, as opposed to 2.7% who had no idea about these terms. On the explanation of key terms found in this research work, respondents were clear and emphatic. Many respondents explained religion as a particular set of beliefs and all the practices and duties connected with it. For others, it was the belief in the Supreme Being or an ultimate reality and the act of worshipping it. It was also understood as the beliefs, rituals and practices that impact adherents' way of thinking and daily activities. Many believed that religion was basically an organised set of beliefs that relates humans to moral values and the spiritual world. In addition, some respondents simply explained religion as the faith one believes in and belongs to. According to Kwabena Owusu-Bi (Head Pastor -Rhemar Salvation Ministry —RSM) in an interview, anything an individual holds dear to himself/herself can be termed as religion. In his view, religion is a way of life which necessarily does not refer to a particular organised faith (Islam, Christianity, Hinduism or Buddhism) an individual belongs to. He further added that in its totality religion refers to the set of beliefs and values that people hold dear in relation to their societal norms.

In the same vein, respondents gave divergent views with respect to the meaning of spirituality. Many respondents were of the view that spirituality is a state of being in a relationship with spirits and not certainly with God. For others, it was an involvement in things that are not connected with the physical realm, thus, a connection with the



supernatural. Among respondents, spirituality was simply the quality of showing much interest in religious matters. Also, spirituality was explained as the influence of the world of the spirits on the physical life of humans. For a section of respondents, it is basically having or possessing a strong faith in spirits and a relationship with them.

Kofi Sarfo (Pastor —Knights of Jesus Christ Ministry) in an interview disclosed that spirituality in its totality implies the adherence to and respect for spirits. This he states makes an individual spiritual. However, some respondents understood spirituality as an experience beyond the physical which may not be bound by religion. From the perspective of religion, Owusu-Bi proposed that, being spiritual implied the ability to communicate with the spiritual realm and who so ever you hold supreme. He stated for instance that 'God is a spirit and so he must be worshipped in spirit'. Christians believe in God, Who is a spirit, and communicate to Him through prayers. Communicating and adhering to Him and His will makes one spiritual. According to him, this therefore makes communication very relevant in spirituality among individuals.

On the other hand, over 80% of respondents gave similar definitions as to what medicine entailed. They understood medicine as the treatment and study of diseases, illnesses, injuries, mental disorders, emotional and psychological disorders as well as general bodily fitness. For others, it was a mode of cure used in managing health. This they explained as including the treatment of the body and the substances serving that purpose. These substances they mention include; pill, herbs, roots, barks, water, chemical substances, and



## KUMAS '

also exercises as practised in physiotherapy. They also defined medicine as entailing nothing more than the diagnoses and prognoses (treatment) of diseases and their prevention.

According to Ebenezer Adade, a physician at the Seventh-Day Adventist Hospital, medicine is the art of identifying illnesses, their etiology and treatment/management. He explained that the major function of medicine even in ancient civilizations had to do with dealing with the "cause of the cause" of a disease or illness. Kwabena Abebrese (herbalist and traditional priest —Peace and Love Shrine) in an interview also pronounced that the term medicine, irrespective of its form, extensively referred to the treatment of diseases, illnesses and injuries. It involved the use of herbs and other substances in curing sicknesses, broken bones, cuts, barrenness, impotence, and aches. In the traditional mindset and psychic, all that surrounds humans can and are to be used as medicine for disease treatment and prevention. Abebrese reiterated that for things around us to be realised as medicine, there is the need for a connection with the spiritual world. It is through these spirits that humans are able to identify medicine and its healing potency. Medicine, he mentioned, can be used by all manner of persons to prevent and cure sicknesses. They come in many forms yet with great impact on the sick. He added that medicine is to serve a good purpose at all times.

That notwithstanding, health care was understood by respondents of different professional background as the-general coneerTföfWalth. They responded that health care involved the services of caring, treating and managing health through scientific and traditional methods.

Again, many people from the selected hospitals in an interview also added that caring for human health may include non-medical activities like eating nutritious foods, drinking clean water and personal hygiene and not only providing medical assistance. For several others, it



refers just to the services to keep, restore, promote and re-establish health, particularly that of humans.

Responding to the question as to whether religion and spirituality relate each other or not, 25% of respondents stated that religion shared close relationships with spirituality. However, while 70% did not recognise a relationship between them the remaining 5% had no idea of such a relation between religion and spirituality. Among the 25%, religion relates spirituality because they both teach about a connection with the supernatural or God and belief in life beyond the physical. They again stated that both religion and spirituality deal with faith and without faith, religion and spirituality do not exist. For those who dichotomised religion from spirituality, the former dealt only with beliefs and practices and the later, the world of the spirits. They again proposed that spirituality does not always mean religion for the former can be secular in nature as there may be several types of spirituality. They averted that when spirituality is secular it may deal with spirits for instance those of the dead which does not necessarily relate it to religion. Many health professionals including Derrick Agyemang (KATH) in an interview posited that though religion and spirituality may seem to share close ties, their variance cannot be overlooked. He pointed out that one will lead to the other thereby leading to their difference.

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However, with respect to a possible relationship between religion (spirituality) and medicine, 59% of respondent said yes while 30% did not with 11% having no idea on a possible relationship. Many people in an interview responded that spirituality and religion is different from medicine whether scientific or traditional. Though different in purpose and nature, spirituality enhances medicine to bring about holistic treatment. Many traditional medical practitioners including Kwabena Abebrese and Yaw Ababio (Yaba Herbal Centre YHC) in an interview opined that traditional medicine from their own personal experiences involves religious rituals and spiritual customs aimed at enhancing its potency. It may require the use



of charms, talisman, concoctions, rings and other physical items. They reiterated that this does not render the medicine demonic or evil. 80.7% respondent asserted that religion and spirituality share a vital relationship with traditional medicine. However, while 12.4% were of the view that there is no relationship between spirituality and traditional medicine, 6.9% did not know whether spirituality and traditional medicine are related or not.

Many interviewees shared basic and similar views as to relationship between spirituality and medicine. They were of the view that there is a possible relationship between religion, spirituality and medicine. According to Ebenezer Adade (Physician), Kissi Beatrice (Physician Assistant) and Agyemang-Boateng (Medical Director), medicine has a broad meaning encompassing many forms. This in their view does not demote the antique relationship between medicine, spirituality and religion. According to Adade, spirituality is also-a-form of medicine in that it may also bring about the restoration of health, prevention and curing of diseases. He averted that it will be problematic to separate spirituality and religion from medicine. He states for instance that Hippocrates (known to be the father of medicine) believed in spirituality in medicine. This, he says, is made evident in the original version of the Hippocratic Oath (H.O.). In this oath, physicians appealed and swore by gods and goddess believed to be healers. They were deities believed to be gods and goddess of medicine. Adade and Agyemang-Boateng mentioned that in recent times, new versions of the Hippocratic Oath have emerged relegating the names of these deities included by the father of medicine to the bottom. This, according to Adade, is as a result of the divergent religions of many physicians preventing them from swearing by gods and goddess which may be against their faith and therefore rendering the oath irrelevant to them. They posited that through this ancient oath the antique relationship between medicine and religion is realised.



However, 72.4% of respondents believed that scientific medicine and spirituality relations have been influenced by the traditional psychic of the people. For 22.8% of respondent, this was not true, while 6.9% of the total percentage did not know of such an influence. According to Nana Abass, the traditional Akan is a religious being as held by Pobee (1987) and Mbiti (1969).

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#### 4.4 Relationship between Spirituality and Medicine in Disease Treatment

Among respondents diseases and bodily disorders can be cured by both spirituality and medicine. They also mention that not all diseases and their treatment existed within the realm of religion or spirituality. 57% of respondents asserted that disorders which affect the physical body must be treated with medicine. They held a scientific notion about the causes of diseases. For them diseases did have a scientific cause. However, 39% were also of the view that diseases and bodily disorders can be treated through religion and spirituality.

According to them while some diseases had physical causes, others were spiritual. Respondents were of the view that not all diseases can be healed through medicine though medicine has served throughout history as an epitome of curing the physical body. When respondent were asked about the elements needed to facilitate spiritual healing their response were; faith, devotion, meditation, hope, fasting and prayer.

In addition, many interviewees mentioned that through faith, commitment and trust exhibited through prayers (fasting, meditation, libation and sacrifices) patients receive the full power of the medicine. According to Kwabena Abebrese, all medicines indeed need these elements to manifest their full potency. This brings medicine in close relation with religion and spirituality. He added that in some cases many patients went to the extent of placing their faith, hope and commitment on the person who provides the medication itself both in scientific



and traditional medicine —and not in the medicine and spiritual power influencing it. Again, in an interview, Asare Boateng, who is a physician (KATH) and a man of God, further averred that faith gives way to hope and an assurance of healing among religious people. Faith and all other elements, they disclosed, are needed by both the patient and the healer. These elements, according to 94% of respondents, cannot be scientifically measured to know whether they can necessitate healing or not. Rather they stated that the patient can get tested after they have been healed to justify spiritual healing.

Again, interviewees stressed on the need to appreciate spirituality in medicine and diseases treatment. According to Owusu-bi (a retired lecturer and founder of Rhemar Salvation Church), Kwabena Abebrese and Abeechu, spiritual illnesses and diseases needed to be treated through spiritual means and sometimes by combining both medicine and spirituality. In view of this, Agyemang Boateng (Medical Director —SDA Hospital) explained that there is an external field outside the body that can be utilised in healing. He averred that science is demonstrating more and more that prayer and meditation can contribute to healing. For him, the patient does not need to be aware of this, for it can happen miraculously. Since prayers and the benefits of a prayer are not limited to a specific religion everybody can get healed through it. He again mentioned that Meditation can change the "wiring in our brain" to create a more positive frame of mind. He further added that scientific neurological investigations have shown that negative thoughts create a friendly environment for diseases to take form.

Nevertheless, it will be appropriate to reconsider how spiritual consciousness affects the mind and body. Understanding the true nature of the soul or the spiritual aspect of man will help identify its subsequent effects on the physiology of a human being for there have been many recorded healings in history from divine power. He mentioned for instance that thousands of people visit Lourdes (a town in south-western France, famous for its Roman Catholic shrine with an estimated population of 15,203) every year with many miracles being recorded. He



added that this form of spiritual healing is well evident in our country. Owusu-bi therefore mentioned that all religions recognize the presence of the divine in healing. Acknowledging this powerful healing force within humanity can only support medicine and not detract from it. agreeing with Agyemang Boateng, Owusu-Bi believed that treatments like 'Anthroposophy' often can remove the spiritual disharmony without even discussing it with the patient. 'Anthroposophy' is a spiritual or religious philosophy developed by Rudolf Steiner (1861-1925) from theosophy -a late Greek word (theosophia) meaning 'knowledge of the gods' (a Mid-17th century religious philosophy based on intuitive insight into the nature of God) - holding that spiritual development should be humankind's foremost concern (Microsoft Encarta 2009; March, 2013).

#### 4.5 Impact of Religion and Spirituality on Disease Treatment

When respondents were asked of the group of people who are likely to be impacted by spirituality during disease treatment, none mentioned children, 1% said teenagers, 6% chose youth, for adult and 72% were of the view that everybody can receive spiritual healing. Again, 2.6% were of the view that spirituality impacts only the health of poor people, though others (97.4%) state that it impacts the life of all persons irrespective of their status.

46% of respondents talked of having experienced spiritual healing themselves while 54% never attested to that. Respondents were of the view that spiritual healing came along with some impact on the individual. Among the 46% who have had such an experience, it ensured holistic treatment and healing, amazement, commitment, conversion to other faith, freedom and sense of awe. It strengthened their faith and conviction in God and spirits thereby enhancing their relationship with the spiritual realm. However, others opined that over-reliance on spiritual solution may lead to lack of sureness in scientific treatment. When respondent were asked if individuals are likely to reject scientific medication after being



treated through spirituality, 25% said yes, 63% said no whereas 12% shared no idea. Indeed, some respondents (50%) were of the opinion that treatment of diseases through religion and spirituality was as good as medicine.

However, many people in an interview including Asare Boateng (medical doctor and minister of God) stated that though spirituality is relevant in medicine, many modern scientific hospitals and their health personnels do not actually consider spirituality when treating patients of their infirmity. They mentioned that even if spirituality was considered, it came out late as a desolate alternative. Asare Boateng asserted that in some cases physicians and health attendants involved spirituality from the onset and did not have to recommend it when scientific medicine has proven futile. Again, Kwabena Abebrese mentioned that in time past (traditional) medicine (herb) was not known until revealed by spirits. It was spirituality (thus connection with the supernatural) which made individuals herbalist and healers. He further asserted that without the world of the spirits medicine would not have been known to humans. This is to point out the fact that spirituality is inseparable from medicine whether scientific or traditional.

#### 4.6 Evidence of the Impact of Spirituality on Disease Treatment According to Informants

On the evidence of healing through spirituality in scientific medicine, Wilhelmina Boadi gives-her-experiences as a Staff Midwife (SM) at the Komfo Anokye Teaching Hospital (KATH). Boadi discloses that a high level of spirituality exists in the ward where she works.

She recounted several incidents in which spiritual healing have taken place. This she explained is a result of the strong convictions held about religion and spirituality in medicine. She recounts an incident where a patient suffering from post-partum 'eclampsia' (an illness



that sometimes occurs during the later stages of pregnancy and involves high blood pressure and convulsions, sometimes followed by a coma) got healed through faith. Its cause is unknown and may affect a woman before, during and after pregnancy. According to Boadi, due to its unknown cause, eclampsia has attracted many notions that it is a spiritual disease. Because of this, many people may want to deal with it spiritually. After six weeks of prayers by religious people and relatives Boadi disclosed that the patient got healed. She confessed that individuals treated of any form of 'eclampsia' scientifically do not fully get healed (thus, when by scientific medicine alone). This goes on to affirm the view of Sommerville (2012) that diseases with spiritual causes can well be treated through devoutness and spirituality. Though health attendants are not against individuals' spirituality, religious items like talisman, amulets, rings and the likes are not permitted to be used by patients. This, Boadi said, is to prevent further injury to patients and not to dispose them of their faith.

Also, Agyemang Boateng (Medical Director, SDAH) provided some evidence to justify the impact of spirituality on disease treatment. He stated that the physical, mental and spiritual aspects involved in healing can work together for the benefit of the patient. It does not have to be one way, at the expense of the other. "As an example, we recently had a breast cancer patient who had-one treatment-of-ehemtherapy and spiritual healing. In two weeks, her tumors had shrunk by two centimeters, to the great surprise of her physician (an oncologist). This is where the two systems of treatment (spirituality and medicine) can work together, productively, for the benefit of the patient". We have had patients who required surgery. They received spiritual healing before and after the operation and their recovery time was reduced by one third.

Boateng opined that if the patient can receive treatment for the physical illness, and at the same time undergo a spiritual change, then the healing operates at a much deeper and profound level. He stipulated that just removing the physical symptoms of a disease, without undergoing



a spiritual healing, could result in the spiritual disharmony manifesting in another disease at a later date. In addition, he affirmed that patients who combined medical treatment with spirituality for a physical ailment reported to be much more holistically strong than they used to be.

Akwasi Owusu-Bi (Head Pastor of Rhema Salvation Ministry -RSM) also reported of getting healed from a cardiovascular disorder which affected him for several for years. This according to him affected his physical life causing him to get tired more often than usual. He reported that after all various medication and technological treatment have proven futile and was preparing to undergo surgery, he one day got healed through prayer. He recounted that after receiving a calling from God to start a ministry, he prayed to God for strength due to his heart problems. As part of the work to start this mission, he woke up one day to meet a friend pastor. To-his surprise he-fōüñTfrfrKself running with no sign of tiredness. Laboratory test later yoved him healed of his heart disorder. He added that till today he has not receive any sign of the existence of the disease for over fifteen years.

Again, Kwasi Owusu-Bi gave a second account of his personal experience with spiritual healing after suffering a shoulder dislocation which emanated from an expansion of a shoulder ligament. Due to its complicatedness he was send to Korle-Bu for a surgery to be conducted. Similar ligament was to be taken from the hip muscle to repair his dislocated shoulder. Owusu-Bi recounted that a day before this surgery, he prayed to God for divine deliverance. He mentioned that in his prayer he told God that he was healthy, strong and fit when God called him into the ministry. He added that he challenged God to restore him back to his normal healthy life. When he was taking his bath the following morning to prepare for Accra, he failed to recall of his dislocated shoulder. To his surprise he had already engaged his injured hand in washing his hair but quickly dropped it down when he remembered the injury. However, that marked the end of his shoulder dislocation. Several scientific test conducted



revealed that the injury was no more. As a result of that the surgery became irrelevant and he has since not received any sign of the injury anymore.

In addition, many respondents recounted of having received spiritual healing from many different diseases. Some of the diseases they mentioned included; fever, arthritis, typhoid, rheumatism, epilepsy, stomach ache and ulcer, headache, prostate cancer, malaria, cough, impotence, jaundice and fibroid. That notwithstanding, a number of seven health professionals in an interview recounted several incidence of people particular females who have given birth through spirituality and religion after being proven infertile in the laboratory.

#### 4.1 Religious Beliefs and Practices in Disease Treatment

Again respondents shared their views on the roles of religious beliefs and practices in diseases treatment. According to them, whether you are religious or irreligious, your beliefs may affect the body and daily life events. Care must be taken that the non-religious physician does not underestimate the importance of the patient's belief system. Prince Sarpong who is a physician assistant (KATH) in an interview posited that the physician who believes differently than the patient, does not need to impose his or her beliefs onto the patient at this time of special vulnerability. In both cases, the principle of the respect of autonomy of the patient should be respected. It must transcend the ideology of the physician.

Also, Edward A. Obeng (lecturer -Nursing Training School -SDAH) was of the view that it is clear that religious beliefs are important to our lives as individuals. He reported that many physicians and nurses as well as other health professionals have impressions that the beliefs and religious practices of patients have a profound effect upon their experiences with illness and the threat of dying. In view of this, Obeng therefore mentioned that it is generally accepted that health professionals reconsider the religious affiliations of patients. He believed that it is



through this correlationship that a reduction in the incidence of some diseases like hypertension, cancer, diabetes, mental disorders and coronary artery disease can be achieved.

Obeng further added that regardtš-7fiÑãrown belief system, physicians should not allow their own bias to blind them to the appreciation of the possibility that religion and spiritual beliefs play an important role for many of their patients. When illness threatens the health,





and possibly the life of an individual, that person is likely to come to the physician with both physical symptoms and spiritual issues in mind. Through these two channels, medicine and religion -particularly beliefs and practices -humans grapple with common issues of infirmity, suffering, seclusion, depression and death, while searching for meaning, purpose and comfort in the crisis of illness.

#### 4.8 The Future of Spirituality in Disease Treatment in the Kumasi Metropolis

Finally, respondents were asked questions with respect to the future of spirituality in disease treatment in Ghana. 57% of them opined that spirituality can and should be permitted in the treatment of diseases, but 28% did not hold same. Equal number of respondent held divergent views concerning the recognition of spiritual healing in modern hospitals and medical institutions. Many health professionals through interview revealed that such recognition will be problematic not only for them but patients as well.

Respondents asserted that for spiritual healing to exist and have a bright future in health care, the following need to be considered.

- Religion and spirituality must remain independent and not interfere with medicine and medical services. For them, spiritual healing must stay separate from scientific medical treatments. \_\_\_\_\_
- For-spirituality to exist within the realm of medicine the role of hospital and clinic chaplains needed to be recognised and intensified.



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- Since spirituality and medicine stand for a common purpose in caring for humans both must be allowed to merge for the betterment of humanity. The need for prayers, devotion and religious services in medical centers should be recognised because they seek to address human needs.
- For spirituality to have a bright future it is to notify and dichotomise between diseases which needed spirituality on one hand and medicine on the other. This is because respondent believed that not all diseases needed medicine and vise-versa. Also, proper measures needed to be put in place to check individuals who would like to misuse medicine.
- Finally, health personnels, patients and the general public needed to be educated as to when to apply medicine and seek spiritual assistance. Individuals need to understand and appreciate both forms of treatment to ensure holistic treatment.
- There is also another way of bringing spirituality into medicine. If disease is seen as a result of a disharmony in the body, mind and spirit, the normal medical steps would be taken to eradicate the physical causes of the disease. At the same time, the patient could look at the spiritual causes by deepening their spiritual understanding, thereby enabling a deeper healing to take place.

Significantly, AsarvBoateng, Ebenezer Adade, Esther Peprah and Wilhermina Boadi among several interviewees opined that the institutionalization of spirituality in health institutions is relevant. They posit that spirituality must exist before, during and after treatment. There is no need to introduce spirituality when things become difficult halfway through.



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#### 4.9 Conclusion

In all, the chapter in its totality presents the people's awareness of the relationship between religion, spirituality and medicine and the impact of that relationship on disease treatment and health care in general. The data above gives a fair presentation of the views of residents in the Kumasi metropolis. Religion and spirituality exist as real entities in the lives of many Ghanaians. Persons may hold powerful spiritual beliefs and religious traditions capable of affecting their lives both physical and spiritual. These religious beliefs and spiritual faith according to respondents shape and inform the daily events of adherents. On the other hand, medicine and health care exist as an institution in managing infirmities and other disorders that affect the physical body. Responses received therefore indicate that respondents accept the fact that the physical aspect of man is as important as the spiritual. It is therefore significant to realise that spirituality and medicine are two distinct entities aimed at addressing human needs. They may come together to guarantee healing holistically.



## SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Introduction

The preceding chapter presented findings obtained from respondents on the field. The chapter discussed views of respondents in respect of the meaning of the relationship and impact of religion and spirituality on disease treatment and health care. It was further realised that the relationship between religion and medicine has been one of two distinct fields of knowledge yet understood in the realm of disease treatment. The enormous impact of religion and spirituality on disease treatment therefore presents a new sense of awareness among many individuals who suffer ill-health. However, this present chapter gives a presentation of the general conclusion to the entire research work. It discusses observations witnessed in the research while outlining some recommendations aimed at reposting problems posed by religion-medicine relations in Ghana.

### 5.2 Summary

The research involved five chapters aimed at assessing the impact of religion and spirituality on medicine and health care. The first chapter of the research work presented the introduction to the entire work. It discussed the general background to the study and the methodology that is mainly employed in the research work. It also discussed the major problems that in diverse ways necessitated the research. It again reviewed various scholarly literature on the theme of the research to give a clearer idea of what the research is about.

The second chapter discussed the need for good health and the various forms of medicine and health care aimed at promoting health. It looked at the different forms of medicine used in the treatment of diseases and injuries which affect individuals within the country. It underscored



the fact that in many ways medicine serves as the major means by which individuals treat disorders that affect their physical health. In all, it indicated the relevance of medicine in health care to maintain and promote health.

Again, discussed in the third chapter was the relationship between religion, spirituality and medicine. It outlined the contributions of religion and spirituality to healing and the treatment of diseases. It as well identified the impact of religion and spirituality on medicine and health care in general.

The fourth chapter presented findings obtained from the field. It investigated the relationship between religion, spirituality and medicine as well as its impact on the treatment of diseases in the Kumasi metropolis. It reported findings as obtained from respondents in an attempt to assess the impact of religion-medicine relations in Ghana.

The research in its final chapter concludes the entire research work by outlining some significant observations. It ~~further outlines several~~ recommendations in respect of the challenges posed by religion-medicine relations in Ghana. In all, the chapters sought to



establish the fact that religion and spirituality relevantly exist in medicine and have proven worthy and relevant in health care.

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### 5.3 Observations

The research through investigations reveals substantial evidences that point to links between religion, spirituality and diseases treatment among many Ghanaians. In the research are several observations which emanates from the relationship. These observations are realised in the wake of unraveling the impact which religion and medicine brings to bear on disease treatment. Indeed it must be said that these observations are set to explain diverse issues which necessitated this research. Explained below are a number of these observations identified in the research work.

#### a. Relationship between Religion and Spirituality

It was observed that though Spirituality relates religion in several ways, they can as well be different from each other. In the research, it was realised that the relationship between religion and spirituality can be noticed from several dimensions. On the field, this relationship was realised in three areas. The first of it is the fact that the world of the supernatural is realised in both spirituality and religion. They both teach about humans' connection with a supreme reality—elements of the metaphysical world. They may involve basically the world of spirits in achieving a purpose. Secondly, religion and spirituality are related due to the fact that they both teach about the belief in life after death.



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It was finally observed that religion and spirituality deal with faith without which they may cease to exist. Through these arguments the relationship between the two are realised.

However, several scholars including Koenig (2008) have argued that though religion and spirituality may share a similar meaning, the later may have other meanings that will disassociate it from the former. As noted earlier their argument is that spirituality may be used to represent other concepts including secular concepts like music and art. However, it is difficult to distinguish between religion and spirituality. Indeed an attempt to distinguish them can easily alienate readers (Koenig 2008:16). Also, some respondents in an interview agreed with these scholars when they posited that there can be several types of spirituality. They argued that though religion and spirituality deal with the world of the spirits, an extension of spirituality dealing with the spirit of the dead disassociate it from religion. It is indeed clear that religion and spirituality relates each other. However this does not dispute the fact that spirituality can mean differently from religion. It can therefore be said that though spirituality relates religion, it offers several secular concepts which sometimes may disassociate it from religion.

### b. Religion and Spirituality in Relation to Medicine

Universally, religion and spirituality are two common aspects different from medicine. However, religion and spirituality historically share a great connection with medicine and disease treatment for that matter—They have existed alongside each other since time



memorial to restore and maintain health. On one hand, it was observed that spirituality have existed alongside medicine particularly in traditional societies. For several years, traditional medicine has existed involving religious rituals and spiritual customs aimed at improving its efficacy. This is to say that religion and spirituality have existed in the realm of (traditional) medicine thereby relating them. The two can therefore be said to be inseparable.

On another hand, scientific medicine combined with religion and spirituality have informed the treatment of diseases since its evolvment in ancient Greece. This is made evident in the names of gods mentioned in the original version of the Hippocratic Oath. These were deities believed to be healer gods who influenced the application of medicine on the scientific front. However, these deities are no longer mentioned in the Oath due to the variant faiths exhibited by practitioners of medicine in recent years. The mentioning of names of deities believed to be healer gods in the Oath is considered in other religions as idolatry. A recognition of such deities tend to turn practitioners against their teachings. For in the Christian faith, adherents are indoctrinated not to have any other deity beside God. However, this does not in any way destroys the relationship which scientific medicine shares with religion and spirituality. It rather provides new dimensions to the relationship between religion and medicine. It only provides a room for other faiths in modern medicine thereby enhancing religion-medicine relations. This therefore points out the fact that there is a possible relationship and connection between religion and medicine, in that, they share a common property of promoting health. Both are geared toward addressing the needs of humanity since there are diseases with spiritual causes, there is also the need for spiritual

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treatment.



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### c. Nature of the Relationship between Religion, Spirituality and Medicine

Once again, it was observed that beside their relatedness, religion and spirituality serve several roles to humans. The research revealed that religion and spirituality create in humans a sense of belongingness and relationship with the supernatural leading to the prevention of diseases. They again provide meaning for human existence, healing and restoration of both physical and spiritual health. In this sense, many respondents considered religion and spirituality as medicine. Moreover, according to them, they as well give meaning to medicine and disease treatment, in that, they postulate the source of medicine and the cause of diseases and injuries to the spirits. However, the purpose of medicine is solely to heal the physical body but religion and spirituality may combine with medicine to ensure healing holistically. This points out the fact that though medicine plays a significant role in maintaining health, religion and spirituality need to be reconsidered to make healing complete.

That notwithstanding, since the human person is a religious being, it is therefore imperative to give recognition to his/her spiritual make-up for healing to be holistic. Attending to the spiritual dimension of the patient can provide the physician with in-depth understanding of the patient and his or her needs. The physician may use a variety of spiritually informed therapeutic tools that can greatly facilitate the patient's coping ability, thus enhancing wellbeing. It is interesting to note the World Health Organisation (WHO), in recent times, defines health to include not only the physical, social, emotional and the psychological aspects of humans, but spiritual make-up of individuals too. It is through this that religion



and spirituality will enjoy a genial relationship with medicine and health care in Ghana. The nature of this relationship can therefore be said to be good and must be allowed to exist for the good of the people.

#### d. Impact of Religion and Spirituality on Medicine and Health Care

It is interesting to note that there are several impact of religion and spirituality on health care and disease treatment, in particular, in many human societies. Such impact can be said to influence medication and disease treatment among the people of Kumasi. Some of these impacts as noted in the previous chapter can be positive as well as negative. It is foremost imperative to assess and understand the various influences of religion and spirituality as institutions on all aspects of human life with particular reference to health and disease treatment in Ghana. The question which are being answered here are that what role does religion and spirituality play when it comes to the treatment of diseases and how necessary is the role? In assessing the impact of religion and spirituality on medicine, it will therefore be appropriate to consider first those that are positive followed by the negative ones.

On one hand, in the research, it came to be realized that an experience of spiritual healing has a propensity of ensuring holistic health and healing. Data received above attest to the fact that religion and-spirituality contribute immensely to complete health. It is a form of

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healing or treating diseases that ensures that both the body and soul are relief in a complete manner: This is to say that the contributions of spirituality in the area of health care does not only influence the physical body, but the soul or spirit as well.



Again the contributions of religion and spirituality in bringing a positive solution do not only restore health but strengthen religious faith and individual spirituality. It heightens the individual and collective awareness of the supernatural and the world of the spirits over humans. Moreover, spiritual healing in several instances has led to religious commitment thereby enhancing one's duty towards his/her religion.

It further establishes the fact that behind medicine and health care is a supreme reality that has the power to inform medicine and healing. Through the various experiences told by informants in the previous chapter, the nature of medicine is such that it must be viewed not only from the secular dimension but sacred or religious as well. This is to posit that in treating diseases and injuries there should be the consideration of the supernatural which has proven to influence almost all facet of human life. It must be established that the presence of religion and spirituality in a whole emphasises the significant purpose in accelerating treatment and health restoration though it was reported by many informants that not all infirmities can be spiritually treated.

Moreover, it was observed that religious beliefs and practices induce healing and treatment. From the various experiences obtained from informants, it is important to appreciate the role of sacred beliefs and practices that individuals' adhere to. Many patients tend to be religious believing in several sacred beliefs and traditions. They have beliefs and traditions that relate their health and With problems—often-give rise to spiritual needs. It is disclosed in the research that religious belief will frequently influence the kind of infirmities and health care that patients go through. They may affect how patients cope with illnesses and injuries. Such



beliefs and practices assist patients to maintain hope and motivation toward self-care in the midst of disorders.

Last but not least, it is to be said that spirituality and religion as realised in the research must begin the art of medicine and healing. It must exist before, during and after treatment. Significantly, it was observed that most informants insisted on the need for prayers, meditation and spiritual assistance before, during and after treatment. They called for the institutionalization of spiritual treatment to facilitate healing holistically. The inclusion of religion and spirituality in modern medicine and disease treatment has become very crucial in the sense that it has led to the healing of various diseases and injuries that modern medicine can hardly treat. However, it was observed from many physicians that it is not appropriate to establish spiritual healing in modern treatment in hospitals and medical fields. It was rather stated that recognition can be given herbalist and traditional healers than to spiritual healers. However, they posited that spiritual healers may be prescribed to patients whose diseases are beyond the reach of medicine and other forms of physical treatment of diseases. This is to say that these physicians do accept the inevitability of spirituality in modern treatment of diseases. Conversely, recognition can therefore be given to religion and spirituality in modern medicine through the role of chaplains. This is to posit that spirituality in modern health care can consciously exist through religious chaplains who share the responsibility to provide spiritual assistance to patients. Nonetheless it must be concluded

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that religion and spirituality permeates medicine and health care. Nonetheless, it can be said to permeate medicine irrespective of agents like religious chaplains and ministers.



On the other hand, the research outlined few observations that sought to nullify the impact of religion and spirituality on medicine and health care. First among them is the fact that the inclusion of religion and spirituality in disease treatment does nothing than leading to lack of confidence in physical and secular treatment of diseases. This according to informants challenges the credibility of secular treatment. As a result of this, the patronage of such forms of treatment is affected. This in their view seeks to depreciate modern medicine which they believe exist outside spirituality.

Again, it was observed that healing that may be based on spirituality and religion will through time lead to over-reliance on spiritual/faith healing at the neglect of secular treatment as noted earlier. Until equal recognition is given both secular and spiritual treatment, over-reliance on any of the two forms of treatment cannot be halted.

Finally it was observed that an over —reliance on spiritual healing has directly or indirectly led to the influx of patients in religious camps rather than hospitals. Meanwhile such patients could have obtained better treatment and care in proper health care centers than in the camps. Many were of the view that these camps will only prevent proper care and eventually complicate their disorder and thereby endangering their health. As a matter of fact these problems need to be solved in order to harmonise the relationship between religion, spirituality and medicine.

#### e. Addressing Notions held with-RGFWoReligion-Medicine Relations

The research further addressed several notions outlined in the first chapter held with respect to religion-medicine relations among several individuals. First among these observations



was the fact that indeed some medical professional in exercising their duties consider both religion and spirituality not only in treating disease among their patients but in their line of work as well. They believed that it is worth considering the spiritual aspect of humans. This they claim facilitates the healing process that individuals go through. The inclusion of spirituality in the definition of health prepares the way for health professionals to consider healing holistically. It is made evident in the research that several individuals in one way or another have encountered spiritual healing. However, this was not the same among all people. This is to say that the existence of religion and spirituality in the treatment of diseases was not accepted or realised by some section of respondents.

It was again observed that indeed religious faith and its associated practices do affect disease and injury treatment. The impact of faith in the lives of the people of Kumasi cannot be underestimated. From respondents, the enormous role of religious conviction in the area of health care has sought to facilitate health restoration. It impacts medicine and health care by facilitating healing which is greatly cherished when struck by an infirmity. It must again be stated that religious faith does not impact medicine solely in the life of the poor and underprivileged. From the research we came to the realization that all manner of persons are capable of experiencing spiritual healing through faith and hope.

The level of an individual's faith needed to ensure spiritual healing is never testable. An attempt to test people's faith in one way or other will prove problematic. This is because faith is an abstract thing which cannot be measured physically. Healing through faith is metaphysical and therefore cannot be physically measured. This is because scientific investigations are not permissible in the spiritual realm. This therefore prevents faith healing



from being scientifically tested and examined. The impact of religion and spirituality is great and enormous on medicine and disease treatment. It has led to the frequent occurrence of spiritual/faith healing among patients and residence in Kumasi, thereby maintaining their health -the vehicle for human development.

#### 5.4 Conclusion

It can be said that the evidence of an association between religion, spirituality, modern medicine and health care is weak and inconsistent among many in our part of the world. Several views are held with regard to their relationship in contemporary societies. An attempt to link these distinct aspects in the opinion of many scientific minds may seem problematic. This is because they hold that it is premature to relate faith and religion to scientific medical treatments. Nonetheless, caution is required as there is often that temptation to conclude that religion and spirituality are not relevant in medicine and for that matter disease treatment. Finding the proper distinctions and similarities between religion, spirituality, medicine and health care is especially important for identifying their exact causes on health and healing. Particularly, illness can be a great medium for inner spiritual change. However, it is very important to understand that just because you are ill, does not mean you have done something wrong.-qn any way,-it-hãĎÉstated that getting affected with fatal and other degenerative diseases, to a larger extent, establishes a deep spiritual awareness for illness. Imperatively, it is worth noting that the human person has both physical and spiritual components which require proper and equal attention. This will help appreciate and explain more, how our bodies, mind, emotions and spirituality can cooperate together in the various



process of our human life including healing. As scientific progress brought great advances in medicine, Hale (2006) has made us aware that the spiritual and mental aspects of healing were put on one side. However it is of great benefit to be aware and understand the fact that man has a mental and spiritual aspect which when recognised ensures good health.

It must further be said that religion and spirituality shares a long history with medicine and disease treatment in general dating back to ancient civilization. For instance medicine in ancient Greece existed alongside religion and spirituality. The work of healing was partially the duty of the god as well as the physician. In the same vein, traditional African medicine was practiced alongside religion and spirituality (Quarcoopome, 1987). Indeed, religion and spirituality exist as real entities in the lives of many individuals in Ghana, though, the later is realised by many through religion. In the assessment of the impact or religion and spirituality on medicine and health care, it is evident that injuries and diseases cannot only be dealt with in the realm of modern medicine but religion and spirituality as well. This is because for several years, medicine has proven eligible treating infirmities of various kind affecting the physical body but religion and spirituality heals both the body and soul (spirit). However, even on several occasions, medicines have proven futile in the case of certain diseases. On such occasions, religion and spirituality were prescribed by health professionals to patients.



As part of the healing process, religion and spirituality play significant roles in the life of medical doctors and complementary practitioners when taking vital medical decisions. Spirituality and religion in several ways have sought to facilitate the healing process and thereby ensure that individuals obtain their full health. Indeed, it must be said that there is much deliberation in recent years about the role of spirituality and religion in medicine. Researches of this nature are needed to understand how these aspects of human life affect each other.

There is therefore growing evidence substantiating the involvement of faith, religious belief and practices on infirmities and disorders that affect the physical body. This is because many patients and health professionals have exhibited the need for spiritual comfort. This therefore calls for a stronger acceptance and recognition of religious faith, beliefs and practices in the lives of individuals. And in reaching this stage, health professionals need to be trained to assess and respect the religious faith, beliefs and spirituality of patients. Therefore in this assessment, it can be said that the role of spirits, sacred or the supernatural is important and inevitable in treating infirmities which affect the health of many people in Ghana. In that sense, they may exist together relevantly in the quest for holistic health.

## 5.5 Recommendations

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The research makes several recommendations that seek to riposte challenges encountered in religion-medicine relations within the Kumasi metropolis. In recent years, patients and some members of the medical community have expressed the concern that doctors too often



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ignore the spiritual concerns of patients. Patients can and should expect their physicians to respect their beliefs and be able to talk with them about their spiritual concerns in a respectable and caring manner. Medical schools must teach their students how to meet these expectations, and health care systems need to provide practical environments that foster spiritual caregiving. Medical educators are to recognize the need to bring the art of spiritual and faith healing into the medical school curriculum. The study of spirituality and medicine must describe patients' desire to have their spiritual issues addressed by their physicians and the potential health benefits of spiritual beliefs.

Also, medical practitioners and individuals alike with experiences on spiritual healing must be allowed to share their experiences to heighten the relationship that exist between religion and medicine. Particularly, practitioners with in-depth knowledge of how spirituality and religion work in medicine should be given the platform during medical conferences and workshops (by the Ministry of Health —MOH) to elaborate on its relevance in contemporary health care. Individuals with experience in both forms of healing (i.e. spiritual healing and medical treatment) must also be allowed to discuss its relevance to human health. This is in reference to individuals who are spiritual/religious leaders and at the same time medical professionals. This could help broaden the scope of spirituality in human health care.

Again, it must be recommended that there should be a high consideration of the spiritual aspect of all humans in every human institution. This is because spirituality forms a major aspect of the human life. Since major issues which affect humanity can have both spiritual



and physical cause, it will be inappropriate to denounce the spiritual side of it. Inasmuch as we give much credence to physical treatment, health attendants must endeavor to consider and hold in high esteem the spiritual and religious aspects of treatment in their line of work. Religious and spiritual treatment must be fully exercised in order to promote healing holistically.

Moreover, the relationship between religion, spirituality and medicine, though exist in modern treatment of diseases, need to be given a formal attention. It is believed that the institutionalization of spiritual healing in modern medicine needs proper recognition to make it available to everyone. In fact the relegation of religious and spiritual assistance needs to be halted to make way for spiritual care. Through this assistance, patients will be privileged with care, hope and comfort, particularly among those who suffer terminal illnesses. This therefore calls for the extension of the role of chaplains and other representatives from other religion in hospitals and medical institution. The importance of having strong pastoral care department in hospitals to ensure that patients meet their spiritual needs requires to be addressed. There should also be a national policy (by the Ministry of Health) for hospitals to have well-trained chaplains who must be given adequate salaries. These chaplains must be endowed with proper Clinical Pastoral care Education in order equip them diligently for the task they seek to accomplish. Also, health care workers including security personnel must be educated to respect people's religion and spirituality.

Nonetheless, it was realised in the research that some section of informants were against the institutionalization of spiritualism in modern health care though they are aware of its



presence. It is to be said that even if religious and spiritual involvement were completely unrelated to physical health and medical outcomes, however, integrating spirituality in patient care should still be a priority. This argument is supported by the fact that the celebration of morning religious services and personal religious devotions by health professionals in medical centers before commencing their work has always been allowed. This is because many medical patients have spiritual needs and spiritual conflicts to settle. And in doing so, respect and accommodation must be made for patients' spiritual faith, beliefs and practices when training health professionals (Koenig 2008: 173).

Finally, it has to be posited that though it is of great importance to realise religion and spirituality on medicine care must be taken not to over-rely on spiritual healing at the neglect of medical treatment of diseases. Therefore in addressing the problem of overreliance on spiritual healing, individuals, particularly patients must think of how best to address issues affecting their health. They should know when to and when not to seek spiritual assistance. This is because it has earlier been realised in the research that overreliance on spiritual form of treatment is likely to lead to lack of confidence in scientific and physical form of disease treatment. It must be stated that both the physical and spiritual forms of treatment stand relevant in the quest' for holistic treatment of health. It must further

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be stated that care must be taken so that reliance on spiritual healing does not in any way ~~sitate~~ an influx of medical patients in some religious camps in the country. This will help ensure that patients receive the best form of treatment whether medical or spiritual that

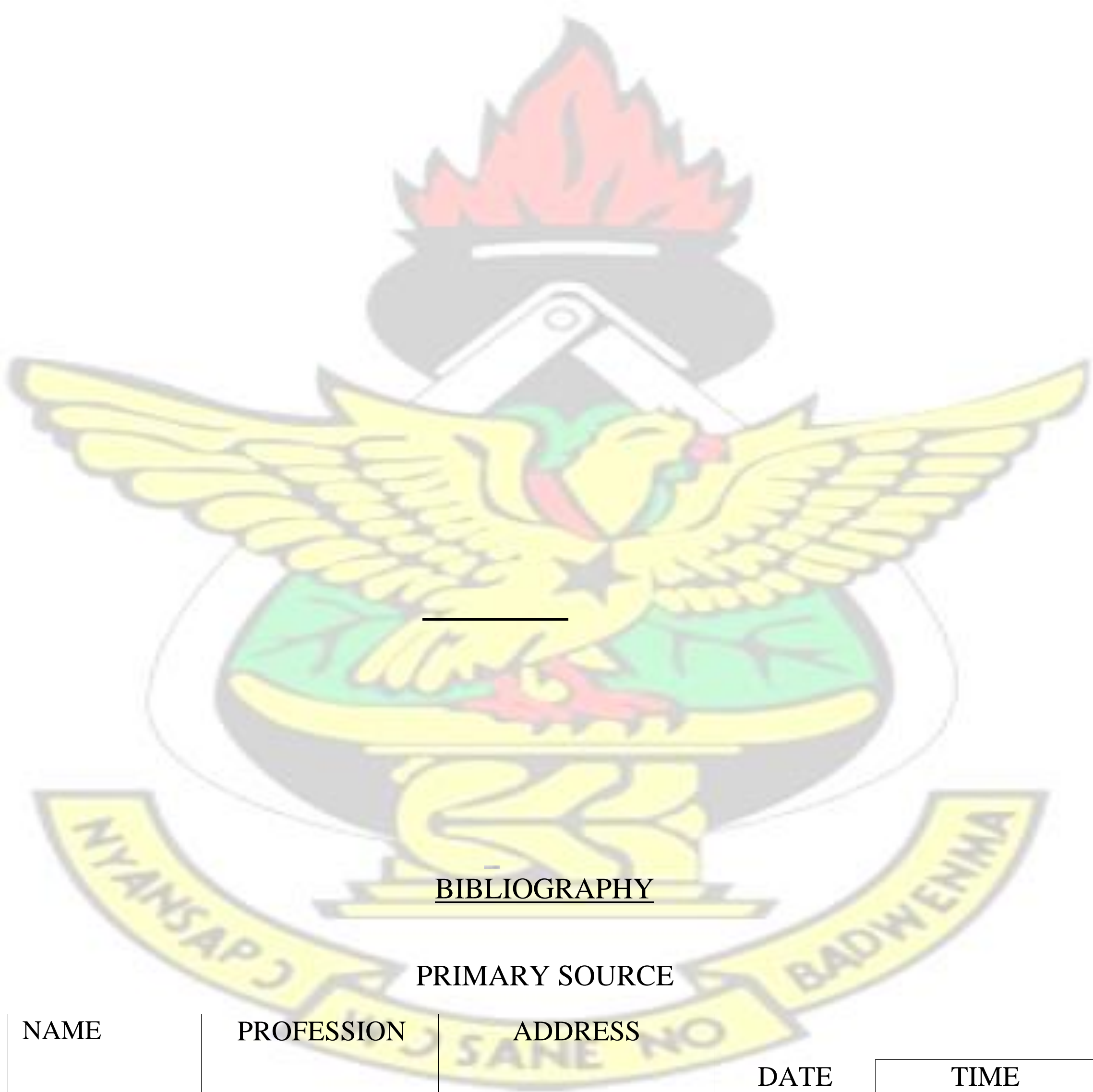
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needs to be applied. It is to be pointed out that the acceptance and recognition of spiritual form of treatment in modern health care will only help control and even eradicate the menace posed by the influx of medical patients in religious camps. The burden is therefore upon the central government and individuals alike to take up the duty of helping bring out the relevance



of spiritual healing. It is the duty of families, religious bodies and the medical and health care professionals to present the awareness of the need for both forms of treatment for complete health restoration.

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NAME	PROFESSION	ADDRESS	DATE	TIME
Kwabena Abebrese	Tradition Priest	Peace and love Palace, Meduma-Kumasi	30/1/2013	8:00am • 10:00am



Wilhermina Boadi	Staff Mid-wife	Komfo Anokye Teaching Hospital (KATH), Kumasi	27/1/2013	4:00pm 6:00pm
Dr. Agyemang Boateng	Medical Doctor/Director	SDA-Hospital (Kwadaso-Kumasi) Ghana Adventist Health Service	31/1/2013	2:10pm 3:00pm
Dr. Bernice Kissi	Physician Assistant	SDA-Hospital, Kwadaso-Kumasi	31/1/2013	12:15 I :00pm
Esther Peprah	Staff Mid-wife		16/12/2012	7:30pm 8: 15pm
Rev. Abeechu	Herbalist/Minister of God	Abeechu Herbal Centre (MedumaKumasi)	29/1/2013	2:30pm 3: 15pm
Dr. Ebenezer Adade	Physician	SDA-Hospital, Kwadaso-Kumasi	31/1/2013	I :00pm I :50pm
Rev. Dr. Akwasi Owusu-Bi	Lecturer and Religious Minister	KNUST and Rhemar Salvation Ministry (Ayeduase New-Site)	03/04/2013	1:15pm2:05pm
Derrick Agyemang	Laboratory Officer	Komfo Anokye eaching Hospital(KATH), Kumasi	03/04/2013	9:10am— IO:OOam

Kofi Sarfo	Pastor	Knight of Jesus Christ Ministry —Bantama, Kumasi	26/04/2013	7:00. 7:40pm
Mavis Afriyie	Patient	SDA Hospital	31/1/2013	10:00 1 1:10 am
Sandra Odame	Patient	University Hospital	26/4/2013	12:20 I pm
Obeng Amoah Edward	Lecturer	Nursing Training College -SDA Hospital	30/1/2013	9:00 10:25 am



Maxwell Kofi	Health assistant		16/02/2013	6:107: I Opm
Yaw Ababio	Herbalist	Yaba Super Herbal Centre, Tafo- Pankrono	27/1/2013	10:301 1:20am
Dr. Asare Boateng	Physician	KATH -Kumasi	28/3/2013	7:008: 15pm
Prince Sarpong	Physician Assistant		21/3/2013	4:005:00pm
Jacob Appiah	Patient	KATH -Kumasi	20/03/2013	2:002:55pm
Serwaa Nyarko	Patient	University hospital	15/04/203	1 1:15am12:00pm
Esther Ahorsu	Patient	University hospital	15/04.203	12:251:10pm
Felicia Pokua	atient	University hospital	15/04/2013	1:152:00pm

Michael Adjei	Health Assistant	Emena Hospital, Kumasi	13/04/2013	3:204:10pm
Twumasi Appiah Samson	Herbalist	Atwima- Twedee	13/05/2013	2:00 3:20pm
Kwame boateng	Herbalist	Atwima-Takyiman	13/05/2013	3:00 4: 15pm
Samuel Nsiah	Pastor	Pentecost Salvation, Atwima-Takyiman	14/05/2013	3:00 4:00pm
Kwabena Oppong		Atwima-Takyiman	17/05/2013	10:00 1 1:15am
Faustina Asare	Nurse	University Hospital	8/06/2013	6:006:35pm



Sylvester Adjei	Physician Assitant		14/06/2013	5:15 5:50pm
Nana Kwabena Boadi	Herbalist and Spiritualist	Tafo-Pankrono, Kumasi	22/06/2013	1 1:45 12:55pm
Emmanuel Assumeng		Rhema Salvation Ministry	27/06/2013	2:00 3:25pm

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## GLOSSARY

### Allopathic Medicine:

The medical treatment of diseases by the use of remedies whose effects differ from those produced by that disease.

### Dementia:

It is a form of cognitive and intellectual deterioration. It is a disorder that affects the brain. It may result in an unusual progressive deterioration of cognitive and intellectual functions.

### Eclampsia:

The occurrence of convulsions or fits in a pregnant woman who has other signs of pregnancy-induced hypertension.

### Hippocratic Oath:

It is an oath stating the obligations and proper conduct of doctors, formerly taken by those who began medical practice in Ancient Greece. It is widely believed to have been written by Hippocrates, who is often regarded as the father of western medicine or by one of his students. The oath was originally written in Ionic Greek in the late 5th century BC and is usually included in the Hippocratic Corpus (collection of over 60 Ancient Greek Medical Works of Hippocratic Oath is one of the most widely known of Greek medical texts.

### English Translation;

»d •Il »d to my  
\*slity »d

I swear by Apollo Physician and Asclpius u'd Hygieia »d  
goddesses, making them my witnesses, that I will fulfill  
judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents to live my life in partnership with him, and if he is in need of money to give him a of mine. nd to regard his offspring as equal to my brothers in male lineage and to teach them this ul •if they desire to learn it - without fee and covenant; to give a share of precepts and oral instruction and all the other



learning to my sons and to the sons of him who has instructed me and to Bjpils who have signed the covenant and have taken an oath according to the medical law, no one else.

I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will give to a woman an abortive remedy.

In purity and holiness I will guard my life and my art. I will not use the knife, even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work. Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves. What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about.

If I fulfill this oath and do not violate it, may it be granted to me to enjoy life and art, being honored with fame among all men for all time to come; if I transgress it and swear falsely, may the opposite of all this be my lot (Edelstein, 1943).

## Hydropathic Medicine: \_\_\_\_\_

It is also referred to as water therapy. It is basically the treatment of injuries and diseases by applying water both internally and externally.

## Insomnia:

It is a moment of difficulty in sleeping. It comes about as a result of several factors including stress and restlessness. Individuals who suffer insomnia are unable to fall asleep or remain asleep long enough to be rested and refreshed.



to investigate the relationship between religion and science, and the impact of religion and spirituality on scientific research.

# Introduction

This questionnaire is design to investigate the relationship between religion, medicine and health care. It is to assess the impact of religion and spirituality on scientific medicine and health care. I guarantee that any information provided shall be treated confidential and not in contravention to the purpose for which it is obtained.

## SECTION A: Demographic Background

- 
1. Sex            a) Male ☐ b) Female ☐
  2. Age           a) 13-19 ☐ b) 20-34 ☐ c) 35-54 ☐ d) 55 and above ☐
  3. Marital Status   a) Single ☐ b) Married ☐ c) Separated ☐
  4. Occupation   a) Health personnel ☐ b) Religious Leaders ☐ c) Others .....
  5. Educational Background   a) None ☐ b) Basic ☐ c) SHS ☐ d) Tertiary Institution ☐
  6. Religion   a) Christianity ☐ b) Islam ☐ c) Traditional ☐ d) Others .....

## SECTION B: Religion, Spirituality and Medicine

7. Do you have any idea about what religion, spirituality, medicine and health care are? a) Yes ☐ b) No ☐

8. If 'yes' what are they?

tv

- a) Religion
- b) Spirituality



c) Medicine .....

d) Health care .....

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9. Is religion the same as spirituality? a) Yes ☐ b) No ☒

a) If yes' how?

.....

b) If 'no' why? .

.....

10. Is there a possible relationship between religion/spirituality and scientific medicine? a) Yes ☐ b) No ☒

11. Do religion and medicine share any relationship in the traditional society? a) Yes ☒ b) No ☐

12. Has the traditional concept of spirituality-medicine relations influenced spirituality in modern medicine and health care? a) Yes ☒ b) No ☐

SECTION C: Evidence of a relationship between Spirituality and Medicine

14. Must all diseases, ailments, injuries and disorders be treated by medicine or by spirituality?

a) Medicine ☐ b) Spirituality ☒

a) If 'medicine why? .....

b) If spirituality why? .....

15. If diseases can be treated by spirituality and religion, what are the elements needed for religious/spirituality healing? .....

16. Can any of the elements listed above be scientifically measured to know of its healing potency? a) Yes ☒ b) No ☐

a) If yes' how? .....

b) If 'no' why? .....



SECTION D: Impact of Spiritual Healing

- 17.Which group of individuals is likely to experience religious/spiritual healing? a) Children [J  
b) teenagers [J c) youth [J d) adults [J e) all [J
- 18.Does religious faith or spirituality impact medicine and health care solely in the life of the  
poor? a) Yes [J b) No [J
- 19.Have you experience any form of spiritual healing before? a) Yes [J b) No [J
- a) If 'yes' how did it happen?.....
20. Does spiritual healing come with any impact/influence? a) Yes t) b) No [J
21. If 'yes' what are some of the impacts on individuals?.....
22. Are individuals who receive spiritual healing likely to reject scientific medicine and  
health care? a) Yes [J b) No [J
23. Is spiritual healing as good as scientific treatment of diseases? a) Yes [J b) No [J

SECTION E: The Future of Spiritual Healing

24. Can and should spirituality be permitted in scientific medicine and health care? a)Yes (l  
b) No [l
25. Must it receive full recognition in modern hospitals, clinics and medical institutions? a)  
Yes b) No [l
26. Is scientific investigations into spiritual healing relevant? a) Yes [l b) No [J
27. What do you Think can be done to romote religion and spirituality in medicine and health  
care in Ghana? . . .

APPENDIX 11

LETTER OF INTRODUCTION

DEPARTMENT OF RELIGIOUS STUDIES

FACULTY OF SOCIAL SCIENCE

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY, KUMASI



Head J.E.TwKuwornu-AdjaottorWest  
Our Ref DRS / 8.1 ,rvol.ITCI: 233-3220-64281233-3220-  
Your Ref:Email: rclstud@knust.cdu.gh January 18, 2013



University rost Omce Kumasi. Ghana  
Africa  
64282

Fax: 233-3220-60137

TO WHOM IT MAY CONCERN:

Dear Sir/Madam,

LEVIER OF INTRODUCTION - ERIC MANU

This is to introduce to you the bearer Of this letter Eric Manu, with Students Reference No. 20252909 and Index No. PG6281211. He is a postgraduate student of the above named Department who is on Field Data Collection for his Project on "Assessing the impact of Religion and Spirituality on medicine and healthcare in Ghana: A case . study of some major hospitals in Kumasi Metropolis."

Thank you.

I should therefore be grateful, if you could provide any relevant information which you may deem necessary in this regard. Any information provided will be used solely for the purpose for which it was given.

We assure you of confidential treatrnt of every part of this exercise.

Rev. J.E.T. Kuwornu-Adjaottor Head Of Department.

28/1/13  
Approved -

COLLEGE OF



ART AND SOCIAL SCIENCES

APPENDIX 111

HIPPOCRATIC OATH





Fig. 1.1; Ionic Greek text of the Hippocratic Oath.